OSTEOMYELITIS.

Dr. Wylde's report of a case of multiple osteomyelitis on another page is interesting in that it draws attention to a somewhat rare condition, but one that unfortunately only too often ends fatally, from acute septicæmia and pyæmia. Whether surgical treatment would have changed the result or not is doubtful. The diagnosis should not be difficult, but similar cases have often been incorrectly diagnosed as acute articular rheumatism, or typhoid fever, or pyæmia, the true nature of the condition being subsequently determined in the post-mortem room.

The bacteriology of acute osteomyelitis has been pretty thoroughly worked out in recent years, and the nature of the disease is understood, but the treatment is yet unsatisfactory, in this, as in so many infective diseases. The idea, at one time entertained by the German and French investigators, that osteomyelitis had a distinct germ of its own, so to speak, has been disproved, and it is now known that many pyogenic organisms, if properly introduced, under favourable circumstances, may give rise to osteomyelitis; the staphylococcus and streptococcus are frequently the active agents. The typoid bacillus alone, or in association with some other germ, is a not infrequent cause of osteomyelitis of a mild subacute form. It is not so easy, however, to explain the onset of these cases of acute multiple osteomyelitis, in which the infection is of a most virulent type, spreading from bone to bone and proving fatal in a few days. Sometimes, as in Dr. Wylde's case, the onset follows an abrasion, a slight wound, or compound fracture, and gun shot injury on the battlefield may be the exciting cause, but in many cases there would seem to be no such etiological factor evident. A boy becomes heated during play, throws himself upon the grass, and develops acute osteomyelitis. Where is the "*locus minoris resistintiæ*" in such a case? Through the intestines, as suggested by Kocher, or through the tonsil, as suggested by Kraske, or through some other channel?

Clinically, the great point is early diagnosis of the lesion and a correct estimation of the virulence of the infection.

The first point may be determined by a careful physical examination, and the second by the character and degree of the constitutional disturbance.

The pain is generally referred to a joint, say the knee-joint, but further investigation will show that the point of maximum tenderness and the pain are a little above or a little below the articulation.