

rounding the allied disease of leukemia and the other varieties of pseudo-leukemia. The splenic enlargement appears to be the primary change and the anemia secondary, for the former in all the reported cases has preceded the latter, in some for the period of a year. Moreover, recovery has taken place in five cases after splenectomy. Medical treatment appears quite unable to arrest the fatal progress of the disease.—*The Med. Rev.*

---

THE BONE LESIONS OF TYPHOID FEVER.—Ch. Achard, (in *La Semaine Medicale*, October 18th, page 345). The discovery of Eberth's bacillus has enabled two kinds of osteomyelitis, following typhoid fever, to be distinguished. One is not directly related to the typhoid bacillus, but is produced by the ordinary pyogenic organisms, staphylococci, or streptococci, as a secondary infection. Boils are frequently the source of the organisms. The other variety is due directly to the typhoid bacillus. It is not very uncommon, and has special clinical characters which resemble closely those of syphilitic nodes. The first symptom is pain of variable intensity, increased by pressure, but limited to a definite spot on one of the bones, often the tibia or a rib. After a time the pain diminishes, and a swelling on the bone forms a circumscribed tumor of doughy consistency. This may soften still further in the centre, which may even fluctuate while the peripheral part becomes more thickened. Incision shows vegetations resembling granulation tissue, with purulent or sero-sanguineous fluid usually in small amount. The non-purulent fluid appears to be formed in the earlier stage, and generally contains Eberth's bacillus in pure culture, but the pus is often sterile, apparently, because of the death of the organisms. Therefore, in favorable cases, spontaneous resolution is possible, the pus becoming absorbed after the death of the bacilli, and the bony swelling being reduced to a simple exostosis. In other cases, there is severe and localised pain without appreciable swelling of the bone. Here, probably, there is a small and deep focus which remains latent, and undergoes spontaneous resolution. Again, the more or less diffused pains in the bones following typhoid fever may be ascribed to irritation of the bone marrow due to the presence of Eberth's bacillus, which has been found there in fatal cases, or to its toxins, which have been experimentally shown to produce a reaction in the medulla. The diagnosis is usually simplified by the occurrence of these symptoms during convalescence, or soon after recovery from typhoid fever, but even then they have been mistaken for syphilitic or tuberculous