

phytes, almost needle-like in form, running out in the spinal ligaments. Signs of osteo-arthritis elsewhere and the X-rays are the essential for diagnosis. Chute, of Boston, reports two cases which had been observed for some time, renal calculus being the cause supposed.

*Spondylitis tuberculosa*.—Here the advance is considerable and the nursing of the active condition has been much aided by the moulding of a plaster of Paris bed to the patient. This extends from the cranium to well down the sacrum with straps across the patient's body to keep him well splinted. Patients are very comfortable and the regulation of the bed pan and general cleanliness is simplified. An additional benefit is the doing away with complicated extension apparatus. In infantile cases, carrying-straps may be added and the child carried around as in a basket, thus getting the additional benefit of fresh air, etc.

This is the present customary mode of treatment in the Lorenz and Hoffa Clinics, and the number of bed-ridden children is much diminished, and the general condition of the patients appeared to be better than in some of the American clinics when recumbency and extension were practised. Hoffa followed this method in 210 cases. A great advance where active disease is present is the gradual (very gradual) correction of the deformity when the plaster beds are changed. Throughout treatment the skin is kept in good condition by means of strips of muslin next to the skin, by means of which the skin may be well rubbed frequently during the day.

*Tuberculosis of the joints*.—As to diagnosis, much greater attention is being paid to early diagnosis. In nearly all the great clinics the terms "chronic sprain" and "chronic rheumatism" are being much eliminated. The work of Werndorff in Vienna last year has been a decided stimulus. He strongly urged that every joint case giving a history of chronic pain, disability, partial or complete, after a thorough examination should be radiographed. In fact, it was a part of the routine examination with him. This has served to show that the percentage of cases of joint tuberculosis, primarily synovial in origin, is much greater than was formerly supposed. Besides it has been of cardinal importance to differentiate whether the case should have radical or conservative treatment. Naturally where the plate presents a solitary focus of infection, removal of the same is indicated, otherwise the conservative method is the one.

WERNDORFF. "Pathology of Tuberculosis of the Hip Joint." *Centralblatt für Chirurgie*, July 21st, 1906.

Speaking of the pathology of Coxitis it is difficult to decide whether it should be treated by operation or conservatively. By the use of