with force upon the walls of the stricture, it renders great services. The important point is not to distend the urethra to any degree.

In conclusion, permanent dilatation, in the two manœuvres, does not act in a mechanical manner. Whenever it becomes mechanical, and whenever it distends the walls, it becomes dangerous. We may then dilate a urethra in this manner, but it must be known that the return is in direct ratio with the rapidity of the result obtained.— Gazette des Hôpitaux.

ON THE TREATMENT OF LATERAL CURVATURE OF THE SPINE BY STEEL SUPPORTS, PLASTER-OF-PARIS JACKET, AND THE PORO-PLASTIC JACKET.

BY WM. ADAMS, F.R.C.S.

The author commenced by alluding to the great change in the treatment of curvatures of the spine, both angular and lateral, during the last three years, in consequence of the method introduced by Professor Sayre, of New York, i.e., the application of the principle of extension, by suspending the patient from the head and arms, and then applying a plaster-of-Paris jacket during suspension. The author did not propose to speak of angular curvature from Pott's disease, further than to say that it was in this class of cases that the edvantages of the plaster-of-Paris jacket were most conspicuous ; and his experience led him to confirm all that Professor Sayre had claimed for it ; but in the treatment of lateral curvature, Mr. Adams differed from Dr. Sayre, and believed the plasterof Paris jacket to be as useless and injurious in this class of cases as it was useful in cases of angular curvature. For practical purposes, the author arranged cases of lateral curvature in three classes, viz., 1. Physiological curves; 2. Confirmed structural curves; 3. Commencing structural curves. In forming a diagnosis between these three classes, the importance of the stooping position as affording evidence of the existence of rotation of the bodies of the vertebine was particularly insisted upon, attention being directed to the symmetrical relations or otherwise of the angles of the ribs in the dorsal region, and of the transverse processes in the

lumbar region, rather than to the spinous processes, the apices of which might preserve their normally straight line in relation to one another, without any lateral deviation, whilst rotation of the bodies of the vertebræ might have taken place to a considerable extent, rendering the case incurable. This fact was illustrated by a specimen exhibited to the Society by Mr. Adams, and described in a paper published with illustrations in vol. xxxvii. of the Transactions of the Society. In the cases of commencing structural curve, in which probably the intervertebral cartilages only had suffered from unequal compression, arranged in the third class, and forming an intermediate group between the first and second classes, the spinal curvature was much more apparent in the standing than in the stooping position; although, in the stooping position, it did not completely disap. pear, as in the physiological curves. Some evidence of commencing rotation was afforded by a slight posterior projection of the angles of the ribs on one side, and depression on the other; and a similar deviation as regards the transverse processes in the lumbar region, when the patient was examined in the stooping position. With regard to treatment of cases in the first class, or physiological curves, no mechanical treatment by any form of spinal support should be given, but reliance should be placed entirely upon physiological means, such as gymnastic exercises, partial recumbency, and attention to the general health. In some cases. an elastic brace attached to stays might be used. In the second class, of confirmed structural curves, mechanical support of some kind must be resorted to, and continued during the growth. in the hope of preventing increase and obtaining some improvement in the curvature; but confirmed lateral curvature, whether slight or severe, with its adapted series of structural changes, was essentially incurable. The most efficient retentive spinal support was an instrument made with a pelvic belt and spring plates attached to vertical bars at the back, without any mechanism requiring alteration by the surgeon. In some favourable cases for improvement, the stronger spinal instrument, with steel plates attached to levers, and adjusted by rack-and-pinion movements, might be used with