

mission charged with the study of cholera in Egypt, declare, in their report, that they have obtained results that differ from those which I have had the honour of making known to your Excellency, and of having found in the blood micro-organisms special to cholera. In view of this statement your Excellency may have been led to suppose that the German Commission has succeeded badly in its investigations; I therefore regard it as my duty to make known to your Excellency my opinion in this relation.

In the human blood we find, along with the red and white corpuscles, small rounded, pale elements, varying in number, denominated by us *Blutplättchen*. In various pyretic diseases, as petechial typhus and pneumonia, the number of these elements increases. In consequence of the resemblance which these elements have to micro-organisms, they have been confounded with bacteria.

These elements are met with in quantity in the blood of choleric and their cadavers, as I have verified. Moreover, it is not a new fact; other observers had before announced it. Dr. Cunningham, in his work, "*Microscopical and physiological researches into the nature of the agent producing cholera*," 1872, gave an exact representation of these elements in the blood of choleric.

Seeing that the most rigorous methods of investigation have never enabled us to discover in the blood of choleric other elements similar to bacteria, and that the description given by the French Commission of the elements mentioned, assimilates in every point to the *Blutplättchen* above mentioned, I am forced to admit that the French Commission has fallen into the same error as other observers who have taken these *Blutplättchen* for specific organisms. These elements cannot have any etiological relation to cholera, for, as has already been said, they are met with in the blood of persons in a healthy state, or those who have been attacked by diseases different from cholera.

THREE CASES OF NECROSIS OF THE LOWER THIRD OF THE FEMUR.

BY THOS. R. DUPUIS, M.D., ETC., KINGSTON, ONT.

Both caries and necrosis of bone are common enough diseases, and their pathology and general treatment I shall not attempt to discuss. Volumes

have been written upon them and every surgical work contains sufficient information for the guidance of the general practitioner. My object is simply to place before the readers of the LANCET a few thoughts on necrosis occurring in that peculiar, yet comparatively frequent site, the popliteal surface of the femur, and to record the success that has attended the cases in which I have operated, by thorough removal of the sequestra. Three cases are not many indeed, but following each other in close succession and yielding such satisfactory results as they have, render them worth a passing notice.

As is well known caries attacks the most vascular parts of bone, and bones distinguished by abundance of cancellous tissue such as the vertebrae, sternum, innominate bones, the carpus, tarsus and the articular extremities of long bones, notably the femur, tibia and humerus. Necrosis, on the other hand, is more strictly confined to long bones, and especially to those which lie superficial or close under the integument, and are thus more liable to injury from blows, changes of temperature, etc. Recently, however, I had under my care a case of necrosis of the posterior portion of the sacrum in a saddler, who had sat much on his bench. I removed several pieces of bone. Some years ago I had a case of extensive necrosis and exfoliation of the outer table of the frontal bone in a sewing girl who used frequently to strike her forehead against some part of her sewing machine when stooping over to thread the needle or regulate the thread. In reality, therefore, there is no obvious line of demarcation between the sites of caries and necrosis, the one or the other depending greatly upon the structure of the part attacked and the activity of the circulation in it. According to Mr. Timothy Holmes, chronic inflammation of bone is generally the result of one of three causes, namely syphilis, rheumatism, or injury, and he thinks this arrangement of causes indicates their order of frequency. Every practitioner of experience must be familiar with examples of diseased bone from various causes. Those practising in large cities will, as a rule, see more of the results of syphilis, while those practising in small towns and country places will be the better acquainted with diseases of bone from rheumatism and injury. I cannot, however, consider rheumatism a frequent cause of either caries or necrosis,