the boy fell on the right hand, two weeks ago. The hand was in extension. The injury followed by swelling and pain in the wrist and was treated as a sprain. Now the patient suffers pain when he uses his hand. Examination showed slight swelling on the back of the wrist, just below the radius. Sensitiveness present, most marked over the back of the scaphoid and in the snuff box. It was not present in the palm. Crepitus was obtained. There was practically no limitation of motion, no thickening and no displacement. The x-ray showed a fracture of the scaphoid. The hand and arm were put up in plaster paris. February 8, the visiting nurse reported that the patient had had plaster on for three or four weeks and then had it taken off at the Harlem Hospital. Since then he has had no trouble whatever and is at work.

Report of Castruccio's case.

Old isolated fracture of the carpal scaphoid, right. Pseudoarthrosis. G. I., twenty-one years when seen, a student of pharmacy. When he was fifteen and one-half years old he slipped and fell on his right flank with the right hand in extension. He did not immediately feel any sharp pain in the carpal joint and could use his hand throughout the day. That evening and night, however, the pain was excessive, there was swelling and ecchymosis on the outer side of the hand over the radius as well as the dorsum and palmar surface of the hand; all movements of the hand were painful. One judged that there had been a deformity of the carpal joint at this time. For a long time wet bandages and massage were prescribed. The symptoms gradually subsided but there remained sensitiveness of the right wrist so that he was obliged to avoid any unusual effort, even though it was a slight one. This sensitiveness changed into true pain when he wrote for long or quickly. There was pain on extension of the hand and he could not open or shut a door with the hand in this attitude. There was pain in the carpal joint also when he rode his bicycle and periods of awkwardness after use, with swelling of the carpus and increase of the joint pain. For a time he could not write or bring his hand to his mouth. Once this awkwardness lasted a month but at other times he could use his hand cautiously for periods varying from eight to fifteen days. In 1905 he fell again on the surface of the right hand, but with no great force. There was ecchymosis on the radial side of the carpus which was fifteen days in disappearing. The 18th of January, 1906, he came to the clinic. Examination showed the snuff box of the right hand less prominent than that of the left hand. There was no deformity or atrophy of the arm. The active movements were executed almost completely and only by forced extension was there pain. In the same way there was pain when he forcibly shoved or pressed anything. Palpation of the affected region showed nothing abnormal, but when the hand was in adduction there was severe pain and a little swelling appeared. If partial circumduction or abduction was performed one noticed a slight snapping. Pressure of the first metacarpal against the radius was not painful. A radiograph the same day showed a fracture through the middle of the scaphoid. When the hand is in adduction or abduction the two fragments can either go apart or approach each other in such a way that in the former there is a gap of 1 mm. between the fragments, and in the latter case an overlapping of 1 mm., as the distal fragment is pushed up over the proximal. The

lateral view showed no such sliding of fragments, and no comminuted fragments were visible.

CONCLUSIONS.

Fracture of the carpal scaphoid in childhood or young adolescents is one of the rarest of injuries. The developmental conditions of bone about the wrist at these ages are probably largely responsible for this.

When children receive injuries to the wrist the possibility of this fracture must be thought of. Particularly is this true in cases where there is no tenderness over the lower end of the radius and ulna but pain and tenderness over the dorsum of the hand just distal to the lower end of the radius and in the snuff box. A marked swelling of the dorsum of the hand, stopping abruptly at the radius and ulna, which was present in my case, may be of considerable diagnostic importance. I have not found it mentioned elsewhere. A radiograph should always be taken of these injuries and the scaphoid scanned searchingly for possible fracture.

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- ⁴ Hessert: Annals of Surgery, 1903, vol. 37, p. 402.
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Clinical Department.

AN UNUSUAL CASE OF FRACTURE OF THE PATELLA (TREATED BY IMMOBILIZATION.)

BY D. PEARCE PENHALLOW, M.D., BOSTON,

Former Resident Surgeon, East Boston Relief Station.

THE following case is reported in the hope that it may prove of interest in showing a type of fracture of the patella which is not commonly met with:—

D. M. Age 60. Freight handler, walked into the hospital on August 17, 1911, and stated that earlier in the day he had fallen down and injured his left knee. Had been walking about and working all day, but finally knee became so swollen and painful that he decided to have it examined.

