

man, has now been wearing the brace for some time. He prefers it infinitely to the plaster cast which he at first wore. As to results, under its use the knee has improved greatly and looks normal; there have been no fresh attacks since the brace was used but there is little doubt that the cartilage would break loose again if all support were now removed. In the autumn he will begin to do without it gradually and we hope there will be no return of the trouble.

J. M. ELDER, M.D.—I have had some experience with this condition of displacement of semilunar cartilage. The question of opening a knee joint is a serious one, inasmuch as the resistance power here is very low. The question is not a new one, and if there is any mechanical device that would obviate the open incision for this displacement, it is deserving of the utmost consideration. In the history of the literature of this subject some ten years ago, Launstein, of Hamburg, published a great number of cases in which he had opened the joint and sutured the semilunar cartilage down to the top of the tibia. Now it would seem that you could not get anything by means of mechanical support, which would improve upon this, providing, of course, one got healing by primary union. His results, however, showed that these cases almost invariably relapsed after three or four years, and the patient would again have a displaced semilunar cartilage. Either the adhesions would stretch or something would go wrong. His contention was that it was not so much the semilunar cartilage as the kind of joint that was at fault. Surgeons have therefore, pretty generally given this up, and instead of trying to suture the internal semilunar to its place, they found better results followed complete excision of this cartilage, and this has become practically the operation of to-day. That it is an operation without risk no one will say, and I should be very much interested to see what the result would be in cases under the proposed treatment, not in six months or one year after, but in three years after the patient has given up wearing this mechanical support.

M. LAUTERMAN, M.D.—I think that this brace has a distinct sphere of usefulness. One comes across quite a number of cases who decline operation and for these patients who have already gone through the discomfort incidental to wearing plaster bandages, etc., I think the brace offers considerable inducements. While every one of us will agree with Dr. Elder's remarks with reference to the seriousness of opening an important joint like the knee, his own statement with reference to the results is practically all the guarantee that one could ask for its continuing in favour. As I said before there are a number of cases who decline operation and the patient in question was one of these