

times she would relish food very well and at other times she had no desire for any. She states that she has lost about forty pounds in weight and is very much reduced in stature since the onset of the malady. She states that she was once a tall woman. If she was as tall as she states, I should judge that she has lost six inches in stature at the least, probably more. At present, she is able to stand, in fact, there has been no time during her illness but that she has been able to rise and stand upon her feet by holding on to a chair or something for support. At present she is unable to move her limbs to walk, although she can move them while in the sitting posture. She is unable to stand erect. In attempting to stand, her body is curved forward. She has lived for a number of years in a damp house and all along she has thought that the damp house had something to do with her illness.

On attempting to make a digital vaginal examination, there was found almost a total absence of the pubic arch. The pubic rami were found parallel and proximate; so close that the finger with the palmer surface either backward or forward could not be introduced; but by turning the finger laterally, with a deal of manipulation, causing much pain to the patient, it was introduced into the vagina. The same difficulty occurred when a rectal examination was attempted. The ischial tuberosities were found encroaching closely upon each other, as well as the ischial rami, so that the introduction of the finger into the rectum was attended with much difficulty. In exploring the pelvis, it was found that the sacral bone had been pushed downward and forward, thus narrowing to a great extent its antero-posterior diameter. The true pelvis was found extremely small. In accounting for the change in the position of the sacrum downward and forward, it may be attributed to this; the sacral bone in its articulation with the lum-

bar vertebrae forms an angle of about  $45^\circ$ , or to be more explicit, the sacrum with the last three lumbar vertebrae forms the arc of a circle whose angle is about  $45^\circ$ , and thus allowing the superincumbent weight of the body to press the sacrum downwards and forwards.

The pressure from the femurs had likewise forced the acetabula inward and upward causing the pubic joint and rami to be pressed forward. The approximation of these as well as the ischial tuberosities and rami close in a degree the pelvic outlet.

The examination of the urine for albumen and sugar was negative.

Before closing this paper it might be well to make some reference to a few points regarding the history, etiology, pathology and diagnosis of this disease.

In examining the history of osteomalacia, we find that according to the latest literature available that hitherto only 150 cases have been recorded.

Prof. H. Senator, of Berlin, in his historical introduction of this subject, states "that osteomalacia is a chronic disease peculiar to adult life, which leads to a gradual withdrawal of the earthy salts from all parts of the skeleton and consequent softening and abnormal pliancy of the bones with ultimate deformity of the trunk and limbs."

It has only been a few decades since osteomalacia has been recognized as a distinct disease. True this soft and pliant condition of the bones was recognized for centuries, and cases are on record where the deformities produced were of a striking character and became historical, but were regarded with superstition and looked upon as curiosities. As instances in regard to the effects of the disease upon the stature, two of the most remarkable stories are told by French authorities and retold by others which I will relate in their own words.

"Thus in the year 1700, Lambert published a case of the Marquise Be-