for their efficiency on crutches under the arm pits, taking their bearing from a pelvic band and are supposed to support the weight of the upper part of the trunk in this way. These are really a delusion to those using them and entirely inefficient. The axilla is so movable that no constant and thorough pressure can be made in this way, while a Taylor Brace takes a firm grip on the chest, pelvis and shoulders, and takes the weight off the bodies of the vertebræ, which alone are diseased and throws it on to the articular processes and posterior portion of the spinal column. Dr. Judson, of New York, in the *Medical Record*, of December 23rd, 1893, says that "he advocated the removal of the superincumbent weight from the diseased parts, and thought that was best accomplished by antero-posterior pressure or support which transfers the injurious weight from the diseased vertebral bodies to the articulating processes, which are sound and well able to bear the extra pressure.

When the spine is firmly fixed by this brace, it is surprising what relief is often experienced by the patient; the pressure on the diseased bodies being removed, the pain is relieved, the danger of paralysis lessened, and the formation of pus much decreased.

The importance of early and persistent treatment in these cases was deeply impressed on me by the examination a few days ago of a young person of seventeen, where no brace had been employed. The deformity was excessive, although the disease had not been very extensive and no abscess had ever formed. The lordosis which in this case was increased by flexion of both thighs, was so extreme as to make the sacrum form rather more than a right angle with the upper part of the lumbar region when the patient stood erect. And yet this result might have been entirely prevented by wearing a well-applied steel brace.

These remarks refer especially to patients who have intelligent parents or guardians. In very ignorant people who might remove the brace, it is better to use a plaster jacket.

While this brace may be considered the *best* method of treating disease of the middle region, its use is by no means confined to this region. It makes an excellent base on which to fasten a head-spring for disease of the upper region, and affords as good support and fixation for disease of the lower region as any other, with all the advantages over jackets as to cleanliness, etc., already spoken of.

In conclusion, the importance of an early diagnosis is emphasized; thus only can deformity be prevented and here "an ounce of prevention is worth a pound of cure."

ELIMINATIVE AND ANTISEPTIC TREATMENT OF TYPHOID FEVER.

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The symptoms generally are determined by the amount of poison in the body, and, in the case of different individuals, by a varying degree of susceptibility, or a varying degree of virulence in the poison itself. The local disturbance is determined by the quantity of the poison in contact with the tissues, to its degree of concentration, and to the length of time it remains in contact. It is by noting these facts regarding the toxine that one gets the key to the situation. Look, for example, at the case of the intestinal follicles; why is it that the tissues here suffer to such an extreme degree? Surely not from any selective action of the bacteria, but rather from the fact that the follicles are in close proximity to the main culture, and are surrounded by lymph sinuses into which empty the lacteal ducts of the surrounding villi. Each follicle is, in fact, the reservoir to which is conveyed both poison and bacteria absorbed from the intestine. The bacteria and poison carried to other parts of the body produce in a minor degree the same results. Molecular death is much increased wherever this poison is present, but as a rule ulceration takes place only in the intestinal nodes. The reason seems clear; the bacilli invading the follicle are at first precisely in the same position as a similar colony in like tissue in any other part of the body, and after having given rise to a certain degree of disturbance, would, as in the other situations, be overcome by the tissues, seldom giving rise to necrosis *en masse*. But the anatomical conditions being different, the lymph tissue in the intestinal follicles wages unequal war, since reinforcement both in the way of fresh bacilli and of poison absorbed from the intestine is constantly arriving, carried by the lacteals of the