

AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Subperiosteal Abscess with Hyperostosis of Femur; Extensive Burrowing of Pus; Chronic Pyemia; Recovery. By Wm. M. FINDLEY, M.D., of Altoona, Pennsylvania.

W. A. P., æt. 34, of a serofulous or tuberculous tendency, was attacked with severe deep-seated pain on inner side of right thigh, along the attachments of the adductors; supposed to have been produced by resting the weight of a piano there in moving it from one place to another. Was treated for rheumatism, etc.; leg enlarged symmetrically from knee to hip, having its starting-point about the middle of the limb however. The limb was not examined, but after a period of eight or ten weeks, in consultation, a small puncture was made from which large quantities of pus escaped. About this time there was pus passing from the bowels and bladder, it is asserted; moreover, pus burrowed down behind the femur, through the foramen in the adductor magnus for the femoral vessels, and passing to the outer side of the leg, broke through the inter-muscular space, and discharged externally. By this circuitous route, the contents were evacuated for some time. The femur became enlarged and painful. About eight months after this time he came under my care, when a free incision between the vastus externus and the long head of the biceps, with another on the inner aspect of the thigh through the vastus internus and crureus, exposed the track of a sinus and sac some twelve or eighteen inches long, extending from the capsular ligament of the head of the femur, to the investing ligaments of the knee-joint. Packing, free use of salicylic and carboic acids, and permanganate of potassa as injections, the liberal use of quinia and cod-liver oil, and a generous diet, soon restored one who had that waxy, sallow, pyemic look, so common to those suffering from chronic bone disease, to a healthy man as far as present appearances go.

At the present time, one year after he recovered and passed from under my care, W. A. P. is enjoying most excellent health; leg perfectly sound, and he is walking from five to ten miles per day on it without the least inconvenience; he has lost all symptoms of lung complication, from which he was suffering then from the effort to throw off the pyemic secretion.

DOMESTIC SUMMARY.

Thoracentesis.—Prof. S. C. CHEW, of the University, Maryland, discusses (*New York Med. Journ.*, Sept., 1876) the following questions: "When a pleurisy is encountered in which effusion has taken place to such extent as to cause dullness and absence of respiratory murmur over the greater part or the whole of one side of the chest, is medical treatment to be discarded and the assistance of surgery invoked? Should the presence of fluid in large amount be