there was noted a marked change in the condition and sensations of the patient. Before the manipulation there was stiffness and pain, afterward complete relief from these symptoms. Deep tenderness in the right side of the neck remained, however, and persisted for several weeks.

Sixth Case.—A young man had had a minor degree of the same trouble twice before during the last six months, with recovery. On awakening, Jan. 24, 1909, he felt pain and stiffness in the left side of the neck. It grew worse during the day. The head was tipped decidedly to the right; the muscles on the left side were tense; the left side of the neck was painful and tender. The diagnosis was subluxation of articular process on the left. Bearing in mind the history of previous attacks which were thought to be of the same nature, and that these slight displacements had been self-reduced, I attempted to correct the subluxation without ether; this was found somewhat difficult on account of the spasm of the muscles, but it was accomplished successfully with immediate relief. A stiff collar was applied. Some tenderness persisted for a few days. The collar was worn at night for some time.

CONCLUSIONS

Many cases, perhaps all cases, of suddenly acquired stiff neck, with distortion, or abnormal position of the head, which position the patient is unable to correct because of the pain produced, are cases of more or less pronounced dislocation of the articular processes of the vertebrae.

In the great majority of these cases the articulating surfaces are but slightly displaced, so slightly that many of the dislocations have been self-reduced during sleep or during the relaxation of anesthesia.

These cases may occur during sleep or from direct trauma, as in football, and particularly from sudden turning of the head, especially if the muscles of one side are tense, as when carrying a heavy weight in one hand.

Treatment by laterodorsal extension and rotation is very satisfactory and the extreme cases are probably as amenable as the lighter ones to this treatment.

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NEW TONSIL-SEIZING FORCEPS

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All forceps are intended to grasp the tonsil parallel with its long diameter, a procedure which is often difficult. The forceps here described are intended to grasp

Forceps for grasping the tonsil across its short diameter.

the tonsil across the short diameter, which is always easy. The grasping blades are so shaped and toothed that they take a firm hold and do not tear out. When the jaws are opened to the fullest extent they occupy no more space in the fauces than when opened just a little, which is in marked contrast to other forms of forceps.

When the jaws are closed they lock firmly. If one suddenly desires to remove the forceps, the little button near the two rings is touched, and the coiled spring instantly throws open the jaws. If one desires to use the tonsillotome he can pass the forceps through the ring before grasping the tonsil.

MYOSPASM IN WHICH ONE LEG EXHIBITS TONIC, THE OTHER CLONIC, FORM

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The following history is given somewhat in detail, which, on account of the oddity of the condition, is permissible:

Family History.—This, though very carefully elicited, shows nothing very interesting. Paternal grandfather, maternal grandmother and aunt suffered from articular rheumatism, the second succumbing to cardiac complications. The brothers and sister are strong and healthy.

Personal History.—The patient is 8 years old, pale, of ordinary muscular development and mentality. At twelve months of age he suffered from cholera infantum, and at five years from whooping cough, followed by measles; he has been otherwise fairly healthy and active until the onset of present condition.

Present Illness.—About eight months ago a mosquito-bite on the left foot, becoming highly irritated, caused the patient to limp on that side, also to turn the toes in on the same side. The limp continued about one month and gradually disappeared with subsidence of the inflammatory condition, but the inversion of the toes has persisted. Shortly after this the child fell and bruised his right knee. This caused him to limp on this side, also to invert the toes of the right foot and to keep the right knee joint perfectly rigid. The local injury was of slight degree, as the signs quickly disappeared. Although of over six months' duration the peculiar gait has not been absent for any appreciable length of time. Since the child has been under observation he has been highly nervous, and while on a sedative treatment the local conditions apparently improved, but it was only temporary, as a strict isolation could not be carried out. Wishing to eliminate any undiscovered orthopedic condition I referred the case to Dr. C. H. Muschlitz, whose findings are negative. Later Dr. G. E. Price made an exhaustive neurologic examination.

Examination.—At present the patient is quite irritable and during examinations is extremely nervous. His station is very uncertain but does not display the Romberg sign. When asked to walk he starts off suddenly, the toes of both feet are inverted, and there is marked rotation on the right os calcis. The right knee joint is rigid when the corresponding foot is brought forward, but when the superincumbent weight of the body is brought to bear on it there is an outward and forward rotation, which, with the position of the feet, produce a most extraordinary and awkward gait. This can be completely corrected for a short time by making the patient count rapidly while walking. If the patient is placed in the recumbent posture, the maneuver of flexing the thigh on the abdomen and the leg on the thigh can be accomplished only with difficulty and maintained for but a very short time. The reverse procedure is attended with the same awkward movement as in walking. The left leg does not show the spastic condition or tonic contraction of the other, it being flaccid with at times an irregularly recurring spasm which is slower and more persistent than a choreiform movement, and more coordinate than an athetoid movement. There is no muscular wasting, the legs being about the same size. Both ankle clonus and Babinski's sign are absent and the knee-jerk can not be obtained on account of the spasm. The upper extremities are normal, the grip being equal in both hands and the spasm or twitching are absent. The reflexes are about normal. There are no abnormal conditions to be found in the face and the special senses are not affected. Hysterical stigmata are absent.

Vaginalitis.—Paul Loze, in the *American Journal of Urology*, states that in profuse suppuration of the tunica vaginalis the prognosis is generally serious, as there usually is inflammatory edema of the scrotum, high temperature and a serious general condition. Treatment consists in incision and free drainage.