

advantage. Sayre's plaster-of-Paris jacket had been largely employed in these cases; but from what the author had observed in the practice of others, he condemned its application on the grounds that it failed as a curative agent, the gain in height by extension being quickly lost; that it weakened the spinal muscles by its constant use, and hindered gymnastic exercises; that it restrained respiratory movements, and prevented active exercise; and that it was an unnecessary restraint at night, and interfered with bathing and cleanliness. The poroplastic jacket, which, when softened by steam, was applied in the same way as the plaster-of-Paris jacket during suspension, was free from the disadvantages of the latter, as it could be removed at night, or at any time, for the purpose of gymnastic exercises, etc. It acted as an efficient and light retentive support in many cases of incurable curvature. Commencing structural curves formed the only curable cases of lateral curvature; and for these the author recommended a combination of mechanical support, gymnastic exercises, and partial recumbency. By this combination of physiological and mechanical means, the further progress of curvature would be arrested, and the best opportunity afforded for recovery from such slight structural damage as might have already occurred.

Mr. Bryant said that Mr. Adams's observations were consonant with what was felt by most surgeons. On one point, however, there might be difference of opinion, viz., as to the time when curvature ceased to be curable by physiological means, and passed into the incurable stage, requiring artificial supports. He would delay assuming the commencement of the incurable stage as long as possible. In many cases of lateral curvature, recovery took place in a remarkable degree. He approved of the means of diagnosis recommended by Mr. Adams. He had been accustomed to examine the patients in the stooping position, with their hands on the back of a chair. He agreed that the plaster-of-Paris jacket was not fitted for lateral curvature; though in some rare instances, of which he had seen one, it was the only thing that would support the patients. He would even discard the iron apparatus.

The poroplastic jacket was preferable to any other; and the addition of steel bars to it, as recommended by Mr. Adams, was no doubt an advantage.—Mr. Warrington Haward was glad to hear Mr. Adams say that many cases of lateral curvature did not need any apparatus. He thought that the prejudice of the public was rather in favour of artificial supports than against them. He agreed with the opinion that the application of supports should be delayed as long as possible. All spinal supports were necessary evils, for they interfered with respiration. In cases where the curvature was apparently only an indication of general debility, he would depend more on recumbency and exercise, both being judiciously regulated by the surgeon, and the general health being at the same time attended to, than on artificial supports. In such cases, the application of the plaster jacket tended only to still more weaken the spinal muscles. When the disease had become incurable, the object was to prevent it from becoming worse; and he would here use the poroplastic jacket, which could be fitted to every part of the body.—*British Medical Journal*.

ON A NOVEL METHOD OF REDUCING DISLOCATION OF THE SHOULDER.—I placed the patient in a chair. I then put my *right* foot (the injury, be it observed, being on the *left* side of the patient), on the edge of the chair, and drew the patient's forearm under my leg. I placed the wife (the only person available for my purpose) behind the chair, and, with both her hands over the patient's *right* shoulder, desired her to grasp his wrist firmly. I then held the head of the humerus with both hands, the thumb of each hand pressing against the point of the acromion process of the scapula, thus forming a fulcrum to a lever in the axilla, and at the same time fixing the scapula from following the humerus in the act of extension—a consideration on which the merits (if any belong to it) principally depend. By dropping my foot off the chair and pressing the arm downward with my leg, the head of the bone slipped into the glenoid cavity with the usual click, and with unusual ease.—*Mr. John Jones, in St. George's Hospital Reports, Vol. IX., 1877-8.*—*N. Y. Medical Journal*.