CANADA

MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Surgical Cases in the practice of LOUIS BAUER, M. D., M. R. C. S. Engl. Reported by A. G. JACKES, M. D.

CASE III.

Spontaneous and diffuse osteomyelitis of the tibia caries of the tibio tarsal and tarsal articulations, multilocular abscess.

The exact knowledge of the pathological changes of the bony structure, and its complements, is the result of modern investigation. Most of them we owe to the use of the microscope and to the improved method of preparing pathological specimens by more minute injections, hardening by chromic acid &c.

It is pretty well conceded now that there is no such disease as true ostitis, and that the changes of bone structure by disease, are of a secondary character. There is indeed nothing in the bone *per se*, that could inflame.

Inflammations concerning the bone in its collective character, must always appertain either to the periosteum, or the medullary membrane that sends its ramifications in every direction of the bony structure, through the Haversian canals. It is within the cellular endowment of the medullary membrane, that those changes are initiated which eventuate into partial or total destruction of the bone; whence that cellular exuberance starts, which culminates in those fungoid granulations with which resorption and isolation of the bone goes on *pari passu;* whence suppuration emanates which disorganizes the medullary structure and displaces it by pus, and which, when limited in extent, gives rise to bone abscess.

Chassignac introduced the subject with its now adopted name, and furnished the first clinical, anatomical records; but the late Herman