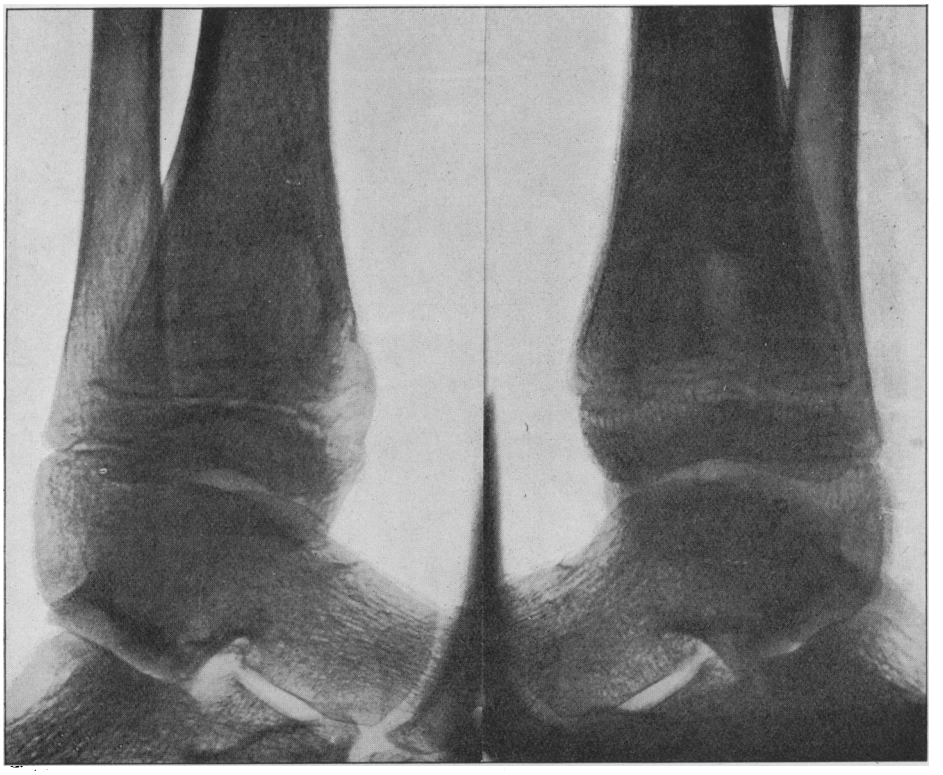
Bilateral Osteomyelitis of Tibiæ.—E. A. CROOK, M.Ch.—F. H., boy, aged 13½ years. A history of pain and swelling of both ankles for six weeks, thought to be due to rheumatism, was given, when he first attended as an out-patient at the Queen's Hospital for Children.

He was seen by Dr. Winnicott, who transferred him to the surgical side as a case of suspected osteomyelitis. The absence of general signs of infection and the inconspicuous nature of the local signs, caused doubt as to the diagnosis. An exacerbation of symptoms, the result of a more positive X-ray examination and a rising leucocyte count, made the diagnosis clear.



Right ankle showing cavity in tibia. Left ankle showing cavity in tibia.

At operation, I found a localized cavity containing thick white pus at the lower end of the shaft of each tibia. On both sides the cavities involved the epiphyseal cartilages and in the left tibia the cavity extended into the epiphysis.

Pathological examination of the pus revealed the presence of *Staphylococcus aureus*.

Discussion.—Dr. D. W. WINNICOTT said that this boy was sent from the Leyton School Medical Service as a case of rheumatism. The child had been taken ill with rheumatism of the ankles, with swelling of those joints and of the big toe-joints. At the end of a week when the patient was sent up, he (the speaker) had found quite normal feet, and no synovitis, but there was an enlargement of the ends of the tibiæ. This history was interesting and difficult to explain.

Mr. G. E. WAUGH said that from the pictures shown he thought this interesting case belonged to that rare group of diseases, primary infective foci in the true epiphyseal line—unlike the ordinary osteomyelitis which arose in the diaphysis. In this case the bone had been attacked by a vicious organism, the *Staphylococcus aureus*. The difficulty of eating through the cancellous tissue which separated it from the medulla of the bone had saved this child from bilateral acute osteomyelitis. There was a symmetrical *Staphylococcus aureus* periostitis, which tended to attack the shafts of long bones, and to appear in a vague manner, the patient complaining only of slight aching pains. This was an extremely rare lesion, a real periostitis with extensive new bone formation underneath the periosteal layer. It was really advisable in such a case to operate in order to relieve the perpetual "growing pains."