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**CASE OF EXOSTOSIS WITH CARIES.**

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Louis Houle, of Ste. Monique, ætatis 50 in the spring, called on me on the 19th of August, 1844, with a large immovable osseous tumour on the back part of the right shoulder, corresponding to the situation of the scapula. In form, it resembled an obtuse cone, the diameter of whose base was about six inches. At the inferior angle of the scapula was a small opening, connected with two fistulous cavities, the one running transversely inwards, and the other, and more considerable one, upwards and slightly inwards, from which an offensive purulent discharge constantly exuded. The introduction of a probe gave a rough grating sensation, as if rubbing against a rasp.

The history of his case was as follows:—When about seven years of age, he fell from a gallery, and injured his shoulder; but no attention was paid to it for nearly two months after, when his parents, finding he had but a very imperfect use of his arm, took him to a *rumancheur* (bone-setter), who stated that the shoulder was dislocated, and pretended to set it. Notwithstanding this, he continued to suffer pain for four or five weeks longer, when it began to subside, and the use of the arm to return. When about ten years old, he perceived for the first time, a hard tumour (*bosse*) on the spine of the scapula, nearly the size of a filbert. It continued gradually to increase in size, but without pain; and when he had attained his twenty-fifth year (at which time he married,) his wife states, that it was about the size of a hen's egg. From this time, until the month of February, 1844, it continued regularly increasing in circumference until it had attained its present size, when, for the first time, he felt lancinating pains, which increased until April or May following, when it suppurated. Until February, his general health and strength were unimpaired; and he had never until then been prevented from devoting himself regularly to agricultural labour, but since, strength and appetite have both declined.

When I first saw him, on the 19th of August, he was pale and emaciated, suffering under great constitutional irritation, broken rest, impaired appetite and disordered bowels, occasionally lax but more frequently constipated. On examining the tumour, I at once advised its

removal as the best, if not only means of affording relief. Finding he had an insuperable aversion to its removal, until some other remedial means had been tried, I called in Dr. J. J. Hayes, who chanced to be on a visit to Nicolet, who added his recommendation to mine for its removal, but ineffectually. He consented, however, to allow the fistulæ to be laid open, but wished to try the effect of any medicine I might suggest, previous to performing the operation, to which he said he would consent, in the event of other means failing. I proceeded to lay open the tumour in the direction of the fistulæ, exposing the bones which I found carious throughout their course; but on turning back the integuments slightly, I found the caries was partial, and confined to the course of the fistulæ, and that the tumour was smoother and the periosteum entire where the caries had not extended; and that part of the tumour was more hard, compact, and brittle, than the carious portion of which I detached three or four small pieces; but he would not suffer more at that time. I injected a solution of nitric acid into the wound, in proportion of twelve drops to sixteen ounces of water, and united the edges with isinglass plaster, leaving room for the escape of matter. I ordered the solution to be injected into the opening, night and morning, with muriatic acid internally, and a nourishing diet, wine, etc. In giving muriatic acid, I did so, less with the hope of dissolving the calcareous matter, or at all acting on the assimilating vessels of the bones, than for its tonic and antiseptic properties, and on account of the tendency to constipation, which I hoped thereby to diminish. The foregoing plan of treatment was continued for nearly a month, when it was suspended by the patient himself, and nothing more done until the 29th of November following.

At this time, there was an irregular opening, about the same situation as the first one, and an irregular cavity extending upwards, from which a purulent discharge continued to flow. He informed me, that from forty to fifty small pieces of carious bone (*puant*) of different sizes had been discharged by the opening, since I had last seen him. His countenance was pale and anxious; pulse 94, tongue red and clean, respiration slightly increased, pain in the right hypochondrium, occasional