got into some space whence it could not be shaken. On the 17th I again went down by appointment, when the cartilage was found, transfixed by the needle, and removed in precisely the same manner as the former. The after-treatment differed in no respect; no unfavorable symptom supervened, and the gentleman is now well.

The cartilage first extracted was thin and oval, and equalled in circumference the last joint of a man's thumb. That removed by the second operation was smaller than the other, concave on one side and convex on the other.

The case here related is in many respects worthy of consideration. In the first place, it offers some evidence to prove that loose cartilages within the joints have more than one manner of formation. I will allude to the wild idea that they may be formed of a "solidified precipitate from the synovia." Such an hypothesis speaks for itself, and is its own condemnation. These bodies are for the most part formed on the synovial fringes, where they are nourished, and they grow until detached by accidental movements of the limb. They consist of fibro-cartilage and of earthy concretions, but not of true bone. Nor do they seem to me to increase in size after having been once fairly detached. On the contrary, I fancy I have observed that in the older cases they become sunken, yellow, and opaque. The pendunele of attachment is soon obliterated. But the second fibro-cartilage seemed to me, from its shape and general appearance, to have been a portion of hypertrophied articular cartilage—as if it had been an outgrowth from the margin of the articular cartilage covering the extremity of the femur, and had by some accident been detached or chipped off.

Whatever may be the explanation, the case is worthy of notice in its practical bearing as to the possibility of there being two loose cartilages in the same joint—a fact impossible to determine, except upon the supposition that the patient or the surgeon may have had the luck to find them both within the grasp of his hand at the same moment.

Much has been written on the mode of removing these loose cartilages. The dangers attending a penetrating wound of a joint are well known; and of all joints, that of the knee, being the largest, gives us the greatest cause of anxiety. Hence we hear of valvular incisions, of subcutaneous sections, &c., that the risk of admitting air into the joint may be avoided.

The removal of the loose cartilage by a long subcutaneous incision, as practised by Mr. Square, has the advantages attending all sub-cutaneous operations; but it is not quite so easy of accomplishment, nor can it be so promptly performed as the operation by direct incision. The only troublesome consequence which I have known to supervene has been a low form of inflammation in the subcutaneous areolar tissue, followed by repeated attacks of ulceration of the skin.

The mode of operating which I adopted in this case, and have repeated in other instances, effects the removal of the loose cartilage without any interference with the interior of the joint; while the immediate closure of the wound puts the divided parts into that condition most favorable for recovery. Seven days sufficed for perfect union.

Among many surgeons the free employment of antiseptics, both during and after operations, finds much favour at the present day; and in this very operation now under consideration, Mr. Lister advocates the use of the carbolic-acid oil (one part in six). Contrary to the view thus entertained, I believe that in cases of blood-poisoning the septic material enters the system, not from the secretions of the wound, but by means of the infected atmosphere, and through the lungs. Hence I reserve antiseptic agents for cases in which some manifest unpleasant odour has to be corrected. In a case related by Mr. Lister in the *Glasgow Medical Journal*, November, 1868,* and treated upon the antiseptic method, the operation of removing a loose cartilage from the knee was performed on July 2nd, and the patient pronounced well on the 12th—a period of ten days. In the case related by me, in each operation union was complete in a period of seven days.

Finaly I belive that whenever we have to deal with a case in which two loose cartilages are contained in one joint, it is better, unless both be in close contact, to remove them by separate operations, than to make two openings consecutively on opposite sides of the limb.—*Lancet.*

Case of Strychnine Poisoning.—Tincture of Iodine used as an Antidote.

By JAMES J. ROOKER, M.D.,
CASTLETON, INDIANA.

I was called in haste to see a young man, Mr. A——, who was suddenly taken ill, January 23rd, 1869, 10½ P.M. Found him suffering from violent tetanic spasms of all the muscles; the head thrown back; respiration difficult from spasms of the respiratory muscles, congested appearance of the face, with a wild or anxious look, eye-balls prominent, and staring, pupils dilated, pulse in time of the most violent spasms, quick, and hardly perceptible at the wrist, in intermission full, regular, and one hundred to the minute; in short, Mr. A. had all those symptoms peculiar to poisoning from strychnine, and being acquainted with the previous history and surroundings of my patient, fully satisfied me as to what I had to contend with.

He was promptly chloroformed, and the following administered piecemeal, as soon as the effect of the chloroform commenced to pass off, consuming several moments, owing to the spasmodic stricture of the muscles of the throat.

℞.—Tinc. Iodine.
Sulph Ether *aa* ʒss.
Aqua ʒij.

About this time Dr. Nesbit, a neighboring physician, arrived, corroborated my diagnosis and treatment.

January 24, 3 o'clock, A. M.—Spasms much lighter, mind clear, and can articulate. Up to this date has taken three doses of the iodine and ether, in all about three tablespoonsfuls; complaints of burning in stomach, for which mucilaginous drinks were ordered.

8 P.M.—Has had general spasms all day, with almost constant twitching of the muscles; no iodine administered since three o'clock this morning; mucilaginous drinks continued with Ext. Cannabis

* And reported also in the February number of this Journal.