

were soon able to do without their supports, the deviation in the spinal column decreased, the shoulder became more horizontal, and pain and tension disappeared. Of the remaining six cases, four were improved and two got well. At the time of writing several were under treatment, so that the results may be still more favorable. At a time of life when the skeleton was so consolidated as it was in the case of an 18-year old girl, it was not thought possible to produce any remodelling, but after two month's treatment it was hardly possible to observe any deformity. Landerer finds an analogy to this last case in several of severe so-called inflammatory flat-foot, or *tarsalgia adolescentium*, in which he succeeded in obtaining "perfect reformation" of the foot by means of massage of the plantar surface and of the leg, even at 20 years of age.

We think that another analogy can be found in the relief that massage affords in cases of rheumatic gout. It relieves the tenseness of the soft tissues and makes them more supple, so that they adapt themselves much easier to the fixed nodosities.

Our author believes in the use of supports and corsets for alleviating and correcting the position of advanced scoliosis; but when there is any prospect of improvement he considers them contra-indicated, for the little work that the muscles of the back may be capable of performing is taken away by supports and atrophy speedily results so that the muscles can no longer be used. After two or three massages he found that most of his patients could do without supports and rejoiced once more in free and lively motion.

In the discussion which followed Herr Volkman deprecated the wearing of a plastic jacket or felt corset by day and night. He has the corset removed at night, and in the morning the patient is bathed, douched and *masseed*, and practises movements, as advised by Sayre, and about 11 o'clock the corset is again applied.

Herr Loebker stated that he believed in the energetic treatment by means of massage of those muscles which contribute to the support of the spinal column. He does not apply any supports, and improvement takes place from the time that these are laid aside.

Herr Koning, of Gottingen, said that Landerer's method was in advance of that hitherto employed by him; yet he would not renounce altogether the corset treatment in favor of massage. He would

limit the use of the corset to school time. Experience had taught him that the complete removal of the corset all at once hindered improvement.

Herr Kolliker, of Wurzburg, remarked that the most essential difference between Landerer's treatment of scoliosis from that hitherto employed consisted in energetic percussion of the muscles. He mentioned a very severe case of scoliosis with three curves which he had treated daily for three months by means of massage and percussion for several minutes night and morning, and thereby obtained a brilliant result never before equalled in his experience. With scoliosis of the second degree the corsets should be applied in the intervals between massage.

MEDICINE.

Lavage in the Treatment of Gastric Affections.

We see in the *Weekly Medical Review* of St. Louis an exceedingly interesting article on lavage (washing) in the treatment of gastric affections, by Dr. S. Solis Cohen, where he says that any therapeutical measure which promises assistance in the treatment of those most obstinate cases of gastric catarrh, functional dyspepsia, etc., which are such a source of annoyance to the patient and profit to the pepsin and patent medicine manufacturers deserves great attention.

He then proceeds to give a *resumé* of the history of the method up to the present time which we might call the *era of siphonage*.

"The manner of performing lavage, recommended by the latter observer, (Dujardin-Beaumetz,) is that which I have followed in the few cases in which I could induce private patients to submit to it. The results obtained in these cases have been sufficiently encouraging to induce me to continue to recommend it, whenever it seems applicable.

The apparatus and its employment are sufficiently simple. An œsophageal tube with blunt, double-eyed extremity, of flexible rubber, about twenty-eight inches long, and from one quarter of an inch to a little less than half an inch in diameter—practically an enlarged catheter, and made of similar material, is attached by a small section glass tubing to a soft rubber tube about one yard in length into the free extremity of which a glass or rubber funnel of from six ounces to eight ounces capacity, is inserted. Sometimes the free extremity of the œsophageal tube is slightly stiffened.