

diseased joint for comparison. Examination of the blood, in cases of suspected tuberculosis of the joint, is of assistance, as marked anæmia or leucocytosis is frequently a forerunner of a tuberculous outbreak in a joint. The differential diagnosis of tuberculous disease of the joint is so important that the author tabulates the points of differentiation between non-tubercular chronic synovitis, tubercular chronic articular arthritis and specific syphilitic arthritis.

#### NON-TUBERCULAR CHRONIC SYNOVITIS.

1. Marked effusion, capsule thickened. 2. Joint outline enlarged and obliterated. 3. Motion nearly normal. 4. Reflex muscular spasm absent. 5. No atrophy. 6. Pain absent. 7. Night cries absent.

#### TUBERCULAR CHRONIC ARTICULAR ARTHRITIS.

1. No fluctuation, capsule not thickened. 2. Joint outline distinct and clear. 3. Motion limited. 4. Reflex muscular spasm present. 5. Marked atrophy. 6. Night cries present.

#### SPECIFIC SYPHILITIC ARTHRITIS.

1. Slight effusion, capsule thickened. 2. Joint outline distinct, enlarged. 5. Atrophy slight. 6. Pain moderate upon motion. 7. Night cries absent.—*Dr. Jas. R. Young, Jour. of Tuberculosis; St. Paul Med. Jour.*

### BIERS' TREATMENT OF EARLY JOINT TUBERCULOSIS.

Biers' method of treating early joint tuberculosis is attracting considerable notice, and is worthy the attention of the general practitioner because of results claimed and because of its simplicity. The treatment consists simply in ligating the member above the affected joint with an elastic bandage of medium width. This is applied several times a day for a period varying from ten minutes to one hour, the bandage being only sufficiently tight to impede the venous circulation. The curative principle of the method seems to be in the fact that the locally increased carbonic acid gas and an increased phagocytosis attacks the micro-organisms. The results of this treatment have been so prompt and so universally good in tuberculous joint disease, and so decidedly negative in joint disease due to other causes, that it is considered to be of great value for diagnostic purposes. It is said that if considerable relief is not given after two or three applications, it may be assumed that the joint is not tuberculous.—*Memphis Medical Monthly.*