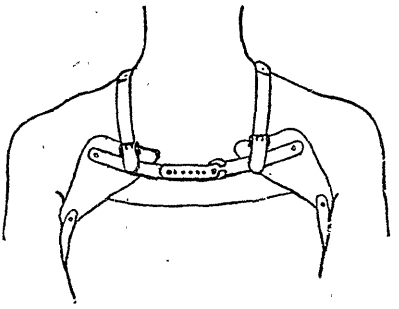
and are screwed to the bars, being retained for purposes of adaptation and adjustment only.

3. The horizontal hip-band is discarded, and is replaced by a rigid steel bar or vertical hip-band having the shape of an inverted U; to the upper horizontal part of this band the lower ends of the vertical bars are firmly attached. The ends of the ∩-shaped band are protected by hard-rubber plates, and rest in the post trochanteric sulcus on either side, and together with the hooked pieces at the base of the neck, fix the apparatus laterally, and assist in vertical and antero-posterior fixation.

4. Hard rubber pads are used instead of the soft pads formerly employed, to transmit the leverage of the apparatus to the region of the spine which it is desired to protect.

5. For counter pressure at the upper part of the chest, instead of the straps encircling the arms formerly used, a "chest piece"

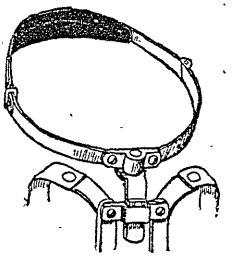


is employed, consisting of two triangular hard-rubber pads, fitted below the clavicles and resting upon the pectoral muscles at the sides of the chest; these pads are joined by a steel bar curved forward to escape the chest, and so contrived that the distance between the plates may be increased or diminished at will. The chest-piece is buckled to straps coming from the hooked shoulder-pieces above, and below it is strapped to buckles at the angles of the ∩ hip band on either side, leaving the arms and axillæ free.

6. The apron which holds the whole apparatus forward reaches to the posterior border of the axilla on either side, and from the trochanter to the arm laterally, and is secured by straps and buckles to the apparatus.

7. Perineal straps may pass from the lower border of the apron in front, under the thighs, to the ends of the vertical hip-band to aid in fixing the apparatus.

It is to be understood that appropriate modifications of the form of the apparatus are made to correspond with the indications presented by disease in the different regions of the spine, and by the character and amount of the deformity. Most cases above the ninth dorsal will require, in addition, Dr. Taylor's circular pivoted head-support or chin rest, which is easily fitted to this apparatus.



The treatment of this affection, while remarkably satisfactory in the main, would be less tedious, if the nature and serious character of the disease were earlier recognized, and proper management inaugurated without delay. The first months of the affection often pass entirely unnoticed, owing to the absence of pain, and if, later, symmetrical pains at the sides, over the abdomen or down the legs appear, they are frequently attributed to digestive or other troubles. The short, rapid breathing caused by disease in the upper dorsal region may lead to the suspicion of pulmonary trouble, as in a case which came after having been treated two years for asthma. The breathing became natural after proper support was applied, and the disease was entirely cured with but slight deformity. In another case of disease in the lower dorsal region, poor nutrition and pains were attributed to indigestion, and valuable time was lost in the endeavor to correct the digestive disturb-