CASE III. - ACUTE EPIPHYSITIS IN INFANT. RECOVERY.

N. E. C---, female, born Nov. 3rd, 1904. Infant seemed a particularly healthy child, weighing 8½ lbs., breast fed, the nourishment being abundant. The mother convalesced without an untoward symptom. The cord separated on 10th day, leaving a well healed stump. On Nov. 14th a small hard deep-seated inflamed nodule developed on the anterior aspect, proximal phalanx of right ring finger. This subsided gradually under local treatment.

On Nov. 16th a similar nodule developed on inner aspect left knee on upper end tibia, on level with the tubercle, and was accompanied by some febrile disturbance and fretfulness of infant. This swelling rapidly increased to the size of a large walnut and was incised under chloroform by Dr. Anglin on Nov. 19th, and two teaspoonfuls of pus were evacuated showing staphylococcus pyogenes aureus. The epiphysis was not examined carefully, though no roughness was detectable. The constitutional disturbance subsided largely on evacuation of pus. The abscess cavity did not tend to heal despite thorough cleansing, and at same time the knee joint began to show distinct evidences of fluid accumulation, this fluid on firm pressure dribbling away through abscess cavity. On 30th November, under chloroform, Drs. Anglin and Garrett examined the epiphysis and found that the area of ossification was necrosed, and that softening of a considerable portion of the epiphyseal cartilage accompanied the necrosis. These parts were removed carefully and wound packed with iodiform gauze. The dressings were changed daily and cavity kept well washed with sterile boric solution, etc., but pus formation continued, and on Dec. oth the wound was again opened and more necrotic cartilage found and removed and the joint which by this time had become purulent was drained and well washed out. Five per cent, iodiform emulsion was then injected into joint and wound; the wound then being packed with gauze. Two days after on opening, only a little pus was found mixed with the iodiform emulsion, and this soon completely ceased under similar treatment, and in a few days only serous fluid came away, the cavity in epiphysis and in soft tissue rapidly filling up, closing on

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