

it does, in an extended position, and fixing it better than it can be fixed in any other way, anchylosis will take place.

No brace or corset of any description that will support the spine can be applied effectively to a child under three years of age, owing to the narrow hips. For that reason the writer has devised a plaster-of-Paris portable bed, in which the child is placed; this permits of removal into the open air. Bonet's wire cuirass is a most efficient apparatus, but is more expensive than the plaster-of-Paris portable bed, and no better. If the disease is located above the third dorsal vertebra, no corset or brace without the aid of the jury-mast can be adjusted so as to be a support, owing to the fact that the weight of the head and shoulders operate upon the point of disease or curve. In these cases the jury-mast should always be so adjusted as to transmit the weight of the head through the corset to the hips.

To make proper corsets from plaster-of-Paris, suitable material must be used. H. B. Claflin & Co. make for the author a special crinoline, known as No. 100 hospital crinoline; it has the proper amount of sizing and material and a total absence of indigo. The plaster of Paris is furnished by the White Dental Manufacturing Company, put up in fifty-pound tin packages, fresh from the oven. This cloth and plaster of Paris, when properly united, make a perfect plaster bandage. The crinoline should be torn in strips six inches wide and six yards long; the cloth is drawn over a pile of plaster of Paris on a table, and all rubbed off excepting enough to simply fill the mesh of the cloth; the bandage is loosely rolled, that it may take water quickly. A tight fitting shirt is now adjusted to the patient. The patient with lateral curvature suspends himself to the greatest possible extent. In Pott's disease the arm-pieces are used and the patient suspended to the point of comfort. The dinner-pad is placed under the shirt; three or four bandages placed in water; one of these is wound snugly around the body just above the crest of the ileum, making two or three turns; then the hips are enveloped down to the great trochanter, using one or two bandages at this point. We should begin at the bottom of the corset each time, and roll on the bandages up to the armpits, rubbing each layer until there is no longer air in the meshes of the cloth. Six bandages will do for a child under seven years; from eight to twelve for adults. When the plaster is setting, we should stand behind the patient and gently press the corset in over the crest of the ileum and firmly against the ribs. After the corset has firmly set, the dinner-pad is removed and the corset sprung antero-posteriorly, to throw it off the antero-posterior spinous process, to prevent excoriations. The corset is cut off at the bottom and top, being

left on permanently in case of Pott's disease. In lateral curvature the corset is cut off, the edges trimmed with lacing, and an elastic durable spinal brace results.

If the patient desires a wood corset, fill the plaster-of-Paris corset with plaster, which makes a cast of the body, upon which the wood corset is made.

The corset in Pott's disease should be worn from six months to a year without removal; in lateral curvature it should be removed each night. Proper exercise, forcible redressment, gymnastics, and so on should be used.

The plaster-of-Paris corset is sent to the foundry in case an aluminum corset is desired, the anvil is made, and upon this the aluminum is worked; this is the most beautiful corset made.—*Therapeutic Gazette*.

THE ANTITOXIN TREATMENT OF DIPHTHERIA.

The topic which just now is absorbing the attention of the profession and the laity almost to the exclusion of all else medical is diphtheria and its treatment by means of Behring's antitoxin. No society meets that the theme is not brought up for discussion, while the writers, the talkers, and the hospital attendants are daily producing an amount of matter so great that the medical press groans to get quit of it, but without avail.

Already the literature of the subject is heavy and voluminous, and he who attempts to read it finds it crude, chaotic, and confusing.

Much winnowing, sifting, and condensing will have to be done before the conscientious doctor who wants the truth, and desires to apply it in practice, can settle the question as to whether he shall inject or not inject, putting his patient to the extra expense of forty or fifty dollars for drugs in each case, or saving him from what is a manifest extortion on the part of the producers of the new remedy.

What is the duty of the general practitioner at this writing can scarcely be set down. If he fail to apply the remedy and the patient should die, he will be severely criticized. If he employ it, and the patient die, he will be accused of having experimented upon the victim with a fruitless and expensive fad. If, however, the patient should recover under the new remedy, it may still be said that many patients have gotten well, and probably this one would have done so without the antitoxin, and that still the doctor is experimenting with expensive and fruitless fads.

Just what the doctor's duty in the case is cannot be stated till time shall give us a great number of reports, and some gifted compiler shall deduce from the vast accumulation of literature upon the topic a volume of statistics reducing the question to a mathematical certainty. Till then we think the practitioner would do well to lay the question of the new