

nically illustrated. The disease starts in the vertebrae as in the end of the long bones, in the region of the epiphyseal line, which in the case of a vertebra is a fine cartilaginous strip separating off a thin plate of bone at the top and bottom of the body. From here it spreads into the cancellous bone of the centre of the vertebra and towards the fibro-cartilaginous disc. The fibro-cartilage is more resistant than the bone, but if the inflammation is sufficiently severe it finally succumbs to the action of the new granulation tissue, and the disease goes on to the next vertebra. The absorption of fibro-cartilage has been pointed out as going on in the first disc below the focus, and already half the disc had disappeared, its place being taken by granulation tissue.

Besides this direct route of progression, an indirect one is sometimes taken by the process. The disease gradually works out to the edges of the body, and lifts up the fibres of the anterior and posterior common ligaments. The infection then spreads up and down, and skipping the fibro-cartilaginous discs, attacks the cancellous bone of the vertebra above and below. The specimen shows this method of advance also, under the anterior common ligament of the vertebra above, and the slight hyperæmia originally to be seen in the anterior part of the bone is still slightly preserved by the Kaiserling.

An interesting point in mechanics is presented by the fact that in this specimen the profile of the posterior border of the bodies shows a sharp angulation while the profile of the spines shows only a gentle curve. This is accounted for by the fact that several bodies have been destroyed. If a single body had collapsed there would be a sharp knuckling of the spine, but when three bodies have gone, the knuckling is divided up over three spines and therefore takes the nature of a curve. It has always seemed to me likely that the late rounding off of originally sharp curves can be accounted for by this explanation, rather than by the theory that sharp angles tend to be rounded off by a readjustment of the articulations of the healthy vertebra above and below, or by changes in the form of the vertebra resulting from growth.

Of the various accompaniments of tuberculosis of bone, abscess formation is the commonest. In this case there is a small abscess on the left side of the diseased focus, on the anterior aspect of the necks of two or three ribs. It was dry and hard, and had evidently been there a long time, and it is quite evident that it owed its origin to the focus of disease in the bone. During all the time that this case was under treatment we never had any evidence of the presence of this abscess, either in the form of complaint from patient, or in the form of physical signs in chest examination. Sometimes these thoracic abscesses work their way through between the transverse processes of the verte