

with the whole body; if he jumps, it is to alight upon the toes, and keep the vertebrae from a jar.

The treatment is *rest! rest! rest!* to the part affected. Formerly this was obtained by keeping the patient upon the back for a long, long time; they may occasionally get well by this plan, but oftener they die from a worse condition of the general health, which often follows this rigid confinement. Rest, to be successful, even in the horizontal position, must be combined with extension.

The pressure from reflex muscular contraction will cause absorption, if allowed, and will leave the patient deformed. Now extension, and the plaster jacket, gives the diseased part rest, by removing the pressure; it gives extension and support, and allows the patient to walk around with comfort, thus receiving the advantage of healthful exercise while undergoing the necessary treatment.

To apply the plaster jacket, you must have first a good-fitting shirt, such as I show you here; it should be fastened with tapes under the perineum, so as to keep it from wrinkling; a pad of cotton, "the dinner pad," should be put over the abdomen, under the shirt. Now, under the apparatus, *suspend the patient with great care;—never hurt a patient.*

The point of extension is "when they feel right." This lifts the diseased vertebrae off of one another, and straightens the spine.

The patient is now ready for the plaster bandage. The roller is made of crinoline, or crossbarred muslin; rub the plaster of paris into it, and roll up lightly. Now drop the rollers into the water, deeply enough to cover them over *endwise*; this drives out all gas. Now bind the roller, commencing just above the hips, so that the pelvis supports the body; apply smoothly and evenly some two or three times, and smooth the wrinkles out as you proceed with the hand.

You must make the shirt fit like the skin, have equal and uniform pressure, and I defy you to have a slough. Now we take this child down, remove the pad from over the abdomen, this will leave room for a full meal. I take my hand and press the jacket down in the groins, thus making it fit the child everywhere; lay him flat down on his back until the plaster sets; I then turn him loose, and he can go on all right.

There is one great advantage in using plaster of paris; it is porous, and you can breathe through it, so that the child can perspire, the air can reach his skin; if we were to varnish this child we would kill him.

To find whether a case is fixed or ankylosed, and cannot be straightened by extension, I take this malleable piece of soft metal strip, mould it along the spinal curve, take this curve on paper, put the patient under the extending apparatus; draw him up; let him swing long enough to overcome the muscles; take the curve again, and if it

is the same, the case is irremediable and permanent, and should be let alone; if there is a new curve, you have a case for treatment.

NOTE.—The results of the cases which were treated by Dr. Sayre before the Medical Society were highly gratifying, and very striking; for example, a poor, weakly child, unable to get along at all, in a few minutes after Dr. Sayre had given him a *new back*, was running around, greatly to his own delight and his parents' joy.

We have only given Dr. Sayre's remarks on Pott's Disease. We have made no mention of the head rest, or "jury mast," for we refer our readers to Dr. Sayre's book for a description of all apparatus used, as well as his treatment, and all other information connected with this trouble. No physician can afford to be without the work, and whoever once sees the glorious results of the treatment introduced by this great surgeon, will ever regard him as one of the great benefactors of the human race.—*C. A. B. Southern Clinic.*

VARIETIES OF PULMONARY PHTHISIS.

EXTRACTS FROM A LECTURE DELIVERED IN BELLEVUE HOSPITAL MEDICAL COLLEGE,
DEC. 10, 1878.

BY ANDREW CLARK, F.R.C.P., LONDON.

I will give you the definition of the term phthisis. I understand by the term phthisis the assemblage and progression of symptoms which are due to an ulcerative or suppurative destruction of more or less circumscribed non-malignant deposit in the lung. When we examine the lungs of patients dead of phthisis, we may, I think, be justified in classifying the diseased lungs into three distinct groups. I may say, we can do that without great degree of refinement, and we can classify them according to what is apparently the dominant element of destruction in the lung. In one group, obviously, the dominating anatomical element is what is called tubercle. In the second group the dominant destructive agent is some sort of pneumonic exudation. In the third group the dominant element is some kind of fibroid tissue. Wherefore at this stage we are permitted to say there are three varieties of phthisis, speaking after their anatomical elements: one in which the tubercle is the dominating element—tubercular phthisis; one in which some kind of pneumonic exudation is the dominating element—pneumonic phthisis; one in which some kind of fibroid tissue is the dominating element—and we call it fibroid phthisis.

Now, we are at once brought face to face with one of the difficulties surrounding this disease which makes it quite difficult for the student to understand. When I say that one of these varieties