

come the opposing. Paresis may seize one group, then the antagonistic muscles in their normal state of contraction alone will throw the column out of its proper line. Hence you see how radically the affections differ.

The plaster jacket with which so much can be accomplished in antero-posterior curvature implicating the vertebræ below the middle of the dorsal region is not alone sufficient to afford relief in this case—the curvature is too high, something else must be substituted or added to the appliance. The plaster jacket reaches only to the arm pits, a curvature below this level is more surely relieved by it than by any other method yet tried. For cases above this point Prof. Sayre has suggested what he calls the "Jury Mast apparatus" in addition to the jacket. "It consists of two pieces of malleable iron bent to fit the curve of the back. To the lower portion are attached three or more roughened tin strips long enough to go nearly around the body. From two cross pieces of the upper extremity of the iron pieces springs a central shaft, carried in a curve over the top of the head and capable of being elongated at will. To this is attached at its upper extremity a swivel cross bar with hooks from which depend straps supporting a head and chin collar."

I suspend this patient, as for the application of the plaster jacket, and after the body is well covered with the rollers, over of course this net shirt, the jury mast apparatus is placed in position. It is fitted, you observe, carefully to the back, and then secured by a few more turns of the well dusted and water-soaked plaster bandages. Thus placed in position, I adjust the straps under the chin and around the back of the neck and secure these to the cross bar—the "swivel cross bar."

Now, you see the apparatus in position—it is already solid. Its argument you can well comprehend—the jacket supporting the weakened spine below the diseased point, the jury mast apparatus lifting the head and neck up and relieving the inflamed vertebræ from their weight. I hope to be able to bring this patient before you again that you may watch the treatment and estimate its value.—*Lancet and Clinic*,

LAPARO-ELYTROTOMY, A SUBSTITUTE FOR CÆSARIAN SECTION.

Dr. Hime (Lecturer on Midwifery and Diseases of Women, Sheffield) reports in the *Lancet*, Nov. 9, the first European case of this operation. The patient, a primipara, was suffering from cancer of the recto-vaginal septum, owing to which the vaginal outlet was reduced to about two inches. Fæces were passed by the vagina, and the patient was reduced by vomiting and diarrhœa, and intermittent hæmorrhages. When seen on July 14,

she was in labour at full term, but the pains had ceased for some time, the os being fully dilated, the child's head above the brim, and the child alive. The patient was removed to the Woman's Hospital, and the same evening Dr. Hime operated. Owing to an accident, antiseptic measures could only be partially employed. The patient was chloroformed, and an incision was made through the abdominal wall in the direction of a line drawn from the spina ilium ant. sup. sinist. to the spina pubis. The peritoneum, which was much more ample than in non-pregnant persons, having been reached, it was drawn upwards without being wounded; a blunt probe was passed up the vagina, and by it the upper part of the vaginal wall was pushed into the bottom of the wound, where it was seized by hooked forceps, and then divided. The hand having been passed through the opening thus made, came out at once on the dilated os uteri, which was occupied by the bag of waters and the child's head. Turning was rapidly effected, the child being delivered through the incision in the groin, and the placenta followed spontaneously. No more blood was lost than in an ordinary labour during the operation, which lasted about twenty minutes. The patient, who nearly went off twice owing to the chloroform, was very violent after the operation, and had to be held down in bed. She was rallying when, after a couple of hours, she unexpectedly sat up in bed, but soon grew livid, and sank dying (evidently from cerebral anæmia).

At the autopsy (at which Dr. Hime demonstrated the operation to his class), the peritoneum, uterus, and bladder were found uninjured, and the upper part of the vagina, as well as the uterus free, from cancer. Dr. Hime discussed the merits of laparolytrotomy as compared with craniotomy and Cæsarian section. As compared with the latter, he says: "it avoids almost all the capital dangers of Cæsarian section, and is not more difficult. The wound is much less extensive, the peritoneum and uterus are not wounded at all, nor is the abdominal cavity exposed to danger from infective fluids, cold or mechanical injury; the danger of hæmorrhage is much less, the shock is less, and the delivery of the child is quite as easy. As compared with craniotomy, this operation is simplicity itself, and the results hitherto obtained much better, being absolutely good for the child, and for the mother most salutary results have also ensued." Dr. Hime adds, in conclusion, "considering the easy nature of this operation, the certainty of saving the child, and the strong probability of saving the mother, it is a question how far craniotomy will ever again be justifiable, and whether Cæsarian section should not drop into oblivion." Should the peritoneum be accidentally opened, the wound will be much less than in Cæsarian section, and will be most favourably situated to favour the escape of any blood, &c., from the abdominal