can be obviated also by care. The projecting vulvar end has to be secured by a napkin or strings, and these sometimes chafe the external parts, especially with fat women. If the strings employed be of the circular caoutchouc, but little tenderness occurs.

Lastly, Dr. Evory Kennedy uses a sort of gutta-percha speculum, with a prolongation superiorly and inferiorly to project into the posterior vaginal *cul-de-sac*, which he informed me in several cases of retroversion he had observed to be very deep. The whole success of his instrument depends upon this contingency, the before-named prolongation supporting the womb in place when it has been reduced. The inferior vulvar portion is kept in place by a napkin. In one case where I saw it used, a cure resulted.

[To be continued.]

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

SOUTH DEVON AND EAST CORNWALL
HOSPITAL.

LOOSE CARTILAGES IN THE KNEE-JOINT.

By W. J. SQUARE, Esq., Surgeon to the Hospital.

IN October 1861, I published in the *London Medical Review* a short paper on Loose Cartilages in the Knee-joint, and their safe removal by subcutaneous incision.

Among the cases reported was that of William Davy. Since that time I have operated upon him again, and removed two loose cartilages from the same joint. I have now practised subcutaneous incision of the capsule of his right knee-joint five times, and inflammatory action has not followed either operation.

At the risk of exciting the remark that I am riding my hobby too hard, I am still anxious to bring this valuable case again before the profession, and in a more detailed and explicit form. That I do not overvalue the importance and safety of this operation may be inferred from some clinical remarks made upon it by Mr. Syme in No. 60 of the *BRITISH MEDICAL JOURNAL*. Speaking of the mode which I advise, he says: "When the safety and facility of this procedure are contrasted with the danger of excision, and the irksome confinement to bed of several weeks duration which is requisite for accomplishing the process of fixture, I think there can be no doubt that the profession are greatly indebted to Mr. Square for perfecting the subcutaneous operation, and rendering it available for all cases of the disease."

Wm. Davy, aged 24, a healthy farm-labourer, was admitted into the hospital on the 11th of May, 1860. His right knee-joint had been weaker than the left for several years. Fourteen weeks previously, while running with a wheelbarrow, he stepped on a stone, and wrenched the joint severely. He discovered the presence of a loose body in it nine weeks before admission. It caused much pain when he walked, and he was thereby compelled to give up his work. The cartilage was readily felt; when pressed, it glided with wonderful rapidity from one part of the joint to another. It was flat, and of about the size of a shelled almond.

OPERATION, May 11th, 1860. Subcutaneous incision was performed in the following way. The cartilage was first fixed by the fingers of an assistant at the lower and inner part of the joint, just above the edge of the articular cartilage of the tibia. I then introduced a strong

narrow tenotomy-knife, two inches and three-quarters long in the blade, through the skin, two inches below the cartilage, passed it subcutaneously as far as that body, directed the cutting edge vertically upon it, and freely divided the joint-capsule. I next swept the knife semicircularly in the subcutaneous cellular tissue, and thus made a tract for the reception of the cartilage, which I pressed out of the joint into it. I then slid the cartilage to the lower end of the subcutaneous tract, four inches from the joint, on the inner side of the tibia. A pad, being placed upon the puncture and subcutaneous tract, was bandaged firmly; and a long straight splint was secured behind the thigh and leg, to keep the knee extended and fixed. The limb was raised, and retained at an angle of 45°.

May 18th. The cartilage was excised.

May 25th. He was discharged cured. Neither pain, swelling, nor inflammatory action had occurred. He walked well.

Feb. 4th, 1861. Wm. Davy was again admitted into the hospital. For some weeks he had felt another and very small body in the same knee-joint.

Feb. 8th. I endeavoured to accomplish the usual subcutaneous operation; but failed to do so, in consequence of the small size and extreme mobility of the cartilage. He was treated in the usual manner, and no bad results ensued.

Feb. 22nd. The operation was repeated, and again without success; still, with the same treatment, there was perfect freedom from inflammation.

April 24th. He was readmitted. On the 26th, I again operated subcutaneously, but unsuccessfully. Treatment was applied as before.

May 2nd. He was allowed to walk about the ward. He had had no pain nor swelling since the operation.

March 26th, 1862. Wm. Davy was again received into the hospital. He had now two loose cartilages in the knee joint, having discovered the presence of the second and larger one about a fortnight ago.

March 28th. I operated in the ordinary manner, and lodged both cartilages in the cellular tissue, about three inches from the joint, on the inner side of the tibia. The usual treatment was observed.

April 4th. No pain or sign of inflammatory action had occurred, and to-day I removed both cartilages.

April 10th. He was discharged cured. No swelling of the joint existed, and he walked well.

It is not my intention to offer many remarks upon this case, as it illustrates so forcibly and unmistakably the importance and safety of the operation. As far as I have yet seen of the method, it appears to be void of danger; and I have either operated myself or assisted at the operation fifteen times.

It is true that failure has thrice occurred in the present instance; but this arose out of unusual circumstances—viz., the small size and extreme mobility of the foreign body; and these very failures have strikingly illustrated the safety of the subcutaneous method of opening a large and important joint.

A NOVEL MARRIAGE LICENCE. M. Giordano, professor of midwifery at the University at Turin, gave this year the lecture introductory to the business of the session, and alluded principally to deformities of the pelvis in relation to marriage. So impressed is the professor with the importance of a capacious pelvis in a married woman that he proposes the following regulation: "Every woman shall be required, before signing the marriage register, to produce a certificate respecting the proper conformation of her pelvis." Another summary measure touching pelvic organs has been proposed by M. Larghi, of Vercelli: as a preventive of puerperal fever, the lining membrane of the uterus should be well brushed with a solution of nitrate of silver. (*L'Union Medicale*.)