

*Case.*—J. W., aged 13, was sent from a town in Vermont, to consult Dr. Howard, the Oculist, for an affection of his Eyes; he was admitted into St. Patrick's Hospital, where it was observed that in addition to the disease of the eyes, he also laboured under a Chronic Hydrarthrosis of the left knee-joint, which had caused lameness, and was attended with much pain at the inner side of the joint and at the insertion of the ligamentum patella; the joint was swollen, and globular in appearance; the increase in size amounted to nearly two inches more than the healthy articulation; the swelling was soft, fluctuated on pressure, and the fluid could be forced from the lower part to above the patella, on the front of the femur; a crepitating sensation was experienced when the joint was minutely examined. There was no heat of the joint nor discoloration. He was placed under a mild mercurial course, combined with blistering, stimulating liniments, rest, in the recumbent posture, starch bandages, strapping with the mercurial plaster, and the mercury was followed by a course of Hydriodate of Potash. After a lapse of nearly two months no improvement was perceptible, and I resolved to puncture the joint and inject with iodine; accordingly this operation was performed in the manner already described, on the 1st July; no pain followed the operation. About four ounces of fluid was drawn off, it was transparent, of a light straw colour, and coagulated; slightly on cooling, the opening was closed with adhesive plaister, a wet roller was carried round the limb from the toes to above the knee-joint, and a padded splint was applied to the back of the leg and thigh. No uneasiness or pain followed the operation, and the joint quickly regained its natural appearance; the pain vanished, and at the end of ten days he was able to walk about; but as a measure of precaution I still kept the joint supported by a starched bandage. This patient was seen by some American Surgeons during their visit to the Scientific Association, held here last August, as well as by some practitioners of this city.

The above makes the seventh case in which I have employed in Chronic Hydrarthrosis of the knee-joint, Injections of Iodine, and I have not, in a single instance, witnessed the least unpleasant result follow the practice, and in all, it has been eminently successful. Before concluding, I would direct attention to the following points:—

1st. The necessity of a careful diagnosis.—It is in Chronic Hydrarthrosis alone, that I recommend Iodine Injections.

2nd. Puncture the Sac above the level of the patella and on the front of the femur, having first made the tumour tense by a bandage carried round its lower portion.

3rd. Inject two drachms of Tincture of Iodine with two drachms of luke-warm water.