Clinical and other Notes.

TWO CASES OF OSTEOCHONDRITIS DISSECANS.

By Lieutenant-Colonel J. C. ANDERSON,
Royal Army Medical Corps.

The first of these cases was dealt with by me when I was Surgical Specialist at Shorncliffe Military Hospital. The second case came under my observation two months after it had been operated upon by Major Dudley Jones at the Military Hospital, Ormskirk.

The first patient was a young soldier aged 19. Two years previously, whilst playing football, the serum collapsed upon him and he got a sharp
stab of pain in his right knee. He limped for the rest of the game, but was all right after that. He did not remember any swelling of the joint. Subsequently “it always bothered him slightly,” but he did not think anything of it; for example, in the gymnasium at school it used to pull him up, he could not sit back on his heels and still could not do so, and when he tried the knee seemed to lock and he could not go any further. He continued to play Rugby football, ran in the middle distances, and participated in competitive swimming.

In January, 1940, there was a new development, when walking the leg would just go away from him and leave him standing on one leg; he might stumble. He would experience sudden severe pain in the knee for a time; this would “numb it up.” He could not localize the pain which appeared to be in the centre of the joint.

The man was tall and slim and of quite good physical development. He was being trained as a physical training instructor. His symptoms
Clinical and other Notes

were referred to the right knee-joint and, as I have already remarked, he
could not localize the pain beyond saying that it appeared to be in the centre
of the joint. There was no point of tenderness, no effusion, and no muscular
wasting. Flexion of the joint was limited by about 10 degrees. Extension
was full but when the knee reached a point within 10 degrees of full extension
a peculiar jerk was experienced in the joint. An X-ray examination
revealed an apparently loose fragment of bone about the size of a bean,
which appeared to lie free within a shallow depression on the medial condyle
of the right femur at the junction of the vertical and horizontal surfaces
of this condyle. Two X-ray films are reproduced.

I diagnosed a condition of osteochondritis dissecans. From his history
I deduced that the disease had been in progress for two years and that two
months previously the bone fragment had separated from the surrounding bone, that it was now loose or almost completely loose, and that
this mobility accounted for his severe attacks of pain.

At the operation on February 5, 1940, I was surprised to find that the
fragment was not loose. It was clearly demarcated by a shallow groove,
but the articular cartilage was quite intact. I could find no line of cleavage
between the “loose fragment,” and the rest of the bone. When pressed
upon, the affected area appeared to yield a little. I closed the joint without
further interference and decided to immobilize the limb in plaster of Paris
for a period of two months.

CONTUSION OF THE LUNG FOLLOWING AN INJURY.

BY MAJOR P. F. PALMER,
Royal Army Medical Corps.

PRIVATE T., 2nd Suffolk Regiment, aged 25, total service 5\(\frac{1}{2}\) years,
India 3\(\frac{1}{4}\) years, was admitted to hospital on July 21, 1938, and gave the
following history:

July 10, 1938: Whilst playing football he was struck on the right chest
with the ball. He was not knocked down but the blow started a cough
which lasted throughout the game. This passed off and he remained quite
fit doing normal duties during the following week. Five days later he reported
sick with pain under the right breast. He stated that pain was present all
the time, was stabbing in character, and not affected by taking a deep breath.
Four days after this, whilst doing guard duty, he started to cough up
yellowish blood-stained sputum, and was admitted to hospital.

Past History.—Double pneumonia, aged 5, fit at school; no rheumatic
diseases, and fit since.

Family History.—Good stock.

General Condition.—He states his appetite is fair; he sleeps well; now
and then suffers with headache; has never had any previous chest trouble,