

Clinical Department.

A NEW METHOD OF TREATMENT OF CHRONIC DACRYOCYSTITIS.

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THE results of chronic dacryocystitis are so annoying if the case is left untreated, and treatment is often so disappointing that I have thought it well to report a case in which a new method of treatment was followed with very satisfactory results.

Mr. F. B., aged 60, I first saw in Feb., 1911, when he was suffering from an acute phlegmonous inflammation of the lacrimal sac and the surrounding cellular tissue. There was nothing to do at that time but to open the abscess, which was done. I told him at the time that he would have to undergo a prolonged course of treatment. I did not see him again until June, 1913, when he came to me with a discharging fistula leading into the sac and the usual amount of infiltration of the surrounding tissues. I washed out the sac and probed the duct for some time with indifferent success. I felt that the sac would have to be removed, but as he was not in good physical condition I continued the treatment with the hope that some good might result. As the condition did not improve I decided to try the injection of tincture of iodine into the sac. This was done through the fistula. The reaction was not very severe and in three days it was done again. After the first two injections the character of the secretion underwent a decided change, instead of being purulent it was now watery. I continued the injections once or twice a week for more than two months with a slow but constant improvement. At the end of that time he met with an accident and I did not see him for six months. He telephoned me from time to time that he was not having any trouble and that he thought the tears were passing through the duct. When I did see him I found the dacryocystitis cured, and I believe that the sac was obliterated. He presented the same appearance as a patient from whom the sac had been removed. The surrounding tissue was not infiltrated, there was no purulent discharge, the tears collected in the inner canthus, and there was a depression over the sac. The only untoward result was a slight bluish discoloration over the region of the sac. I think he is mistaken about the tears going through the tear duct.

I am inclined to think the treatment was kept up too long in this case, and the discoloration might have come from that. The final result was the same as that following removal of the sac. If these cases can be cured by the injection of iodine it would seem that there are many in which it would be worth trying.

I submit this report with the hope that some one with a larger experience will give it a trial and determine its usefulness.

Medical Progress.

SIXTH REPORT OF PROGRESS IN ORTHOPAEDIC SURGERY.

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TUBERCULOSIS.

THE diagnosis of tuberculosis of the bones and joints is held by König¹ to be frequently very difficult in the early stages. It seems to us that emphasis may well be placed on this fact. The Roentgen ray may confirm, but in the early stages may not disprove. The clinical symptoms are often insufficient and various forms of arthritis may present identical early stage signs, which are only to be differentiated by the tuberculin reactions or the actual finding of a conclusive pathologic picture at operation. Many joints presenting all the clinical signs of tuberculosis rapidly improve and finally completely recover after the removal of a source of infection or toxemia, whether fixation and traction have or have not been applied. Whenever the diagnosis of tuberculosis is confirmed by the reactions or the pathologic findings the joint affected does not thus rapidly improve and completely recover under any form of treatment. Tuberculous disease may become arrested, but traces of permanent joint changes remain. The matter is of importance, for although prolonged fixation and efficient traction may be the best methods at our disposal for the local treatment of a tuberculous joint, they may also unnecessarily weaken the limb and perhaps bring about permanent limitation of motion in an infectious or toxemic arthritis.

Dollinger² presented at the last International Congress in London a valuable paper on the treatment of tuberculosis of the bones and joints. The illustrations are many and instructive. Dollinger is a strong advocate of conservative treatment and especially of helio and radio therapy. He believes that traction is not important and that with efficient removable apparatus ambulation has distinct advantages over rest. If after months of treatment the joint has become painless and some deformity exists he considers that a careful attempt at mobilization by a single manipulation in the direction of the intended final position is entirely justified.

Wrzesniowski³ has reviewed his experience in the treatment of forty-six cases of tuberculosis of the joints with discharging fistulae. 55% of the cases he considers permanent cures. He opens the joint wide by both transverse and longitudinal incisions and after removing the tuberculous tissue as thoroughly as possible he