

caused by the nervous excitement attending the ordeal of examination." One of these young men, while the subject of medical observation became notable in the athletic events of the Academy, and in March 1897, was awarded the prize for all-round athletics, having won the greatest number of prizes in the individual contests.

These cases convey their own moral.

Twenty-five years ago the Editor of the Journal examined a young carpenter for a Life Insurance Company and was about to reject him, as there was a distinct heart murmur, but he demanded another examination, and two days later when perfectly quiet the murmur had subsided so much as to be scarcely audible. At this writing the applicant is entirely well and to all appearance bids fair to become a septuagenarian.—*Dominion Medical Monthly.*

ORTHOPAEDIC SURGERY.

(Under charge of E. G. Frisbie, M. D., Professor of Orthopaedic Surgery College of Physicians and Surgeons of San Francisco.)

Treatment of Caries of the Spine by Means of Suturing the Spinous Processes.—A Chipault (*L'â Med. Mod.*, 1896, vii. 465.) The patient after having been chloroformed is placed upon the abdomen in three-quarters position, with his back facing the operator. An incision is now being made along the spinous processes which extend over the borders of the spinal curvature, above and below, by at least two or three vertebrae. Without touching the interspinous ligaments, the row of the spinous processes is laid freely bare, and the soft parts drawn out of the way. An attempt is now made to reduce the gibbus by having an assistant pull in the axillary region upward, and another make downward traction on the lower extremities. After reduction has been made, as well as it may, a silver wire, of thickness suitable to the case, is passed through the ligamentum spinale. The silver wire is cut off in such a manner that a piece of thread, twice as long as the incision, remains hanging on each side of the perforation. With these two silver wires suturing together of the spinal process is performed. For this purpose the two

wires are crossed, and each one is passed separately through the ligamentum interspinale, situated immediately below, then through each successive one, until it reaches below the lowest of the exposed spinal processes. The two wires are now firmly twisted on each other by rolling them together at their ends. It is of great importance to pass the wire through each interspace, exactly at the same height as the lower edge of the overlying spinous process, so that the upper portion of the spinal column can be stretched from this firm support and kept in extension; no new loop must be applied until the firmness of the preceding one has been established. After all of the exposed spinal processes have been joined in this way, the soft parts are drawn together without drainage, the bandage is applied, and the patient put to bed. In this very simple operation, which generally takes only one-quarter of an hour, two difficulties may occur: (1) An ankylosis between the upper and lower margin of two neighboring spinous processes, in which case it will become necessary to bore a hole between the two adherent processes. (2) There must be present, beside the kyphosis, slight lateral deviation. In this case, after the application of the sutures, one of the wires must be drawn up by the side of the spinal processes, on their convex side, made tense, firmly drawn upon, and fastened to the upper pelvis. In five to six days (in disease of the lumbar or dorsal region), or in ten days (in affections of the cervical region), the first bandage is changed and the sutures removed from the soft parts. Orthopaedic treatment must be pursued at the same time, and after the operation strict immobilization of the sutured spinal column should be practiced. This operation makes an important advance in the treatment of Pott's disease, but is indicated only by slight forms of gibbus, where the affection has a rapid development, and where the prominence can be more or less reduced. The procedure is contraindicated in cases of advanced deformity, where destruction of a great number of vertebrae has already occurred; the presence of a cold abscess or paralysis are not contraindications to the operation.—