

Toronto Medical Society.

THE regular weekly meeting of this Society was held in the Council building, January 15th, W. J. Wilson in the chair.

Osteomyelitis of the Femur.—Dr. F. N. G. Starr read a paper on "Osteomyelitis of the Femur," presenting mounted specimen. The patient, aged three, had come under his care in August last. Five weeks before, had complained of pain in the left thigh. There was no mark or injury. Physician consulted at the time recommended the application of tincture of iodine. After ten days, in which there was no improvement, a second doctor was consulted, who opened the leg, evacuating pus from an abscess. The femur was found to be largely denuded of periosteum. The lower epiphysis was separated. Drainage was made. As medical attendance could be made only at long intervals, and the nursing was bad, the case did not do well. The child was brought to Toronto. Temperature, 102°; pulse, 140; respirations, 48, the patient was weak, anæmic and emaciated. Signs of distress and suffering were marked. Under an anæsthetic the shaft was found free, the epiphyses were separated, and a malodorous discharge exuded from the opening. The bone was completely riddled. After removal and irrigation, the cavity was loosely packed. A second abscess on the dorsum of the foot was opened, scraped and irrigated. Within a few days an abscess formed on the left leg, but was not connected with the bone. The staphylococcus pyogenes aureus and albus were found in this last opening, while in the former the bacillus proteus and an occasional staphylococcus were found. The child finally succumbed. The essayist pointed out that an early and correct diagnosis was most important in such cases, and an early operation by free incision desirable. He advocated the method he had used of removing the bone by first dividing the shaft into two segments, because it required only a small opening and caused less laceration and contusion. A point of interest in the case was the absence of the staphylococci from the medulla. Perhaps, he said, they were present, but owing to their confinement they had been destroyed by their own toxines.

Dr. A. Primrose spoke of the difficulty of early diagnosis in these cases. He found fault with the present classification of inflammatory diseases of bone. He reported several cases of this disease in which the early diagnosis was exceedingly difficult.

Dr. Oakley asked if the same antiseptic precautions were necessary in these septic cases as in ordinary clean cases.