

Periscope

This time of predilection is related in most cases with two factors of uprising, the respective importance of which is difficult to decide, namely, the change of position from the horizontal to the vertical and the cutaneous vasoconstriction, the result of exposure to cold and especially the application of the plantar surfaces to cold flooring. The morning access of hydrorrhœa with sneezing is well known to occur in some subjects on plantar refrigeration, and it is recognized that cutaneous vasoconstriction is associated with deeper vasodilatation especially of the mucosa of the nasal cavity and a hyperactivity of its glands.

Such frontal pain is not limited to the matutinal occurrence but also occurs during stooping and on coughing. But the morning pain is characteristic and very distinctive of frontal sinusitis. It is not noticed in inflammation limited to the maxillary air-sinus, perhaps because there is little opportunity of observing the acute stage, but especially because the change from the horizontal to the erect position places no restriction on the escape of purulent contents at the maxillary opening which is not sloping and has a very short course. The frontal pain as described may be of diagnostic importance especially in the differentiation of sinusitis from neuralgia.

F. J. COLLET, "L'horaire de la douleur dans les sinusites frontales" (*Lyon méd.*, 1933, cli., 409).

CHONDROMATOSIS OF THE ELBOW.

Hufnagel, Ménégaux and de Nabias report a case of osteochondromatosis of the right elbow in a male aged 23 years. There was no history of injury or illness. Five years previously, occasional sharp pain recurred in the right elbow during certain movements, swelling and limitation of movement followed two years later and after the lapse of a year locking became so frequent that he had to change his employment. There was swelling on either side of the olecranon as well as anteriorly and radiography showed numerous loose bodies and masses within the joint. The posterior aspect of the joint cavity was first dealt with through medial and lateral incisions and after the evacuation of some reddish synovia thirty-two loose bodies of various size were removed. A month later through an oblique incision the articular capsule was opened anteriorly and six loose bodies were removed, and by means of a curette a nodular, morular mass of agglomerated cartilaginous nodules was detached from the synovial surface and removed. Convalescence was uneventful, but it is interesting to note that nine years later he had still lack of power in the use of the elbow though there was full movement and no apparent swelling at the joint. A radiogram however showed some hypertrophy

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of the head of the radius and the shadow of a small loose body in the epitrochlear region.

The loose bodies varied in shape and size, some being very irregular and a few had been pedunculated. The pedicle when present was of vascular connective tissue surrounded by a layer of fibrocartilage and more peripherally hyaline cartilage and contained neither calcium nor bone. Section of a pedunculated nodule showed a thick layer of fibrous tissue superficially, then fibrocartilage and hyaline cartilage and in the centre again vascularized fibrous tissue. In the ossifying pedunculated bodies were numerous multinucleated giant cells, and where good vascularization existed the cartilage was being replaced by bone. The non-pedunculated nodules were white and smooth and had no fibrous peripheral layer; they were entirely cartilaginous and in some centrally the cartilage appeared necrotic, while in others there were well defined bony trabeculæ and yet in others again vessels contained thrombi and the trabeculæ bordered by spaces the result of gross degeneration.

— HUFNAGEL, — MÉNÉGAUX, et — DE NABIAS, "Osteochondromatose du coude" (*Bull. et mém. de la soc. nat. de chirurg.*, Paris, 1933, lix., 1510).

A male aged 25 with no personal history of importance except a trivial contusion of the right elbow two years previously had experienced during some twelve months a loss of muscular power in the right arm especially on carrying a heavy weight. Full extension at the elbow was sometimes painful and from time to time the joint locked. Examination disclosed nothing abnormal except slight limitation of extension and flexion. A mediolateral radiogram showed on the anterior aspect of the articulation numerous osteophytes of various size, apparently free, which an anteroposterior radiogram showed were limited to the anterior humeral aspect and the coronoid fossa.

The articular capsule exposed by an anterior incision was found distended, and on incision a few drops of clear synovia exuded and eighteen loose bodies were extracted. Healing was uninterrupted but even three months afterwards he still experienced a certain weakness in the upper limb. One of the excised bodies examined showed cartilage with calcareous deposit; the presence of bone does not seem to have been efficiently confirmed by microscopic examination.

Laduron briefly discusses the ætiology of multiple loose bodies in the elbow joint but his selection of the title "articular chondromatosis" indicates a preference for a neoplastic origin.

E. LADURON, "Un cas de chondromatose articulaire du coude" (*Rev. belge des sc. méd.*, Louvain, 1933, v., 578).

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