

cavity for the os magnum is more prominent than the anterior border, a greater amount of flexion than extension is permitted at the midcarpal joint ; hence the posterior surface of os magnum would be subjected to greater strain than the anterior, from the tension of the ligaments resisting flexion ; and I found the ossifying process developed more towards the posterior aspect of the bone than the anterior, so that there was only a thin shale of bone between the centre and the posterior surface, whereas, in front, there is an appreciable wall of two millimetres. At ten years of age I found that while the other bones exhibit a varying degree of ossification the os magnum is almost completely ossified. These facts would seem to indicate provision against, and therefore acknowledgment of the great amount of strain on the os magnum. On making a coronal section of a fresh adult bone, there appears a slight condensation of osseous tissue on the radial side of section, and on a forced injection of an arm with carmine gelatine the main vascular supply was on the posterior aspect of the bone, and the cancellous inner portion was more richly supplied with blood than the slightly more compact outer part. Summing up, then, the above considerations, we find that the os magnum, the main bone in the wrist, is the earliest to ossify ; that it is so situated as to receive the effects of injuries from three metacarpal bones ; that it performs more movement in flexion and extension than the other bones ; that in these movements greater strain is thrown on it than on the other carpal bones, from the numerous ligaments connected with it and resisting such movements ; that the cancellated structure of the os magnum is uneven ; that that portion, the inner, which has the wider spaces, and is therefore less strong, has a richer blood supply. For the above reasons, it seems to me that vibrations the result of traumatism would affect the os magnum more often than the other carpal bones, and especially that portion of it referred to above which consists of less numerous trabulæ. Therefore it would seem reasonable that tubercle bacilli in the blood or lymph would be more prone to concentrate here than in any of the other carpal bones, and would, in all probability involve the inner portion of the bone.

Lastly, the pain has been described by patients as of a burning, aching character, and, in my opinion, is the result, in the