

smile of satisfaction from the relief experienced. This would at once vanish, and a cry of pain be elicited if extension were withdrawn, and the vertebrae crowded on one another. Then again the mode of walking, of stooping, &c., were characteristic. If jumping down from a chair, the child would light on his toes or the fore part of the foot—never his heels. He had a habit of keeping his hands resting on his thighs. When stooping he did not bend his back at all, but by a series of shifts and expedients managed to reach the object he wanted to lift. The pain arising from the affection was often mistaken for growing pains. The principle of Sayre's treatment was by some hard supporting agent to throw the pressure upon the bones not diseased.

Dr. Macleod then demonstrated the treatment on a patient. Dr. Macleod added that he had tried other substances besides plaster of Paris, such as paraffin glue, starch. Glue did pretty well, but was not equal to plaster; while paraffin did not do well, and was dirty to handle. He also pointed out that instead of Sayre's suspension apparatus, it was easy to improvise with a room door an arrangement that would serve the purpose. As regarded abscesses, which sometimes occurred in Pott's disease, Sayre, who did not believe in anti-septic surgery, opened them freely, and cleansed out the abscess with Peruvian balsam (an anti-septic). Dr. Macleod then demonstrated minutely the further treatment for abscesses. He also showed by means of a model that, as proved by Sayre, in what was usually called lateral curvature, there was a rotation of the bodies of the vertebrae upon themselves. On this account he (Sayre) had substituted the term "Rotary Lateral" for lateral, as being descriptive of the exact state of matters. In regard to this kind of curvature, all the ordinary kinds of apparatus went on a wrong principle, and did harm. The object was to get back muscular tone, and this was done by exercising the muscles which had lost their energy. Mere lateral pressure would do no good at all. The spine must be straightened by self-suspension several times daily, for months at a time. The hand on the concave side should be held uppermost. After a considerable experience of these cases of curvature, he had no hesitation in saying that Sayre's treatment of them was very far in advance of any former methods of treatment which he had tried.—*Glasgow Med. Journal*.

TUBERCULAR ULCER OF THE TONGUE.

M. Nedopil, in the *Archiv. für Klinische Chirurgie*, remarks that the diagnosis of secondary tubercular ulcer of the tongue is generally not difficult in the presence of other indications of tuber-

culosis. On the other hand, primary tubercular ulcer can often be scarcely distinguished from cancer unless a microscopic examination be made; while the failure of anti-syphilitic treatment, distinguishes it from syphilitic ulcer, which often has a similar appearance. The tubercular ulcer of the tongue runs a course resembling that of cancer. A small hard nodule on the edge or upper surface of the tongue, which is often overlooked, at last falls off, and leaves a dirty ulcer, with an indurated base which generally spreads more slowly than a cancerous ulcer. A cure can be produced only by early extirpation, which, perhaps, may arrest the development of general tuberculosis. The author has observed four cases in Bilroth's clinic; two of the individuals were thirty-two years of age, the others sixty-eight and seventy. In three cases the ulcer was extirpated, and healing took place in a few days. In the excised pieces the tissue around the ulcer was studded with miliary tubercles, mostly toward the free surface. The morbid process appears to commence with a general transformation of the muscular tissue into a homogenous slightly granular deposit containing proliferating muscle-nuclei. Later, the primary deposits become confluent, and giant cells are formed from the obstructed portions of the blood-vessels; in some of these Nedopil found cavities filled with brown pigment. The growth of the tubercle appears to take place partly through proliferation of nuclei (without cell formation) in the interior, partly through metamorphosis of the neighbouring tissue.—*The Doctor*.

BONE FORMATION AFTER RESECTION OF THE LOWER JAW.

The following is by B. VON LANGEBECK, in the transactions of the "German Society of Surgery," Sixth Congress:—

GENTLEMEN: I am permitted to make this brief communication through the (as I may well say) exceedingly great attention which Prof. J. R. Wood, of New York, has shown, in sending this preparation here from New York by his assistant, Dr. Wiggin, in order to allow it to be demonstrated. Dr. Wiggin must return again to-morrow to New York, and, although our allotted time is very brief, nevertheless I have deemed it necessary to present this demonstration, because otherwise our distinguished American colleague would have sent us this really grand work in vain.

Prof. Wood, Surgeon to Bellevue Hospital, in New York, had the kindness to send me the photograph of this skull last fall—a skull of which the entire under jaw had been extirpated on account of phosphorus-necrosis, and of which the whole lower jaw has, in the course of a brief time, formed itself anew; and when, in my surgical