A Mirror

OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

A CASE OF LOOSE CARTILAGE IN THE KNEE-JOINT.

(Under the care of Mr. ROYES BELL.)

FOR the notes of this case we are indebted to the patient, whom, with Mr. Bell, we cordially congratulate on the result.

Mr. C. S—, a medical student at King's College, received a severe kick when playing football in November last, and was laid up for some weeks with synovitis of the left knee-joint. About the middle of March, owing to a fall, synovitis came on a second time, for which the knee was blistered. At this time there was an unpleasant scraping of a small, hard body above the patella. There was, however, no serious inconvenience until the middle of May, when, owing to some inexplicable cause, the loose body slipped into the knee-joint, causing intense pain and effusion. Under the influence of rest, ice, &c., the effusion subsided, and Mr. C. S— continued his studies until July 13th, when he entered the Fisk ward. Until this date the knee had been strapped, and Martin's india-rubber bandage was worn. The knee was also kept on a back splint. Actual operation was deferred in order not to break into the summer session studies.

On admission, the limb was a little wasted, owing to want of muscular exercise. There was no effusion into the knee-joint, but in the synovial pouch which extends above and external to the patella a freely movable loose cartilage could be felt. An anæsthetic having been given by Mr. Charles Moss, the loose cartilage, which was a thin disc of the size of a broad bean, but not so thick, was removed by making a vertical incision over it, just external to the rectus femoris tendon where the tendon is expanded into the strong fascia which forms the capsule of the knee-joint. The cartilage was squeezed edgewise into the incision, caught with a pair of hooked forceps, and removed after the division of a small process of fascia which was attached to one corner of it. The bleeding was carefully stopped; a drain of horsehair was passed into the wound, which was carefully sewn up. The operation was done under the carbolic spray, and the usual antiseptic dressings applied; the limb was also put on a splint. Two days later the wound was dressed and half the horsehair drain removed. The dressings were dry and blood-stained, as there had been some oozing of blood. There was no discharge. By the end of the week all the horsehair and stitches were removed; the wound had healed perfectly by first intention. The temperature remained normal. The patient was discharged at the end of a fortnight.

August 21st: The bandages and splint have been discontinued, and the joint has been freely used, and is in all respects as useful as the other joint.

BEDFORD GENERAL INFIRMARY.

RUPTURE OF BOTH LUNGS WITHOUT EXTERNAL INJURY; NECROPSY.

FOR the following interesting notes we are indebted to Mr. E. A. Laurent, M.B. Lond., resident surgeon.

J. J. R—, aged sixteen, brewer's drayman, tried to get on his cart whilst the horse was going at a smart trot; attempting which he fell, and the wheel passed over his chest. He was admitted on June 23rd, an hour after the accident.

On admission, the patient was unconscious and cyanosed; a loud rattle could be heard in his throat, and dyspnoea

was urgent; respiration 50; pupils equal and dilated; extremities cold; pulse of good volume, fair tension and regular (148). No marks of the wheel could be detected on the boy's garments. His jaw was firmly clenched; no blood oozed from his mouth or nose, although there was a history of his having lost a teaspoonful by the mouth. There was no ecchymosis on the chest, and no evidence of broken or dislocated rib. Respiration abdominal; percussion note normal over left front, hyper-resonant over right. A forcible rhonchal fremitus could be felt over the left lung, and a loud, rough crepitation was heard over the whole left front, obscuring the heart sounds. The patient became restless and very violent, tossing his limbs about. A few whiffs of chloroform (one drachm) were then administered to quiet him and moderate the heart's action. The left side was strapped firmly, and a grain of ergotine was administered subcutaneously. Ice was introduced into the mouth through a gag. Patient got over the effect of the chloroform quickly, and became so restless that he had to be strapped to the bed; his breathing was more distressed. He made several attempts at vomiting, and half an ounce of bright frothy blood issued from his nose and mouth. The restlessness increased, his countenance became paler, his pulse remarkably soft and irregular, when he gave a few gasps and died, two hours and a half after the accident.

Necropsy, thirty-eight hours after death.—Temperature of room 69°; atmosphere damp. Body well nourished and muscular; cadaveric rigidity absent in arms; present in legs. Post-mortem lividity well marked in dependent parts. In mammary region a depression over the sixth rib was observed, corresponding to the buckle of the braces; over left side four discolourations, corresponding to strips of strapping, were seen. There was an ecchymosis as large as a shilling over the right internal malleolus, and another over the shin. On turning the head to one side, a large quantity of frothy decomposed blood oozed from the mouth and nostrils. An incision was made from the chin to the pubes. Some extravasated blood was found in the upper part of the pectoralis major muscles, and under the surface of the sterno-mastoid on the left side. No trace of ecchymosis could be seen corresponding to the marks on the skin. The veins of the neck were distended with blood. On opening the thorax on the right side, air was heard escaping. There was a pint of blood in the pleural cavity; a space three inches deep separated the lung from the thoracic parietes; in the groove between the upper and middle lobes was a ragged tear, three inches long, half an inch broad at its widest part, and a third of an inch in depth; and on turning up the lung along the posterior part of the root an L-shaped rent, three inches long above, one inch and a half long below, half an inch deep, and continuous with the tear along the anterior part, came into view. The right lung (weight 29½ oz.) was contused, emphysematous, and ecchymosed, the lower lobe being one mass of blood-clot; a large quantity of blood could be pressed into the bronchi. There were six ounces of blood in the left pleural cavity; the left lung (weight 32 oz.) was studded with ecchymoses from apex to base; a small slit, an inch and a quarter long and a quarter of an inch in depth, was discovered along the posterior part of the root where the lung touched the vertebral column. A good deal of emphysema was found diffused throughout, and a large quantity of blood was extravasated in the lung substance. The stomach contained four ounces of greenish fluid, and a disagreeable smell of decomposed beer was noticed; the mucous membrane was thickened; the glands and gland orifices were enlarged and mammillated. Several capillary hæmorrhages were observed here and there. The liver (weight 68 oz.) projected three inches beyond the rib cartilage, and showed under the microscope the primary cellular enlargement. The heart weighed 12½ oz. The ventricles were empty; heart substance fattily infiltrated; left ventricle hypertrophied; valves healthy. The kidneys weighed seven ounces each; cortex thickened; glomeruli apparent; pyramids congested.

Remarks.—Rupture of the lung without any external wound, fracture, or dislocation of the ribs is certainly a rare accident. Rupture of both lungs under similar circumstances must be rarer still. The most feasible explanation of the occurrence seems to be that the deceased was young and robust, his chest walls remarkably resilient, and his lungs getting jammed against his vertebral column, the only firm and inelastic structure of the thorax, yielded at the point of maximum resistance.