

The symptoms may subside at times and again get worse, the course being marked by exacerbations and remissions; sometimes even for months the patient may become comparatively free from pain and then again suffer from a severe attack.

In cases of "Brodie's Abscess" of bone, the disease is generally in the neighborhood of the epiphysis, characterized by marked enlargement of the part with very intense pain especially at night; there is generally a tender spot somewhere or other. Sometimes where the disease has lasted long and the bone become softened, we may also find a soft spot.

The treatment is either palliative or radical.

The former consists in rest to the part, elevation, counter-irritation in the form of either blisters or the actual cautery, especially Corrigan's Cautery, and the administration of drugs internally, of which are potassium iodide and salicin or sodium salicylate. The iodide in large doses seems to relieve the pain in some cases very markedly. The result of this palliative treatment is usually, however, only temporary, and it is but seldom that a cure results even though the treatment be continued for many months. As a rule the patient's condition improves for a time and may keep pretty well while taking large doses of iodide, but if he stops this and begins to walk about, the old symptoms are apt to occur. Hence in cases where a fair trial has been given to palliative measures without much benefit, it is advisable to propose an operation.

The operative procedures consist in cutting down on the inflamed part and removing as far as possible the whole of the thickened and inflamed periosteum, gouging away a large portion of the thickened bone, and looking for the presence of an abscess, sequestrum or other cause. Strict asepsis is imperative. If an abscess cavity is found it should be thoroughly opened up, as described in speaking of sequestra. It is well to sponge out the cavity with undiluted carbolic acid, then suture closely the opening and endeavor to get healing by first intention. With the view of getting a better scar, one should use curved incisions, turning aside a flap, rather than a straight incision over the centre of the inflamed area. Afterwards the limb should be put in a splint for two or three weeks, because the cavity in the bone fills with blood-clot which must become organized. In cases where inflammation is at some distance from a joint, this splint may be continued even longer. When a splint is left off, the patient should still be kept in bed, if it is the lower extremity which is the seat of the disease, for six weeks or a couple of months so as to allow the new tissue to become thoroughly firm. If the patient gets up too early, the young vessels in