man's cup attachment to the Taylor brace, or by Taylor's chest piece, which not only controls this feature but also keeps the chest from callapsing and prevents falling together of the shoulders. In mid-spine, buckling like a closing knife will take place unless prevented, and the typical hump back be produced—head down between the squared and apparently elevated shoulders, dwarfing and marked deformity of back and anterior chest wall. In the lower spine, on account of its construction, deformity is not so marked. The bodies of the vertebræ being large and only a part, as a rule, being diseased, they support themselves unless the disease is very extensive, when great deformity is possible. In this situation we have the more unfavourable symptoms of psoas contraction and abscess to deal with; these however may disappear altogether with absolute rest and traction.

Rest and fixation fulfil all the mechanical requirements of treatment. Schapps says that physiological rest is only possible in the recumbent position and that this position should be maintained in acute disease, with or without traction to modify the pressure of the vertebral bodies—later in the course of the disease, he uses his own brace. Recumbency is incomplete in itself, when the body is changed to the erect position a brace will be necessary for complete cure. In recumbency the superincumbent weight is removed. The spine is not called upon to support the body and it is not exposed to jars and overfatigue. Potts, who first wrote of this disease, which has been named after him, in 1771, was opposed to all mechanical treatment, that is the mechanical treatment of that time, which proposed to force the bones apart when anchylosed, and to prevent the spine segments coming together when the intervening bodies were excavated and destroyed. He favored recumbency and counter irritation only. Bonnet also early recognised the futility and bad practice of pulling the bones asunder and devised his wire cuirass to assist recumbency. The value of recumbent treatment is indicated in cervical cases for the relief of pain and discomfort, because the head can be fixed, thus lessening the danger of abscess, preventing dislocation and deformity, and checking the disease before the function of the part is gone. In upper dorsal cases, because deformity in this region is difficult to control and the attitude may be faulty. In middle dorsal to relieve the grunting respiration and faulty attitude, pain and weakness—and in the lumbar region, where psoas contraction makes the erect position difficult or impossible to maintain. Recumbency is therefore necessary for best results. The method ordinarily in use at the Montreal General Hospital, is the procuring