

to loosening and lack of proper support, and even the suspension in applying them being dangerous. They maintain that instead of patients going down hill they actually improve in general health by recumbency and confinement, and prove it by many examples. Most of the objections to plaster of Paris Jackets can be gotten over by a little care and attention and if properly applied they fulfil almost all requirements, and are the readiest, cheapest and best means we have for dispensary practice at any rate.

Weir Mitchell, speaking of suspension, says it will slowly lessen the curve and that there is a replacement of tissues. That is more than the originator of the method of treatment even claimed for it (Sayre). Suspension will alter the physiological curves, but the diseased part is early held by muscular spasm in a state of rigidity, splinted as it were, and later by bony buttresses or inflammatory infiltration in a position of fixity—nature's fixation. Any disturbance of this would not be good treatment. Suspension no doubt relieves the intra-vertebral pressure, but is inefficient in itself, as it can be applied only part of the time. Plaster can be carried beyond the shoulders and up over the head if desired, will give support to three or four more vertebræ, but this casing is usually hot and uncomfortable. Sayre's head spring or jury mast, Taylor's chin support and Shaffer's chin support can all be attached to the ordinary jacket or a light brace and are much more comfortable. The Davis' head support is also used. These are necessary for high up disease, above the fourth, indeed the seventh dorsal. I hold Thomas' collar, Burrell's wire collar, the shaped wire with tin chin support, the croquet hoop are also used but are inefficient.

Below the fourth dorsal, the jacket or spinal brace or Taylor's antero-posterior brace is the best arrangement when it can be properly applied and kept in order; it must fit absolutely. Fayette Taylor claims the recession of deformity by this method in nine cases presented by him. This is the Taylor brace, (illustrated) two steel uprights, extending from the level of the spine of the scapula to the pelvic band, or as in Taylor's original brace, to an inverted U., arranged at the lower portion with pads upon the buttocks, and his original brace also had a posterior hinge in the uprights, at the level of the deformity. Pads of wood shaped or vulcanite are attached to the upright bars applied on either side of the spinous processes, taking in or supporting and fitting accurately the whole length of the deformity. Extensions are added above to go over the shoulders and carry the shoulder straps, or chest piece devised by Dr. Taylor, also, these triangularly shaped pads with an adjusting connection). An