

A much simpler, cheaper, and probably equally efficient apparatus may consist simply of a pair of bellows of proper size, a few feet of India rubber tubing, a face mask, and two sizes of intubation tubes; there should also be set in the tubing a double tube, with an opening similar to that commonly found in the tracheal canula of the physiological laboratory, so that it is in the power of the operator to allow for the escape of any excess of air thrown by the bellows. I suppose this whole apparatus could be prepared at the expense of less than five dollars, and it seems hardly necessary to point out the probable value of this simple apparatus in various narcotic poisonings, and other accidents in which death is produced by a paralysis of the respiratory centres, of temporary nature. The proper use of it could be taught to persons without special medical skill, so that it not only ought to form a part of the surgeon's outfit, but might be of great service in life-saving stations, about gas-works, etc.

In conclusion, I may be allowed to state, that if the results and deductions arrived at in this address are, as I believe, correct, the rules for the proper treatment of accidents during anæsthesia can be summed up in a very few words:

Avoid the use of all drugs except digitalis and ammonia.

Give the tincture of digitalis hypodermically.

Draw out the tongue, and raise up the angle of the jaw, and see that the respiration is not mechanically impeded.

Invert the patient briefly and temporarily.

Use forced artificial respiration promptly, and in protracted cases employ external warmth and stimulation of the surface by the dry electric brush, etc., and above all remember that some at least, and probably many of the deaths which have been set down as due to chloroform and ether, have been produced by the alcohol which was given for the relief of the patient.—*Med. News.*

THE PROGNOSIS OF LATERAL CURVATURE IN YOUNG GIRLS.

At the request of the Secretary of the Society, a gentleman who is competent to decide on the merits of papers presented to this body, I have made an attempt this evening to discourse upon the above title. I am sure that the practitioner of medicine is always already to express his views upon the prognosis of lateral curvature. The impression prevails that the deformity is progressive, that a slight curve ends in a hunchback, and that something mechanical must be applied in order to prevent this result. At the outset, then, let me state my conviction that one seldom has an opportunity of observing the evolution of a lateral

curvature of the spine. Somehow or other the apparatus we employ or the treatment we suggest succeeds (so to speak) in arresting the deformity. For ten or twelve years, while interne at the Hospital for the Ruptured and Crippled, and while in charge, also, of the Out-patient Department, I had an opportunity of following a large number of cases of lateral curvature in young girls, and the routine treatment was this: Applied a Knight brace, which was made to fit the body as nearly as possible, made of steel, with bands half-encircling the body (the posterior half) from axilla to axilla, from ilio-costal space to ilio-costal space, from trochanter to trochanter, and the terminal ends of these bands, connected by uprights, passing from the axilla down to the trochanter. One or two bars were placed in the middle half, either side of the vertical bearing of the spine, a leather or steel plate passed from one of the posterior bars to the lateral bar, the object of which was to make pressure against the projecting ribs, and this steel framework, properly upholstered, was held in place by canvas fronts. Shoulder-straps were employed to complete the appliance and we had thus a steel and canvas encasement, which the patient wore by day, removed by night, and reported from time to time, in order to see that a reasonable fit had been secured. In addition to the mechanical appliance thus employed, each patient was instructed to exercise on parallel bars five or ten minutes twice a day, with or without apparatus. The parallel bar exercise consists in suspending themselves by the arms and hands, allowing the weight of the pelvis and limbs to make a certain amount of traction on the column. No other exercises were employed.

Simple as this treatment was, and crude as it seemed to many to be, I was enabled, at the end of eleven years' residence in the hospital, to express my opinion that I had never seen a complete evolution of lateral curvature of the spine. That is to say: I had not seen a case in the early stage, where osseous changes were absent, proceed to the development of a marked rotary lateral curve, with prominence of one shoulder, enlarged letter S deformity, shortening of stature, and an overlapping of the ilium by the free ribs.

It is true, during this period, while the plaster of-Paris jacket was so popular, that I read and heard of the cases wherein the treatment I have just recorded had been employed, and where the patient stated that the deformity had increased perceptibly, to be relieved only by the plaster-of-Paris jacket. Lectures were held upon our cases. These lectures were reported in the journals, and occasionally some old patient, who had been treated right royally at the hospital, would return to show what a wonderful change had been affected by this new treatment.

In 1884, relieved from hospital duty, I became