

locomotor ataxy. Sinuses are also met with in connection with disease of the bones and joints.

Tumours.—*Circumscribed ganglion* may occur on the dorsum of the foot as on the hand. If a firm tumour be found rising up under and displacing the nail of the great toe it is a *subungual exostosis*.

The bones and joints of the foot can easily be individually examined and any swelling or tenderness to pressure or movement can be readily determined, while the probe passed into sinuses may detect either necrosed or carious bone. By pressing each toe separately back towards the heel evidence of inflammation of the bases of the metatarsal and anterior carpal bones can be obtained.

Strumous disease of a tarsal bone is very prone to spread to one of its joint surfaces, and from the large size and complexity of the synovial membranes inflammation quickly spreads from them to several bones. The surgeon will be chiefly interested in ascertaining, by testing the movement of the foot upon the leg, whether the ankle joint is involved; then grasping the heel and instep in one hand and the metatarsus in the other, he will try to get movement between them at the great transverse tarsal joint.

Gout attacks the metatarso-phalangeal joint of the great toe with great frequency. If the great toe be chronically displaced outwards, and the usual prominence of the head of the metatarsal bone be greatly swelled, very painful, tender, reddened and fluctuating, there is a *suppurating bunion*. The abscess may burst and leave a sinus or may spread into the joint; this will be shown by the occurrence of grating and of great pain on moving the phalanx on the metatarsus. The acute inflammation of the bunion will be distinguished from gout by the history of the case and by the absence of the premonitory signs of gout. (See page 359.)

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