

an inch more in height than he did six weeks ago. To secure the best results it is essential to secure the hearty co-operation of the patient. It is necessary to insist that the best possible attitude be assumed and maintained throughout, that corrections be made constantly by the surgeon, and by the patient when standing before a large mirror. In this manner the senses of the patient must be assiduously and patiently re-educated. In this case a girdle was employed, secured to the wall by a hook, and passing over the part of the ribs on the left, made prominent by spinal rotation in the dorsal region. While the patient throws his weight upon the girdle, it is seen that he can over-correct the dorsal curve. At the same time strong force is with the surgeon's hands to press inward and forward the prominent angles of the ribs behind, and inward and backward the part of the ribs of the right side opposite, thus correcting the rotation; at night the patient lies upon the cradle so commonly employed.

Such treatment is much more satisfactory than treatment by any form of jacket, which restrains the normal movements and causes atrophy of the muscles intended by nature to hold the spine erect. In very extreme cases of curvature it may be necessary to use supports.

To attain success, it is necessary (1) to give unremitting personal attention for several months. (2) To have the hearty co-operation of the patient—not only the assent, but the positive determined will. (3) To observe the patient in various attitudes, and to study the effects of various exercises, so as to strengthen those groups of muscles which are most effective in retaining the best attitude that can be assumed. (4) To combine intelligently the use of a moulding power upon the deformity, such as by the hands of the surgeon, or by Barwell's girdle.

Dr. H. S. Birkett, of Montreal, read a paper on a case of

HEMIATROPHY OF THE TONGUE.

In this case (a male, æt. 23) there is atrophy of the right half of the tongue; tactile and special sense of taste intact; paralysis of the right side of the soft palate; diminished sensation of the mucous membrane of the buccal and naso-pharynx; very limited movement of abduction and adduction of the right vocal cord; persistent myosis of the right pupil; and when pressure is

made upon a small, thickened, and infiltrated area, situated on the right side of the neck, just in front of the anterior border of the sterno-mastoid muscle, and at a level of a line drawn backwards from the angle of the lower jaw on the same side, the effect is to produce marked flushing and sweating of the right side of the face with dryness of the throat—these last named symptoms passing off when the pressure is removed. There never was nor is there any difficulty in deglutition; speech was at first affected, especially for words containing the letter "r"; pulse 98. The cause of the symptoms is the involvement of the hypoglossal, vagus, and accessory nerves of the branches of the pharyngeal plexus, and of the superior cervical ganglia of the cervical sympathetic in cicatricial and inflammatory tissue, the result of a large and painful swelling at the angle of the lower jaw on the right side, which came on during convalescence from an attack of mumps nine years ago.

The deductions are: (1) That the hypoglossal is the motor and trophic nerve of the tongue. (2) That the glosso-pharyngeal nerve is concerned in the function of taste. (3) That the branches of the pharyngeal plexus supply the mucous membrane of the buccal and naso-pharynx with sensation. (4) That the motor nerve of the levator palati and azygos uvulæ muscles is probably the accessorius. (5) That the superior cervical ganglia of the cervical sympathetic contains (a) dilator fibres to the iris of the same side, (b) vaso-motor (c) sweat, (d) and special secreting nerve fibres.

Hospital Reports.

A CASE OF UNADMITTED PREGNANCY.

UNDER THE CARE OF DR. J. F. W. ROSS, IN THE TORONTO GENERAL HOSPITAL.

L. T., æt. 26, single. Menstruations began at 20, and have been irregular in their appearance ever since. She has not menstruated for three years. She complained, on admission to the hospital, of a swelling in the abdomen, which she noticed for the first time two years ago; this has gradually increased in size. The abdomen was examined, and the patient was carefully questioned as to the possibility of her being pregnant, but she gave positive assurance