

bad compound fracture of the leg, which would confine you to your bed and back for at least two months.' Now, it did so happen, that this gentleman met with an accident, though unfortunately for him not so serious as to confine him for more than a month or six weeks; but even this did him so much good, and he rose so much better, that he forgot all his good resolutions, pursued the same course again, and is now perfectly, and I fear irrevocably, paraplegic.

Unless these cases are treated very early, you can do little or nothing with them.

Rest, bodily, mentally, and erotically, is the most important point; and if your patient will not submit to rest, entire rest, you had much better take your leave without prescribing; for all the medicine in the Pharmacopœia will do no good without the rest.

As regards the medicine, I have found, and it was first mentioned to me by my kind friend Sir Benjamin Brodie, small doses of the tinct. lyttæ, ten to fifteen drops, with from two to four grains of the sulphate of zinc, the best. A generous, but not a stimulating diet, must be advised.—*Med. Times and Gazette*, April 30, 1853, p. 439

SURGERY.—MEMOIR ON OSTEO-MYELITIS, BY M. CHASSAIGNAC.

[Translated by the Editor of the P. M. & S. Journal from the French.—Commissaire Flourens Velpau, Lillemaude.]

Inflammation of the medullary system of the long bones in man has been but imperfectly studied.

Reynaud has spoken of it in connection with amputations, as the result of opening the medullary canal, and finds it difficult to distinguish, in these cases, between osteo-myelitis and purulent infection.

The difference between inflammation of the medullary tissue after amputations, and that which takes place in an entire bone, was first pointed out by M. Flourens, in his beautiful work on the development of the bones, read to the Academy in October, 1811. What have all those done who have repeated the experiment of Troja? They commenced by sawing the bone across, then introducing the stilet into the medullary canal, destroying all the internal membrane. M. Flourens, on the contrary, desiring to preserve the bone entire, was led to make an opening into a long bone, in order to introduce destructive agents into the medullary canal; by this means he arrived at the much more certain knowledge of the production of bones after the mortification of the living membrane. In taking for the basis of our description cases of Osteo-myelitis, quite unconnected with amputations, we have attempted to do for human pathology what the above learned academician has done for experimental pathology.

The following is a resume of the facts contained in our memoir this day, presented to the academy:

- 1st. Osteo-Myelitis invariably and promptly accompanies acute suppurative periostitis and diffuse phlegmon.
- 2d. In suppurating Osteo-Myelitis, the separation of the internal membrane from the bone invariably takes place.
- 3d. The extension of Osteo-Myelitis, from one section of a limb to that which is immediately above, is accomplished by the perforation of the intervening cartilages and the synovial membrane.
- 4th. Cartilaginous perforations, in Osteo-Myelitis, differ from each other, according as we examine them, in the tipping or inter-articular cartilages. In the former the perforation is canalculated, in the latter it resembles a hole made by nippers.
- 5th. Osteo-Myelitis always accompanies purulent arthritis, the articulations are generally attacked from below upwards.