Examination of his left knee showed a marked effusion in the joint. Patella floats on pressure, passive and active motions somewhat painful and slightly limited. Leg could be voluntarily flexed and extended to practically normal limits. Patella normal in contour and showed nothing abnormal except some tenderness on pressure. The diagnosis of a simple traumatic synovitis was made and the knee was immobilized.

On the following day the patient returned and stated that his knee was much more painful than

on the previous day, and that he had been unable to sleep on account of the pain. The knee was again examined and a marked difference in the conditions, as they had existed on the previous day, was noticed. The knee was considerably more swollen and tender, and the whole region about the joint, and for a considerable distance above and below, showed very marked ecchymosis. The patella was again examined carefully and showed no crepitus and no abnormal mobility. Patient still able to voluntarily extend leg to within about 20 degrees of complete extension, and during flexion and extension there was no apparent change in the contour of the patella. No sulcus could be made out, but over the middle of the patella a horizontal slightly elevated ridge, which resembled a thickened fold of bursa, could be felt. Over this area the patella was acutely sensitive. On account of the marked ecchymosis and the extreme sensitiveness of the patella it was thought that a greater injury than a synovitis might exist and a tentative diagnosis of sub-periosteal fracture of the patella was made. The knee was immobilized on a wooden ham splint, the patient given crutches and referred for an x-ray.

X-ray showed fracture through center of the patella without separation of the fragments. Line of fracture corresponds to the ridge felt on examination. (See plate.)

Operation deemed unnecessary on account of lack of separation. Knee immobilized by means of a plaster applied from ankle to mid-thigh. Plaster was kept on for three weeks, at the end of which time the swelling and ecchymosis had disappeared. At this time the plaster was removed and a ham splint applied so that patient was able to bend knee slightly, and two weeks later the splint was finally removed, and the knee supported by means of a flannel bandage. On October 1, 1911, there was no pain in the knee, motions free both in extension and flexion. Patient able to walk without discomfort. Further treatment was deemed unnecessary and patient was discharged.

This case was of especial interest as there was only a very slight loss in the power of extension and furthermore the patient was able to walk about and keep at work for nearly a whole day after injuring his knee.

Reports of Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

MEETING OF WEDNESDAY, MAY 28, 1913, AT 8.30 P.M.

The President, DR. CHARLES A. E. CODMAN, in the chair.

DR. WILLIAM L. CLARK showed a case of epithelioma of the lip in a man 65 years of age which had been treated by desiccation, with no return of the growth in seventeen months.

THE GONOCOCCUS COMPLEMENT FIXATION TEST AND ANALYSIS OF RESULTS FROM ITS USE.

By DR. B. A. THOMAS and DR. ROBERT H. IVY. (Read by Dr. Thomas.)

DR. B. A. THOMAS: In recognition of the admirable work by Schwartz and McNeil on the complement fixation test in gonococcal infections, the fact must not be overlooked that Muller and Oppenheim in 1906 were the first to apply this reaction to a gonorrheal affection and consequently are entitled to the distinction of being termed the originators. The present popularity of this test has been the outgrowth of the suggestion imposed by Schwartz and McNeil,—namely: the employment of a polyvalent antigen.

Careful analysis of the gonococcus complement fixation test performed with the sera of the cases tabulated in our series would seem to justify the following assertions:

1. A positive reaction is invariably reliable and always denotes the presence of a focus of gonococcal infection.
2. A negative reaction frequently fails to determine the presence of disease, especially in the acute and subacute stage when limited to the urethra and never if confined to the anterior urethra or vagina alone.
3. In no alien non-gonorrheal infections or systemic disease has a positive reaction been obtained, the test, therefore, appearing absolutely specific.
4. A positive reaction has been found to be present in 21.05 per cent. of patients clinically cured.
5. Not infrequently positive reactions will be discovered in patients denying gonorrhea, either when suspicious lesions are presented or accidentally.
6. In only 9.09 per cent. of cases of acute and subacute antero-posterior urethritis, has the complement fixation test resulted positively. The earliest appearance of a positive reaction in a primary attack of posterior urethritis, without complication, occurred in the sixth week.
7. In a number of cases of chronic recurrent urethritis, with acute exacerbations, the test was invariably positive; many of these cases undoubtedly had prostatitis.
8. The reaction resulted positively in one-third of all cases of chronic posterior urethritis; undoubtedly many of these cases had a mild or low grade prostatitis.
9. In 52.08 per cent. of cases of chronic prostatitis a positive reaction was obtainable.