

recession of the deformity. Exerting its pressure by unyielding bars only along the posterior aspect of the spine, and not grasping firmly the pelvis, it fails in giving the completeness of fixation obtained by a cylindrical jacket. Various modifications of the Taylor brace have been made which have increased its efficiency, notably by Shaffer and by Whitman, New York.⁴

When the disease is above the sixth dorsal vertebra, support for the head must be obtained, both to assist in carrying its weight and to maintain unvarying extension. For this means the ordinary juremast is the least satisfactory means which I have seen employed. A much more efficient support is the "croquet hoop," first used here, so far as I know, by Dr. Primrose, and described in the *British Medical Journal* by Dr. Elliott in 1884. This gives a most satisfactory support, but it interferes with the proper adjustment of the clothing about the neck, and attracts the attention of observers. Whitman's additions to the Taylor brace above referred to are applicable to this corset. They consist in a chin support giving and maintaining extension of the head applied as Shaffer does the same, and of pads applied in front of the tips of the shoulders, preventing the arms from being moved forward, which movement increases the weight pressing downward through the vertebral bodies.

The consideration of operative measures is not touched upon because there is not time to do so, and because that subject is to be brought before the society by Dr. Peters.

I may summarize the teaching here advocated, as follows :

(1) Due attention to the following symptoms and signs will generally enable the surgeon to make a diagnosis before the stage of deformity has come :

- (a) The *clinical history*—noting the *chronicity* of the case.
- (b) The peculiar *carriage* and *gait* in walking.
- (c) Pain in the *distribution of the spinal nerves*.
- (d) *Muscular spasm* in the region affected.
- (e) Lateral or antero-posterior *curvature*, other than that so called *angular curvature* which marks the later stage of the disease.

(f) The *disposition to recumbency*.

(2) Mechanical treatment, permitting the patient to be out of bed, is preferred in most cases to plans which necessitate recumbency and a life indoors.

(3) The principles embodied in the use of the plaster jacket most fully meet the indications. When necessary to employ a head support, the croquet hoop is one of the best.

(4) Rawhide is a better material to employ than plaster of Paris.

(5) The object sought in immobilizing the spine is primarily to allay