

## Translations.

### ON FREE INCISIONS IN DISEASES OF BONE.

From *Le Progres Médical*.

In the course of the present (last) year M. Gosselin published a lecture, which has actively attracted the attention of the savants of our country (Ireland), upon the advantages which result from free incisions in serious affections of the bones. Every surgeon had long since recognised the necessity of a similar treatment when there was reason to suspect the presence of an abscess. The views of the learned professor have given a new impetus to this surgical operation, and have favoured its application to other diseases of the bones. The following case, which recently came under my observation, corroborates the value of the treatment in question. The woman, B. R—, a servant, hurt her left elbow in November, 1871. A trivial discomfort was the immediate result; the trouble increased up to March, 1872, when she was obliged to enter the hospital. She remained there three months, and experienced, after various methods of treatment, a certain amelioration. She then left the hospital, and after going out the pain continued to increase, with varying degrees of intensity, up to November, 1874, when she found herself obliged to re-enter the hospital. The pain had then become intolerable, and the arm manifested several local symptoms, which gave rise to a belief in the presence of an abscess in the bone. All the efforts of the physician were futile, and the suffering of the patient was extreme. Sleep had entirely forsaken her. Nothing could procure her the least relief. Everything strengthened the belief that she would end her days in the midst of distracting torments. Believing in the presence of an abscess, I resolved to do an operation. The patient was put under the influence of ether by my clinical assistant, Dr. Hourigan.

The bones forming the elbow-joint were exposed by means of an incision over each condyle, and the edge of the bistoury divided the periosteum, and entered slightly into the bone. I removed, moreover, a circular morsel of the external condyle at the same time as the tre-

phine, taking this piece of bone precisely at the spot where I suspected the presence of the abscess. I was mistaken in my expectation; *no abscess appeared. Nevertheless, an immediate relief followed*, and the patient was never so delighted. She slept perfectly the next night, and every night for several weeks, without any pain. Some days after the operation I removed some bits of charpie, in order to hasten the cure; the pain reappeared immediately; I persuaded myself to replace the charpie, and the suffering disappeared. I withdrew a second time, after fifteen days, and the pain did not recur. For several months the woman was entirely free. Later, the pain gradually returned, and compelled the patient to enter the hospital a third time, in December, 1875. She experienced no pain in the outer side of the arm, which had been trephined, and the pain on the inner side of the elbow, although severe, was as nothing, compared with what had been felt before the operation.

Encouraged by the partial success of the first operation, I resolved to trephine the inner condyle. This operation, like the first, resulted in the total relief of all suffering; but, as on the first occasion, the pain returned after some months, but always in a mitigated form. In looking at the effects and results of the foregoing operation, we do not wish to, and we could not exactly, regard it as a complete success. We dare, however, affirm that an operation which procured an evident relief, even though not permanent, to a patient suffering such excruciating agony, in whom all other treatment had failed, is a great boon to humanity, and a very valuable addition to our therapeutic science.—TH. LOFFAR.

### NOTE UPON BOILS AND CARBUNCLES AND THEIR ABORTIVE TREATMENT.

BY DR. THEODORE ROTH, OF EUTIN (DEUTSCHE KLINIK).

From *L'Union Médicale du Canada*.

Murray, of Glasgow, having recommended caustic potash as an abortive remedy for benign carbuncle after a previous crucial incision of the swelling at its commencement, the writer, moreover, observing that when this cauterisation is done in a very superficial man-