

WIRING THE VERTEBRAL PROCESSES.

Dr. Hadra suggested that the spinous processes at the seat of the disease be exposed and then firmly wired together to secure rest and prevent deformity. The operation, as he had performed it for fracture of the cervical spine, was extremely simple and effective.

Dr. Sayre thought the wires would not bear enough force to remove the weight from the vertebral bodies, and that outside protection would be necessary to prevent lateral and rotatory disturbance.

Dr. Judson thought it was a question whether wiring was applicable through the long periods in which consolidation is delayed. Intolerance of the skin always prevents such pressure as we would like to make on the kyphos. The method proposed circumvents this difficulty.

Dr. Moore said it was a most simple and harmless procedure, and, notwithstanding the theoretical objections, he would accept the first favorable occasion to try it.

PROGNOSIS AND TREATMENT OF POTT'S DISEASE.

Dr. Ketch had learned from 75 cured cases that in length of treatment and degree of deformity the upper region of the spine is most favorable, and the middle least of all; that paraplegia more frequently accompanies disease in the upper than in the lower regions, and that cases of traumatic origin recover sooner than those of tubercular origin. Sudden deaths sometimes occur in cervical caries from interference with respiration.

Dr. B. Bartow, of Buffalo, said that the earliest important sign in the dorsal and lumbar regions is lateral curvature dependent on nervous tenderness. Apparatus should be constructed to oppose the rotation accompanying the lateral curvature as well as the antero-posterior deformity. He used the plaster of Paris jacket applied to effect the above objects.

Dr. Foster said that extension in *bed* is the best method in the acute stage. Extension should be made by light weights, the cords leading over the head and foot of the bed and attached to waist-belts, chest-belts, and head-straps.

Dr. Ryan said recumbency was the ideal treatment, but it is in many cases impracticable. He had found split plaster jackets efficient after the acute stage.

Dr. Lee said that many years ago when the plan had fallen into entire disuse he was the first to adopt suspension from the practice of Dr. J. K. Mitchell. The apparatus was Le Vacher's head support and jury mast, attached to a chair or go-cart, or to a door-way swing.

Dr. Sayre said that in the cervical and upper dorsal region a metal posterior splint supported on the pelvis should be used with a jury-mast, and in the lower dorsal and lumbar regions, a plaster of Paris jacket with a jury-mast. Recumbency should be practised in the acute stage; children should be placed in the wire cuirass.

Dr. Ketch had been disappointed with the plaster of Paris and jury-mast in the cervical and upper dorsal regions. He commended the Taylor apparatus and chin-piece. In the lumbar region almost any supporting apparatus will secure a good result.

Dr. Taylor said that the antero-posterior lever secures rest and protection and combats deformity. Old and neglected cases are especially amenable to treatment, just as ankylosis is later and rarer than is generally supposed. Abscesses and paraplegia do not forbid a favorable prognosis.

Dr. Bradford said that the plaster of Paris jacket was the readiest method, but had its disadvantages; that a steel brace gave better support, but demanded more skill and care; and that recumbency was the surest way to prevent deformity, but, as a rule, was impracticable for the long periods covered by the disease.

RHEUMATIC SPONDYLITIS.

Dr. Ryan said that this rare affection should not be confounded with rheumatoid arthritis of the spine. It is usually accompanied by rheumatic manifestations elsewhere. In the early stage the symptoms resemble those of tubercular spondylitis. Later the deformity is not angular but resembles that of senile kyphosis. Treatment should be directed to the relief of pain by support, cautery, and medication. In the chronic form, when pain has lessened, mobility should be encouraged by passive motion.

Dr. Headley deplored the confusion which is found in the nomenclature of these conditions which produce such a variety of results. He thought both rheumatism and osteo-arthritis were microbic diseases. If ligamentous struc-