which some boys had tied across the street, and it was thought that this maternal impression was responsible for the deformity. The child was able to walk with the aid of ordinary ankle supports.

Dr. Townsend did not favor operating upon these constricting bands, for the resulting cicatrix would cause further contraction.

A CONSIDERATION OF SOME OF THE AFFECTIONS OF TENDON SHEATHS AND BURSÆ, AND THEIR RELATIONS TO INJURIES AND DISEASES OF THE JOINTS.

Dr. Royal Witman read a paper with the above title. He briefly described the structure and anatomical relations of bursæ and tendon sheaths, their diseases, and appropriate treatment, calling attention to the fact that chronic disease of tendon sheaths was usually tuberculous in character, for hich early removal was the only remedy.

The relation of the tendon sheaths to the ankle and wrist joints, and their liability to injury in sprains and fractures, explained the symptoms—weakness, local pain, and limitation of normal motion, often persisting after such injury.

The importance of local massage and stimulation in the early stage, in order to prevent the formation of adhesions after secondary inflammation of tendon sheaths, was urged.

In chronic and neglected sprains a careful examination should be made, and if adhesions or contractions were present treatment should be directed to a recovery of the normal range of motion. This result might often be accomplished by a forcible overstretching under ether, followed by massage and support. By such treatment, patients disabled for many months might be quickly and permanently relieved.

In conclusion, attention was called to the importance of slight injuries in childhood, which might be the starting point of tuberculous disease, the diagnostic value of chronicity, and the necessity of careful observation and early treatment in suspicious cases.

Dr. Judson said that he had seen a case of tumor of the semi-membranosus similar to the one shown in the model. The child was about six years old, and under a purely expectant treatment the tumor disappeared in the course of a few months, leaving no deformity or disability.

Dr. Townsend said that he had seen many of the cases referred to by the author, and he had been struck with the many and varied diagnosis which had been made upon them before they came to the dispensary. The diagnosis in the early stages is often difficult, especially when there is only a meagre and often misleading history such as accompanies most dispensary cases. The importance of differential diagnosis could not be too strongly emphasized, particularly as upon it depended a correct prognosis.

Dr. C. A. Powers said that he inferred from the author's remarks on injuries at the lower end of the radius that he recommended confining the flexor and extensor tendons of the fingers in the treatment of Colles' fracture. He saw a large number of these cases with functional disability following this method of treatment, and he therefore preferred to use the long anterior splint for the first five or six days, and then to shorten both the anterior and posterior splint to the first row of the carpus, directing the patient to make very active use of the fingers. Four or five days after this, he expected them to be able to shut the fingers well down into the palm.

Dr. Kelly said that in Dublin, the home and birthplace of Colles' fracture, the keel-shaped splint, which avoided injurious pressure on the thenar and hypothenar eminences, was almost universally employed. The mode of development of the bursæ, found on various points exposed to pressure is difficult to understand unless we remember that the peritoneum, which is the great areolar inter-space of the body, has had a similar development from the connective tissue structures.

He was glad that the author agreed with him as to the position of the foot, viz., slight adduction, with the foot at right-angles to the leg. This slight adduction produces what he called "artificial talipes varus."

The chairman said that he inferred from what the author said that he considered these bursal tumors of tubercular origin. He wished to dissent from this opinion, for many of them were benign, and the result of injury.

Dr. Whitman explained that he had spoken of slow chronic enlargement of the sheaths of the tendons of the wrist and hand as tubercular. The deep-seated bursæ were favorably located for tubercular inflammation, and accordingly when they underwent chronic enlargement he preferred to treat them radically. He had only incidentally referred to the treatment of Colles' fracture. He did not consider the confinement of the fingers with vigorous massage and local stimulation the same as the confinement treatment which had been criticised during the discussion.

TUBERCULAR DISEASE OF THE VERTEBRÆ IN ITS EARLY STAGES.

Dr. R. H. Sayre presented the second, third, and fourth lumbar vertebræ of a patient, showing a very early stage of tubercular disease. There was a cheesy mass in the third lumbar vertebra, which had not yet broken down and ulcerated through into the cartilage. The points of junction between the second and third, and the third and fourth vertebræ were apparently normal. There was an extravasation of blood into the vertebra. The history of the patient from whom these specimens were taken was quite interesting. A child, suffering for some time from chills and high temperature, began to have a peculiar posture and mode of locomotion, and to suffer from abdominal pains. This led to a diagnosis of spinal disease, but in a consultation with an orthopædic surgeon this opinion was not confirmed, the latter believing that the child was suffering from malaria. The symptoms not subsiding under the administration of quinine, the child was brought to Dr. L. A. Sayre, who concurred in the diagnosis of disease of the spine. At this time there was some psoas contraction on the right side, with spinal rigidity and very slight pains. It could hardly be said that there was a kyphosis; the lumbar spine was straight instead of concave. The child was placed in a wire cuirass. About a month later he suddenly developed a temperature of 104°, with vomiting, photophobia, phonophobia, stiffness of the neck, and a rapid pulse. He was then seen by the speaker, who found an abdominal enlargement near the left side of the umbilicus,