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TWO CASES OF MOVABLE BODY IN THE KNEE-JOINT.

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Case I.—J. T., æt. 46, a foreman printer, consulted me on January 7th, 1895, in reference to a difficulty in the left knee-joint. The history he gave was as follows: Both father and mother suffered from rheumatism as long as he can remember. His only sister is also a sufferer, and he himself has had occasional light attacks during the last ten years. About six months ago he noticed the knee somewhat larger than its fellow, and it appeared to him as though fluid was present in the joint. From that time onward he wore an elastic knee-stocking, and though the knee would feel very tired after a day's work, he did not trouble himself further about the matter. Two months after his first observation, while walking home from his office, he was seized with a sudden unbearable pain in the joint, fell to the pavement and had to be assisted home in a carriage. When I saw him an hour later, he was lying comfortably in bed, with his leg flexed almost to a right-angle, and he declared he would not extend it for the world, as it would bring back the pain. Suspecting a movable body in the joint, I failed to discover it on manipulation, and gradually extended the limb. Explaining the probable nature of the case, I urged him to watch carefully for the foreign body, and if he discovered it or had another seizure, to let me know.

He declined to consider operative procedure at this time, and I saw no more of him until he called at my office on January 7th, when he said he had had three additional attacks since the first one in September last, and was able at times to feel a movable body at the inner side of the patella. He had begun to dread the recurring attacks so much, that he had called to ask me to remove the offending mass. On examination, the joint gave evidence of fluctuation, and there was a difference of one and a-half inches in the circumference of the two joints. By manipulation, combined with flexion and extension, I was able after some time to locate the body at the inner border of the patella. Taking care that he had carefully weighed the possible dangers of the operation, I removed it the following day at his home. Using cocaine anæsthesia, I made an incision parallel with the inner border of the patella down to the body, which I was able to locate, and, by firm pressure with the fingers, to hold in position. Seizing it with tenaculum forceps, I slightly incised the synovial sac and squeezed the body out of its position into the wound, at the same time giving exit to a considerable amount of synovial fluid.

The body—measuring three-quarters inch long, half inch broad and half inch thick—was still held by a narrow pedicle, which was snipped off close, the wound flushed with bichloride solution, the synovial incision closed with two fine catgut sutures, the superficial wound closed with silkworm gut, the surface dusted with iodoform and covered with iodoform gauze. Plenty of aseptic dressing and absorbent cotton was placed over this, and a fairly firm bandage completed the dressing. The limb was placed on a posterior splint and union by first intention resulted.

Just fifteen days afterwards the limb was en-