

cased in a light plaster-of-Paris bandage, which he wore for a fortnight, during the last week of which he was at his work. The joint has returned to its normal size and he has had no further trouble.

CASE II.—J. F., æt. 40, consulted me on April 16th, in reference to a pain in the left knee. The family history given was excellent. Absolutely denies any tubercular or syphilitic taint. Enjoys good health, with the exception of a large goitre, which somewhat interferes with breathing at times. All her teeth have recently been removed, having decayed very rapidly of late years. Patient is stout and anæmic. A few weeks ago, while turning in bed, she suddenly felt an intense pain in the knee, the leg became flexed and she was unable to extend it for an hour. Her knee was sore for a day or two, but she went about as usual. Ever since that time she has had occasional attacks, which invariably occur when she is sitting or lying down; no difficulty when walking about.

On examination, I was able to locate the foreign body over the external condyle of the femur. Explaining the difficulty, she begged for the operation, which was done under chloroform (the patient being exceedingly nervous) on April 18th. The body was the size of a large bean. In this case, also, the deep wound was closed with catgut and the superficial wound with silkworm gut.

On the 5th day, indications of suppuration were present and the superficial stitches were removed. Burrowing of pus continued in spite of every effort. From time to time counter openings were made and the sinuses packed with iodoform gauze, after being flushed out thoroughly from day to day. Dr. Teskey, in consultation, agreed with me that some cachexia must exist, possibly syphilitic. Under large doses of the iodide she improved considerably in health, but the local condition has not appreciably improved. Up to this date (May 24th) the synovial sac does not appear to be invaded, the deep wound having evidently united. The case is still under treatment.

The origin of these bodies, as described by Barwell in his work, is as follows:—

1. Hypertrophy of and changes in synovial fringes, which by pressure may become converted into a cartilagenous mass.

2. Metamorphosis of extra-synovial tissue by inflammatory changes, the resulting mass being gradually forced into and ultimately becoming free within the synovial sac.

3. Osteophytes growing from the end of the bone, intruding into the joint cavity and working loose.

4. Effused fibrin or blood-clot deposited in the joint, as the result of injury, and becoming organized.

5. Eochondrosis — growth of a pedunculated tumor from an articular cartilage.

6. Portions of normal cartilage detached by injury; and we may add,—

7. Detached semilunar cartilage.

I am anxious to know if the experience of others coincides with my own experience and observation, viz.: that this condition occurs most frequently in those with some cachexia. I am inclined to think this is true in classes 1, 3 and 5, and that it should modify our treatment somewhat.

In cases where a gouty, rheumatic, tubercular or syphilitic tendency is discoverable, I shall hereafter hesitate to operate; at all events, before submitting my patient to a thorough course of constitutional treatment, and this I shall persistently carry out after operation.

The points in the operative treatment which I wish to emphasize are:—

1. Rigid asepsis. By this means we will reduce to a minimum the mortality given by Barwell, of 21 per cent.

2. Defer opening the synovial sac until the body is isolated and controlled.

3. The smallest possible opening in the sac, consistent with the removal of the body.

4. Closure of the deep wound by independent absorbable sutures.

5. Fixation of the limb after operation.

6. Finally, the patient must decide voluntarily in favor of the operation, after due consideration of possible danger.

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AFTER much smoking the mouth feels like a furnace. To relieve this add to half a tumblerful of water a teaspoonful of a solution of salol, 4 grains; tincture of catechu, 20 minims, in an ounce of any nice aromatic tincture and use as a wash.—*Chemist and Druggist.*