

may be peeled up and pushed entirely out of the external coat, and this latter coat be drawn out through the shaft, entirely freed from its inner coat, so that the operator has it in his power to produce an invagination to any desired extent.

It is well always to permit the blood to flow into the artery (if it has been controlled by tourniquet or otherwise during the operation) before removing the constrictor; this secures a perfect clot upon the invaginated coats, which can hardly be displaced afterwards.

"The peculiar effect of the artery constrictor upon the coats of the artery—rupturing and invaginating the internal and middle coats, while it preserves the integrity of the external coat," Dr. Speir states, "appears to offer a more substantial ground for confidence than any method based merely upon pressure or an internal coagulum. This, added to the fact that the instrument is instantly withdrawn from the vessel, seems to offer all the advantages which can be expected by any method.—*Am. Journal of Medical Science.*

---

LOOSE CARTILAGES IN THE KNEE-JOINT REMOVED BY SUBCUTANEOUS INCISION.—Mr. J. Square stated, at the recent meeting of the Surgical Section British Medical Association, that, since he published his account of the operation by subcutaneous incision about ten years ago, when he related nine cases, he had performed the operation fifteen times. The twenty-four cases had all been operated on without selection, and all had recovered without drawback. Cases were brought forward illustrative of the dangers incident to the operations by direct and vascular incision; and the operation practised by the author was described. The loose cartilage is conducted to the inner and lower part of the joint and held there by an assistant. A tenotomy-knife having been introduced, the capsule of the joint is freely incised upon the cartilage; the knife is then directed so as to open the cellular tissue over a convenient part of the fascia. The cartilage is now dressed and lifted out of the joint into the cellular bed prepared for it, and slid along for about three inches. It is fixed *in situ* with a firm pad and adhesive plaster, the foot and leg being bandaged up to the edge of the cartilage, and the limb placed in a splint. If no inflammation ensue, the cartilage is excised about a week after the operation. The paper closed with a few remarks on the different varieties of loose cartilage, their structure and origin.—*British Medical Journal.*