of the air-passages, and being expectorated. Now the operation of paracentesis, in such a case, *there being no tubercular disease*, has been successful. Le Dran relates an instance in which he operated for empyema, where "the injection of a small quantity of mel rosarum and barley water through the wound excited coughing, and part of it was coughed up through the mouth, mixed with pus;" thus clearly proving the existence of a fistulous passage through the lung; notwithstanding which the patient recovered completely. The effusion was probably circumscribed. But you will find other cases of a similar kind referred to by Dr. Townsend, in the Cyclopædia of Practical Medicine.—*London Medical Gazette.*

TORTICOLLIS SUCCESSFULLY TREATED AT THE BOSTON ORTHOPEDIC INFIRMARY. BY JOHN B. BROWN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Miss H. S., ætat. 7. The right sterno-cleido-mastoideus muscle strongly contracted. The face is turned over the left shoulder, and the back of the head over the right and almost in contact with it. She has the visage of a wry-neck patient, but not so much so as in cases where the deformity is congenital. The angle of the mouth is depressed and drawn down. The left eyebrow is elevated above the right. The right side of the head is so strongly inclined to the right shoulder as to give an obliquity to all the features of the face. This deformity was the sequel of scarlatina maligna; and so far as my experience extends, non-congenital deformities and contractions of muscles are more frequently the result of this disease than any other.

She has combined with the torticollis a lateral curvature of the spine. The greatest deviation is between the shoulder-blades, the convexity being towards the right, but there is an acute angular convexity of the cervical vertebræ towards the left, produced by the strong and permanent contraction of the sterno-cleido-mastoideus muscle, which draws the back of the head over and nearly on to the right shoulder.

March 6th, 1840. After a consultation with Dr. J. C. Warren, I divided the sternal branch of the sterno-cleido-mastoideus, in presence of Drs. Thompson of Charlestown, Pratt of the House of Representatives of Mass., J. M. Warren, and E. W. Leach. Applied the paste-board stock after the manner of Dieffenbach, which was used for some weeks, but to very little effect. This day, April 18th, applied an apparatus which I contrived for the purpose. It consisted of a brass belt resting on the hips, with crutches coming up under the arms, the anterior extremity of which, on the left side, extended to about the height of the top of the head—and the posterior extremity on the right side extended to about the level of the ear. The tops of these were connected by a steel wire in the form of an arch, which went over the head for the purpose of giving them support. Each of these uprights had a spring attached at the top and running at right angles, an inch wide and six inches long; the one on the left side running posteriorly, and that on the right ante-

riorly. A cap was made for the head, of brown cambric, so as to fit, and a strap attached on the right side and brought round posteriorly and buttoned to the top spring on the left side. Another strap of the same material was attached to the cap on the left side, brought round the chin, and buttoned to the right top spring. These straps acting together, had the effect of elevating the head, and bringing its posterior part from the right shoulder, to which it inclined, towards the left, and of bringing the chin, which inclined towards the left shoulder, round to a front position. This operated very well, and much was gained towards bringing the head into a normal position; but the divided branch of the sterno-cleido-mastoideus united so quickly as not to give time to correct the acute angle which its contraction had produced in the cervical vertebræ, and the cleidal portion of this muscle also became a barrier to the restoration of the head to a natural position. It was thought best, after a consultation, to divide this branch, and also to re-

divide the sternal branch of the sterno-cleido-mastoideus, which was done in the presence of Drs. J. M. Warren and E. W. Leach. The head did not turn suddenly round, and perform all manner of evolutions, as represented by some writers who have done the same operation, but it gradually came round, and as much as it could consistently with the previous contracted cervical and dorsal curvatures. When these curvatures are entirely corrected, I have no doubt the head will assume its normal position and be placed as it should be, in a mesial line between the shoulders. In fact, it is so much so now, that an acquaintance of the family, a lady who called in, having heard that one of the children had a wry-neck, asked which it was, all being present.

The application of the apparatus above described is represented in the annexed cuts. A B, fig. 1, are the top springs, to which are attached two straps. The one running from right to left, back of the head,

FIG. 1.

FIG. 2.

is buttoned to a knob at the end of spring A, which runs backward over the left shoulder. The other, running from left to right under the chin, is buttoned to a knob at the end of spring B, which runs forward over the right shoulder. Both acting together have a tendency to bring the head into an upright and central position. C, the crutches which run from the brass belt up under the arms. D, a strap running front of the body, which connects the two ends of the brass belt, and keeps it steady upon the hips.

Fig. 2 represents a wire stock which was made use of when the apparatus above described was taken off. This may be folded in a neckerchief as a stiffener and tied in front, or the wire may be covered with velvet and a ribbon passed through the two ends, and tied back of the neck, as is here done.

It is a mistaken idea to expect to restore the head to its normal position in torticollis by simply dividing muscles; still, the division of muscles is a necessary prerequisite step. There is always in wry-neck of long standing a lateral curvature of the spine, particularly of the cervical part of it. Subsequent treatment is necessary, and the same kind of means ought to be adopted, as is made use of for correcting lateral curvature.

PROSPECTS OF THE BLIND AND INSANE IN KENTUCKY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—We are just having a visit from Dr. Samuel G. Howe, the eminent superintendent of your Institution for the Blind. He is on a mission of benevolence, to establish a similar institution here. With four blind pupils he visited our Legislature at Frankfort, and there exhibited these redeemed children before the powers that be. The exhibition was satisfactory; the argument was convincing; and the General Assembly, with hardly a dissenting voice, voted to establish a school for the blind in Louisville, and granted ten thousand dollars to endow it, provided that this city would first raise the means to put it into operation. This would cost only about a thousand dollars, upon the plan proposed. We wanted no more of the State government. We can do the rest ourselves, and measures are now in train to obtain the preliminary funds here. Dr. Howe has exhibited these pupils here for several successive evenings, and demonstrated here, as well as at Frankfort, the practicability of educating the blind for usefulness and enjoyment. This matter is entirely new with us, and has excited great interest and drawn multitudes to the exhibitions; and without doubt, owing entirely to the benevolent energy of Dr. H., we shall soon have a small school in successful operation. It will be but a nucleus at first, to gather more funds and pupils. But we trust it will grow, so as to gather all the blind of the State within its folds.

The Kentucky Insane Asylum has been more successful within the last year, than at any time previous. In 1841 there were received 38 old cases—10 idiots and epileptics; and 24 new cases. Besides these there were previously in the Hospital 102 old cases—35 idiots and epileptics; and 5 new cases. Of the first class 10 were cured, 5 improved,