This procedure aptly illustrates the principle governing Sayre's suspension, and demonstrates why so little actual effect is produced upon the diseased portion of the spine by the method he advocates. On the other hand if the strip is arched backward and pulled, the knuckle at the same time being pressed in a forward direction with the thumbs it will be seen to disappear with the exercise of very slight force. This experiment illustrates very well the differences between Sayre's principle of suspension and the one I am advocating before you to-night, and which is exemplified in these frames.

I shall next direct your attention to the consideration of the subject of Traction combined with the curved board in the treatment of Lateral Rotary Curvature.

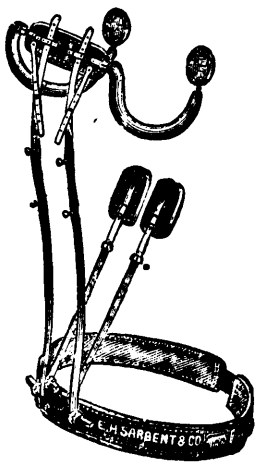

Fig. 5—V-Lever Brace for Middle Dorsal Region.

The idea of stretching the spine, as one of the curative measures in this deformity, is not a new one, Böttcher having advanced a plan in its production early in the present century, in a work on surgery published by him in Berlin.* In this work he illustrates his idea by an engraving showing an apparatus composed of a close-fitting pelvic band inferiorly and a jury mast superiorly—the two being connected by a metallic strip passing along the back of the head and spine—and provided with a ratchet for producing extension. The stretching or traction principle was next utilized in the formation of flat or horizontal extension couches, of which that of the elder Bigg, of London, forms a notable example; but traction of the spine did not come into general use until Prof. Sayre, of New York, popularized the plan by his advocacy of suspension.

When a patient is suspended, and the traction force is by this procedure exerted in a vertical direction, it will be seen that the abnormal curves become modified by the suspended weight of the lower extremities. The vertebræ being thus relieved from the pressure of their superincumbent weight, tend to rotate into their normal relations.

(To be Continued.)

*Berlin, 1795, Johann Böttcher.

INTERALGAMENTOUS OVARIAN CYSTOMATA.*

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Concluded from April No.

Treatment.—These cystomata require special treatment, owing to the fact that they are not pedunculated, but incapsulated, the capsule being formed by the broad ligaments. Not only is this the case, but as there are differences in the relations of these tumors to the ligaments, as already pointed out, there are several methods of management necessary to meet these various conditions,

I shall briefly discuss the several methods and the conditions that each is adapted to, and the technique in so far as it differs from ordinary ovariotomy. Enucleation ranks first, because it is adapted to more cases, perhaps, than any other method. This well-known method, devised and introduced by Dr. Minor, of Buffalo, has been practised by many ovarotomists. It was employed in the treatment of pedunculated cystomata when first brought out, but is now seldom practised except in the treatment of par-ovarian cysts; in fact I do not think that Dr. Minor ever employed it in the treatment of the class of cases now under consideration, but if he did he omitted a description of some of the details of the operation. Enucleation is adapted to all classes in which the cystoma descends into the pelvis completely separating one or both ligaments. In all such cases it will answer well unless there has been inflammatory action which has firmly united the cyst wall and folds of the ligaments. In such conditions the enucleation may be impossible, and other means of treatment,