

article that members of certain families one by one fall victims to this disease. And in the light of present day knowledge this is not due so much to the result of hereditary influences, though these influences must not by any means be ignored, as it is to direct contagion. It will be noticed too that in this part of the country the greatest mortality is in the spring of the year, the result of a winter's residence in close and ill ventilated rooms. Nothing can be more lamentable than to witness the consumptive in his own home, taking no sanitary precautions whatever discharging his deadly laden sputum on the floors, in the wood-box in country houses, occupying the same rooms and even sleeping with other members of the family. Is it not time the profession would say these things must no longer be.

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NOTE ON THE RELATION OF THE OS MAGNUM TO TUBERCULOSIS OF THE WRIST-JOINT.

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IN May, 1899, I was consulted by Mrs. W., aged thirty-six, who gave the following history: When nineteen years of age she began to suffer from pain in left wrist. In about a year and a half the wrist became swollen, and finally, after suffering more or less for four or five years, an abscess formed and "broke" in upper part of palm near wrist. The sinus continued to discharge for about two years, but during most of this period of seven years she could use the wrist to some extent. Inquiry elicited no family history of tuberculosis, and during the succeeding ten years her wrist did not trouble her, but about two years ago pain, gradually increasing in severity, returned. When seen by me the wrist was enlarged and fusiform, and any movement of the joint was painful. Pressure over carpus elicited a very sensitive spot on a line between the bases of index and middle fingers. X-ray examination presented the appearance as seen in the accompanying skiagraph, the radius and ulna not being involved, though the carpal bones are. Rarefaction is most pronounced in the os magnum. Iodoformized glycerin and