

processes are most active. It is hardly likely that the disease would start in all simultaneously and develop to such a degree that the os magnum, as shown by the skiagraph, would be almost entirely destroyed, and some of the others hardly involved; hence, the inference is that in the os magnum the tubercular process first began. Ollier emphasizes the importance of juxta-epiphyseal strain in the production of tuberculosis of long bones. And on the same principle, repeated strains on any bone may favor tuberculosis on account of minute foci of inflammation resulting from the "jarring" of the trabeculæ. As an explanation of why this would likely affect the os magnum, the following considerations seem pertinent. The os magnum is a pivot, being the central and main bone of the carpus, and articulates with seven other bones, the unciform coming next with five articulations, and, being super-imposed on the middle or chief metacarpal, it would receive the effects of traumatism to which the latter is subjected, as well as those of the index and ring-fingers with which it also articulates. Again, the midcarpal joint, composed principally of os magnum and tip of the unciform which form an enarthrodial joint with the semilunar and scaphoid, participates in every movement of flexion and extension of the wrist. And as two strong bands—oblique fibres of anterior annular ligament from both radius and ulna and the radial fibres of posterior ligament, as well as accessory bands from semilunar, scaphoid, and unciform—are attached to this bone, it follows that, in the frequent movements of the midcarpal joint, the tension of these ligaments causes strain on the os magnum. Following out her general rule of strengthening weak parts, or of assisting them to resist traumatism, Nature has caused the centre of ossification to appear earlier in this than in other carpal bones,—a few months before the unciform, which is also subjected to strain, though in lesser degree and years before those of the other bone. Further, she hastens the ossifying process in the os magnum, since, in a child of two and a half years of age, I found that, though the centres for the os magnum and the unciform had started within a few months of each other, that for the os magnum measured six millimetres in diameter, while in the unciform it was only three millimetres in diameter.

Again, as the posterior border of the overhanging receiving