and those popularly termed bilious, derive relief from it. From this account of some of its medicinal qualities, I would not wish it to be inferred that I regard the solution of the chloride of lime as a specific in fever, but that administered by a practitioner, at the moment when his judgment deems it necessary, it will materially assist the action of his other remedies, by immediately destroying one of the most oppressing and obstinate symptoms which attends on all febrile diseases, but more particularly those of a typhoid character.

CASE OF LOOSE CARTILAGE IN THE KNEE JOINT.

By HENRY TERRY, Esq., F.R.C.S., Surgeon to the General Infirmary, Northampton.

George Richards, aged 17, was admitted into the Northampton General Infirmary April 30, 1843, on account of chronic pain and swelling of his right knee. He said that he had injured himself by a fall on the ice three years ago, and that his knee had been getting worse ever since. He was kept in bed, and treated by cupping and blistering. During the progress of this treatment, an acute attack of synovial inflammation came on, and he then said that he had, two or three times before, suffered a slighter attack of similar pain, which had passed off in a few days. The present attack was severe, but it yielded to active treatment more readily than synovitis usually does.

On carefully examining the knee after the pain and swelling had subsided, a loose cartilage was discovered in the cavity of the joint. The patient said he had felt this for several months, and had considered it as the cause of the occasional attacks of pain which he had experienced. It seemed also to have been the cause of the recent inflammation, which was consequently symptomatic rather than idiopathic, and I thought that it was on that account perhaps that it had been so easily subdued. With so much chronic disease of the joint, and after so recent an attack of synovial inflammation, it seemed doubtful whether or not it would be justifiable to operate for the removal of the cartilage; but, after consultation, it was decided upon to do so, and I was the more inclined to this decision from the circumstance of the patient himself being very anxious to have it done. He now thought it was the chief circumstance which prevented him from walking, and fancied that he could get about pretty well if the little moving substance were taken away. It seemed clear also, that although there might be danger from the operation, there was at least an equal degree of danger in allowing a source of irritation to remain in the joint.

The operation was performed August 29, 1843, and the substance was easily removed. The wound was drawn together by one stitch and a strap of plaster; it was very tightly bandaged, and thoroughly wetted with cold water. The limb was put in a straight fracture box, a little elevated above the thigh; the most perfect state of rest was enjoined, and the lowest description of diet. I saw him four hours after the operation, and found him quite comfortable, and without pain; but I thought his pulse was getting rather too much up. It had increased both in strength and frequency since the operation, and I

feared that with such a circulation (though not more than ninety in a minute) local inflammatory action would probably soon take place. I, therefore, took thirty ounces of blood from his arm, and gave him the following medicine:—

Tartar emetic 1-6th of a grain.
Sulphate of magnesia . . 1 drachm.
Saline mixture 1½ ounce.

To be taken every four hours.

Some folds of the bandage were cut, and the wet application was made effectual by the agency of capillary attraction; a bit of worsted hanging out of a bottle of water kept up a continual dropping on the part.

He was comfortable in the evening, and the pulse was much subdued; the bowels were freely opened; he was comfortable again the next morning, and, in fact, had no unpleasant symptom during the period of his recovery. The plaster was not taken off till the tenth day after the operation, when it was found that the wound had united by the first intention. Indeed, it was quite healed, excepting the little apertures occasioned by the suture. The stitch was taken out, and in two days more, when it was looked at again, it was found quite well; the plaster and bandage were left off, but the limb was still kept quiet in the box for another two days, when (that is, in a fortnight after the operation) all treatment was discontinued, and he moved about freely in his bed.

He had thus recovered, as far as the loose cartilage and the operation for its removal were concerned, and these alone it is the purpose of this communication to describe. But the relief which the poor man hoped to receive from the operation was not obtained. He found the original disease still a barrier to his getting about, and this, after a time, went through the ordinary stages of scrofulous disease of the knee joint. His strength and flesh gave way, and it became necessary to remove the disease by amputation. I would only remark, that the absolute rest, the continued application of cold water, and, more especially, the free loss of blood a few hours after the operation, seemed instrumental in preventing the effects which sometimes arise from opening into the knee joint, and conducive to the rapid healing of the wound.

DEATH FROM THE IMPACTION OF A PORTION OF THE BEARD OF BARLEY UNDER THE TONGUE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following case, which I attended with Mr. Peck, of Newmarket, is one which you may perhaps think worthy of a place in your journal.

I am Sir,

Yours very truly,

W. H. RANKING, M.D.

Bury St. Edmunds.

J. G., aged 17, the son of a wealthy farmer near Newmarket, of remarkably robust frame, was first seen by Mr. Peck, on the afternoon of the 28th of September. He complained of sore throat, with difficulty in moving the tongue. The soft parts forming the floor of the