had seen great advantage from the application of twenty-five or thirty pounds of traction for three weeks before the reduction. It acilitates bringing the head down to the level of the acetabulum which at times requires a great deal of force.

Dr. H. L. TAYLOR also thought these patients should have extreme forcible traction before the operation, in order to overcome more thoroughly the muscular contraction. Operative treatment had not been so far very encouraging, and he believed that this procedure held out a good prospect.

Dr. WHITMAN said that a point in its favour was that mothers would consent to it when they would not consent to a cutting operation. Moreover it did not confine the patient in a hospital or even in bed.

Dr. ELLIOTT said Paci's and Lorenz's procedures were entirely distinct. Paci aimed to build up a nearthrosis in the vicinity of the joint. Frequently the head did not pass into the acetabulum. His manipulations were first flexion to the physiological limit, then abduction, then lateral rotation and slow extension, then plaster of Paris for three months and then careful walking with an apparatus. In this original procedure of Lorenz, however, if entrance of the head was not obtained, he deemed the case a failure. It was this re-position plus loading the weight of the body on the bone which made the operation. The acetabulum was there, but rudimentary. The parts immediately began to develop when the bone was replaced. The presence of the bone stimulated the growth which had been absent. The force required in traction was sometimes very great.

Achillo-Bursitis Anterior.

In a paper on this subject, Dr. S. LLOYD stated that the affection was the result of traumatism from tight shoes, shoes wearing the heel, bicycle riding, jumping and fractures; or the result of septic, tubercular, gonorrhœal or rheumatic infection. The symptoms were pain under the tendo Achillis on standing and walking and in the plantar region, swelling on the outer end of the tendon, hyperidrosis and extensive inflammation of the surrounding tissues. In the treatment, cold and warm baths, the application of tincture of iodine and mercurial inunctions were useless. Traumatic cases required prolonged rest and pressure, and cases having their origin in infection should be treated by incision, curetting and drainage.

Dr. WHITMAN presented a case of this affection in a woman of thirty-five years, who was on her feet from six a.m. till eight p.m. The symptoms, of one month's duration, had been pain in the heel and in the metatarsal joints, and on pressure of the os calcis. There