

In this method success is dependent on securing an aseptic condition of the cavity. For this purpose its roof should be thoroughly removed, preserving carefully the periosteum, the cavity itself thoroughly curetted and dense endosteal bone chiseled or gouged out, the cavity swabbed with carbolic acid and alcohol, thoroughly dried and filled with a preparation of melted and sterilized iodoform, cetaceum and oil of sesame. When the mixture becomes firm the periosteum and soft tissues are sutured and drainage, if necessary, provided for. The operation should be performed by the bloodless technique.

My own experiences is that it is necessary in septic cases to curette the cavity and employ antiseptics several times at intervals of a week or less, packing the cavity with iodoform gauze during the intervals.

I have not found this necessary in the tuberculous cases in which the results are uniformly good if mixed infection is not present.

When treatment is successful the wound heals with but little local or constitutional reaction, fibrous tissue grows rapidly into the mass which is slowly absorbed.

I have noticed in some cases which were only partially successful that the material was gradually expelled in greater or less quantity, healing finally taking place, and in other cases where infection developed late, requiring recurettling that the amount of new material developed in 8 or 10 days was much greater than by any other method of treatment which I have employed.

Judging from my own experience, the most difficult cases are those involving the lower end of the femur with sinuses in the popliteal space. Here I have opened the bone in front and secured closure of the posterior sinuses before attempting to "stop" the cavity, and even then with but indifferent success, pus developing even as late as the 10th and 12th day, showing the difficulty in securing asepsis.

I have used this method with satisfactory results in the lower end of the radius, the phalanges, the greater trochanter and the upper end of the femur, and in the head of the tibia in filling cavities of tuberculous origin, and though frequently one to two ounces have been used, on no occasion has iodoform poisoning resulted.

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