

ments would cut it had I wished to use them—I decided on another method of treatment, novel to be sure, but which in this case did much good. I used a Paquelin's thermo-cautère, and with the flat point heated to a bright red heat, drew its sharp edge over the enlarged bone longitudinally, in five or six parallel lines, scarifying it thus from one to two millimetres in depth. I hoped by means of the burning to promote absorption, and I was not disappointed.

This was done on the 16th of May; he progressed favorably without one bad symptom, and on the 4th of June left and went home with the wound entirely healed, the tumor considerably reduced in size, and the lameness almost nothing. I need not speak of the treatment subsequent to the operation, for it was the chloride of mercury aseptic, in common use.

Sometime about the 1st of March, I wrote to Dr. M., inquiring how Mr. W. had got along. He replied that everything had gone on satisfactorily to the best of his knowledge, and that the young gentleman went back to his place to work again shortly after he came home from me. Dr. M. wrote to Mr. W. to ascertain the facts of his condition, and here is the letter Mr. W. sent me:

"DEXTER, April 28th, '89.

"Dr. DUPUIS,—I saw Dr. M. the other day, and he said you had been inquiring about me as to my leg. I went to work last September and felt very well till about Christmas, when I had to work *very* hard, and my leg began to feel bad again with the same symptoms as before. Instead of keeping quiet, I kept to work till about the middle of January, and at present I am in the same condition as when you saw me. There has been no change in my leg since then, in appearance, and the bunch remains the same (that is, as it was on the middle of January—D.) I have stopped work at present and am going to give it a rest and see what that will do.

"Yours, respectfully,

"E. W.,  
"Dexter, N.Y."

Now, gentlemen, here is my case, but the question is, What is it? That is the question which forced itself upon my mind; and at once I began to search and watch medical literature that I might find something that would satisfy me on the point. Two or three months after Mr. W.'s departure, I found that his disease had been de-

scribed by Ollier, under the title of "Periostitis Albuminosa."

According to Dr. Schlange, of Berlin, Ollier described fourteen or fifteen of these cases—so that, as far as we know, they are the only ones on record—he having collected them from his own practice and the literature of the subject. All the cases described were characterized by the absence of pus, and the appearance of a serous or synovial-like fluid, in connection with signs of inflammation around the bone. "Ollier," says Dr. Schlange, "was the first to point out that inflammation of the periosteum may be accompanied by the formation of a *serous* fluid, and the name of periostitis albuminosa was applied by him to this special form of periostitis." In all cases observed by him, the accumulation of fluids around the thickened periosteum formed the main change, and deeper lesions of the bone substance were not noted. Other observers obtained the same results, and Cartuffi speaks of the disease as a "periostitis exudativa." Dr. Schlange, from his own observations, differs from the foregoing, regarding the disease as a modification of acute purulent osteo-myelitis, and suggests the name "ostitis non-purulenta" as most appropriate. Some other observations were made, and in every case the citron-yellow granulations were found with an exudation of serous fluid around the seat of disease; in some, the bone was more or less changed, but in none was *pus* found, the fluid being sometimes almost like that found in old hydrocele, showing that this disease is not osteo-myelitis, although we know not but that the former disease might, under certain circumstances, lead up to the latter.

The affection occurs almost exclusively in young persons, say, from 15 to 22, and the long and tubular bones are chiefly attacked. In eight of the cases, the femur was the seat of disease; in three, the tibia; in two, the ulna; in one, the humerus, and in one, a rib. There is considerable interest attached to this form of periostitis, and if there have been but fifteen cases described, the case of Mr. W. will make the sixteenth. Had the symptoms given by Ollier been written from Mr. W.'s case, they could not have more exactly described it; and it was the exact description of the case that directed my attention to it, and then satisfied me that his was a case of "Periostitis Albuminosa" of Ollier.