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Bier's method were tried, but the pain continuing excruciating, excision was advised, and, being accepted, Ollier's method was followed. Instead of removing the carpus *en masse*, the neck of the os magnum was divided so as to permit freer access to semilunar and scaphoid, which, with the other bones, were easily removed with the assistance of a dental root elevator. In a letter received a short time ago from her, she stated that she has been free from pain since the operation; there is no ulnar flexion, and she can perform her household duties as well as ever.

In June, 1897, I saw Mrs. M., tubercular parentage, who gave a history \_ swelling of wrist of two years' duration accompanied by gradually increasing pain. The skiagraph showed rarefaction of the carpal bones, most marked, however, in the os magnum. The usual treatment had no effect, but she would not submit to operative interference. She died about a year afterward\_from acute pulmonary tuberculosis.

A third case, a Mrs. R., stated that her mother, two sisters two aunts, and two uncles had died from consumption. From the age of three until eleven she suffered from cervical adenitis, necessitating the removal of the glands. About six years ago she sprained her wrist, and since then swelling accompanied by severe burning pain has been constant. For the last two years a splint had been worn, but during this period she had very little rest night or day except from the use of morphine. The X-rays showed tubercular disease of the carpus, involving the os magnum to a greater degree than the other bones. A partial excision was done through a single posterior incision, removing the bones as described above, but leaving the pisiform and trapezium.

The results in this case are equally as good as in Case I: On examination of the skiagraphs of the cases above reported, the involvement of the os maging and showing that the disease had started in this bone, or, it los has made most progress in it, arrested my attention; and on looking through the collection of the superintendent of the General Hospital the prominence of this bone as a factor in the development of tuberculosis of wristjoint was emphasized, for in the three cases in his collection the os magnum showed most disease. Tubercle bacilli manifest themselves in bone by a process of rarefaction; hence that bone most rarefied, would in all probability be the one in which the