

producing a white-looking appearance, and the eye showing signs of inflammation. Those have subsided, and only the faintest trace of the original seat of inoculation is indicated by a haziness of the cornea at the seat of abrasion.

Lastly, inoculations have been made in the conjunctiva which is reflected over the upper eyelid, and another inoculation has been made into the anterior chamber, both of which are so recent that a report cannot yet be made on the results.

I regret that I have to present to you such a series of negative results, as they seem to make it doubtful if this particular organism is the cause of the disease. But immunity on the part of the animals might explain these failures, for the same micrococcus has been obtained on seven different occasions (as mentioned before), and it seems strange that it should be such a constant feature in this affection, exclusive of all other forms, except the two impurities from the air, of which, also, mention has been made above.

As to the methods of spread of the disease in the way it does, I cannot express any opinion as yet, for it is impossible for me to formulate any theories which seem compatible with the circumstances of its propagation.

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## Selections.

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### ON A METHOD BETTER THAN SUSPENSION OF APPLYING A PLASTER JACKET.

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Certain drawbacks and inconveniences are connected with suspension of the patient while applying a plaster-of-Paris jacket; of these may be more particularly selected painful pressure on the jaw and occiput, as well as on the axillary plexus of nerves. The object of suspension is to straighten out the abnormal curve of the spine, so that the jacket when complete may be straighter than the unsupported back of the erect patient, thus preventing intervertebral pressure, and by successive applications correcting, as far as possible, the kyphosis or hump which must result if, such means being

omitted, the diseased vertebræ synostose. Children, therefore, whose pelvis and lower limbs are small and light, obtain little or none of such benefit; while adults with heavier lower developments may gain more temporary rectification, but can bear the pressure on the points of suspension a commensurately shorter time. Hence the plaster must be of such a quality as will set quickly; no gum or other colloid must be combined with it. The jacket must be completed with great rapidity, and not infrequently the patient must be taken down before hardening is so perfect as to obviate cracking and yielding; for, of course, when suspension ceases there is a tendency to recurrence of the curve, which a hastily applied jacket is too weak to resist. Much experience and practice may up to a certain point minimize these evils, but cannot eliminate them.

I have therefore for some years past ceased to employ suspension in kyphosis, and have straightened, as far as safety will permit, the patient's spine by a modification of my method of rachylisis, which, used differently, has proved successful in lateral curvature; the force—viz., traction by a system of pulleys—being used while the patient is sitting. It is thus carried out in a case of dorsal kyphosis: The patient being clothed in a skin-tight knitted vest, and with the usual parts padded, sits on an ordinary office stool about two feet and a half high, between two opposing walls in which certain hooks, etc., are fixed, as for rachylisis. A three-inch wide piece of webbing, with strong cords at each end, is secured to one of the back legs of the stool, and, passing over the top of the patient's thigh sufficiently tightly, is also secured to the other back leg. A strip of moderately strong unbleached calico, broad according to the size of the patient, crosses the abdomen on and below the umbilicus. This in the position under consideration I will name "counter-traction band." By means of the cords at each end it is fixed at the proper degree of tension behind. A similar strip of calico passes across the back on a level with the point of greatest curve. This is the "traction band." If the projection be very sharp and angular, it is well to make a slit, lengthwise as regards the belt, two or three inches long, so that one of the laps may lie above, the other below the most prominent