CLINICAL ARTICLES.

A CASE OF BROKEN KNEES WITH OPEN CARPAL JOINT.

By JOHN PENBERTHY, F.R.C.V.S., Royal Veterinary College, London.

THE subject whose left knee is represented in the accompanying illustrations, is an aged dun carriage gelding, admitted to the College Infirmary on the 22nd May last, with the following history. On being driven through a village in Kent on the 8th April the animal stumbled and fell, its left knee coming in contact with the edge of the pavement kerb, sustaining very severe injury and an extensive wound—"as though the front of the knee had been torn off." The gelding was immediately placed in a stable close by, under the care of the local veterinary surgeon, whose name I regret I have, up to the present, been unable to ascertain, so that I cannot report the details of the earlier treatment. I am, however, informed that the wound had been kept clean by bathing with hot water and dressed with antiseptic lotions, that lameness was considerable for some days after the accident, and that there was a very small amount of discharge from the wound, but no appreciable systemic disturbance. The owner, wishing to have the patient nearer his home, had him brought to the College in an ambulance.

• Examination revealed a very extensive, granulating wound, involving nearly the whole of the front of the knee, which, on being bent, showed a very deep transverse fissure, exposing to view the synovial

surfaces of the bones forming the middle (hinge-like) articulation. There was very little discharge, evidence of pain, or inflammatory action in the synovial membrane or bone. Temperature, pulse, etc., were normal.

Though one could hold out little hope of recovery to usefulness, on

learning from the owner that the animal was a great favourite, and considering the absence of local and systemic disturbance, it was decided to try the effect of surgical treatment for a few weeks. Orders were given to sling the patient, but, on account of restiveness, this was found impracticable, and to prevent lying down the head was tied short. The wound was thoroughly washed with a 2½ per cent. solution of carbolic acid, and then the knee bent and a similar solution sprayed into the cavity, a pledget of cotton wool placed on the knee and a bandage applied over it. The parts were dressed in this way on alternate days till 10th June, by which time the wound was considerably smaller and without appreciable discharge. Weak solution of chinosol was now substituted for carbolic acid solution, and a dry dressing of starch, boracic acid, and oxide of zinc dusted on, cotton wool and bandage being applied as before. On the 17th and 18th a little walking exercise was given. On the 19th the patient was let loose in his box, and moved freely about until the 27th, when a fairly firm scab was accidentally removed, probably by lying down. For the five days following the animal was kept standing when in the stable, but taken daily for walking exercise. The healing process continued favourably, and on the 16th August the patient was discharged from the Infirmary, and I am informed by his owner that for the past four weeks the animal has performed his ordinary carriage work as well as before the accident.

A REMARKABLE CASE OF CONGENITAL LIPOMA IN A CALF.

By J. M'FADYEAN, Royal Veterinary College, London.

THE annexed photograph (Fig. 1) shows the appearance of the head of a nine-months'-old calf that was recently forwarded to the Royal Veterinary College as a curiosity. In the centre of the forehead, between the orbits, there was a hemispherical prominence nearly as large as a cocoanut, and below this, over the upper part of the nasal bones, there was a smaller swelling about the size of a pigeon's egg. On reflecting the skin, the upper swelling was found to be for the most part composed of a tumour-like mass of dry, lobulated, adipose tissue. The lower enlargement had a similar structure, with a larger admixture of fibrous tissue. On the right half of the upper mass there was a fibrous-looking portion, and on dissection this was found to be part of the wall of a cavity which corresponded to a large defect in the cranial bones, mainly involving the right frontal. The floor of the cavity presented a number of somewhat polypoid-looking, soft, grey growths; and between these the handle of a scalpel passed readily to a depth of 3 inches backwards and upwards towards the centre of the cranial cavity. There was a trace of liquid showing in this space. When the fatty tissue had been cleaned away from the forehead, the frontal bone on the left side, opposite the defect on the right side, was found to present an abnormal, thick, prominent ridge. On removal of the bones, so as to expose the brain, the left hemisphere appeared to be normal, but the before-mentioned polypoid, grey masses were