secondary diseases of this joint. Then all the symptoms of hip-joint disease will be present.

Hysterical spine may closely resemble Potts disease; but in hysterical spine there is usually great pain and sensitiveness on pressure on the spinous processes which is not the case in Potts' disease. There will also be present the other symptoms of hysteria, the "globus" and ovarian tenderness. Hysteria is uncommon in children.

Malignant disease, aneurism and meningeal tumours may present symptoms resembling spinal disease, but are very rare.

Chronic articular rheumatism casuses some projection of the spine and often gives rise to considerable pain. There may be ankylosis but there is little muscular stiffness.

Perinephritis, appendicitis and sacro-iliac disease may cause a Psoas contraction resembling that of Potts' disease, but there is no projection of the back and the history will suffice to differentiate them.

TREATMENT.

In commencing the treatment we have to consider, perhaps, chiefly the ultimate deformity which is liable to occur, and the means best calculated to prevent or minimize that ultimate deformity will also be those best suited to relieve all the symptoms during the course of the disease. In disease of this region the usual ultimate deformity is a well-marked kyphosis or bending back of the spine at the seat of the disease. Above this point the spine bends sharply forward, and below it there is lordosis, or bowing forward of the spine. The shoulders are drawn forward but appear to be elevated owing to the sinking in of the upper part of the chest. The chest is pigeon-breasted, and as deep from back to front as it is laterally, and these changes which begin at the very commencement of the disease, continue to get more pronounced, not only during the active stage, but during the whole growing period, unless the increased pressure on the front of the bones and intervertebral discs is relieved and prevented by appropriate treatment and support.

In commencing to treat a case of this kind, rest in bed, combined with extension if necessary, should be used until all muscular spasm is overcome; but it is impossible to continue the treatment in bed through the entire time during which deformity may increase as this includes the whole growing period. Some support must be used and it will be found that a steel brace made after the manner of the Taylor Brace will give very satisfactory results if carefully applied and kept under close observation.

This brace is made of two light but stiff steel bars running on either side of the spinous processes, padded opposite the seat of disease, connected with a pelvic band and two flexible steel strips coming over the shoulders with two or more cross bars at the upper portion. A well-padded strap goes from the termination of the shoulder-pieces round the front of the shoulder, and is buckled to one of the cross bars so as to hold the shoulders tightly back to the brace. An apron is fitted to the front of the body and buckled back to the brace in such a way as to draw back the abdomen when it is prominent and take a firm grip of the pelvis and upper part of the chest; thus the spine is held back to the bars of the brace above and below the seat of disease, and as much pressure put upon the diseased vertebræ as is consistent with the integrity of the skin. By this means many cases recover without deformity when the treatment has been begun early, and it is generally possible to limit the deformity to the amount present at the commencement of treatment.

Comparing this method with that by jackets of plaster of Paris, leather or poro-plastic felt, or any circular support, it will be seen that it has many advantages. All circular supports are more or less dirty and uncomfortable. They also tend to open at the top and bottom, so allowing the deformity to increase: anyone familiar with them must have noticed how loose they became after being applied a short time. In addition they are apt to make pressure over the spinous processes and so cause ulceration; this is a most frequent occurrence, however well applied. The steel bars of the Taylor Brace take their bearing on the transverse processes where pressure is much better borne: the seat of the disease is under observation at all times; the pressure can be placed just where it is wanted and regulated to a nicety by the attendant; the brace can be removed as often as desired without impairing its efficiency. Thus, the patient can be kept clean and comfortable.

Many steel spinal braces are made which depend