

The practical gains of a knowledge of heredity might be shown in choice of location for a new home. Those who fear a consumptive taint should avoid the harsh winds of the coast, while the off-spring of neuralgia parents will do well to shun both the dampness of the ocean climate and the malaria of the river valleys.

Physical ailments are not the only ones to which a study of our subject may apply. Children often show that a moral defect has been handed down, and a greater solicitude is felt than for a mere corporeal malady.

Some children inherit violent tempers which threaten the happiness of themselves and all concerned with them. The patient and long-continued efforts of parents may enable the child to subdue this besetting sin and save him from unavailing regrets for words or deeds of passion. Of course as years of responsibility are reached, the struggle devolves upon the individual who is the unfortunate heir of evil predisposition, and in most cases he is able to conquer himself.

FORCIBLE STRAIGHTENING OF SPINAL CURVATURES DURING COMPLETE ANESTHESIA.

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From his experience, and from a study of the reports from abroad, the author is inclined to the following conclusions:

1. Cases of scoliosis can be safely attempted, and can always be somewhat and often greatly improved by this method of treatment; and no unpleasant results are to be anticipated. It is best to straighten by horizontal traction and counter-traction and by a rotary pressure upon the curvature. During the process of straightening—that is to say, between the operations—patients should wear permanent plaster jackets, extra long, and remain in bed. The jackets will best be put on during suspension from the feet or knees, and complete anesthesia must be maintained until the plaster has set. The feet or knees should be protected from constriction during suspension by plaster stockings applied the day before the operation.

2. In cases of tubercular spondylitis, old cases, where the inflammatory process has ceased and ankylosis has resulted, should be left alone. Any gain in such cases is doubtful, and if accomplished is had at a great risk.

3. Recent cases of tubercular spondylitis can be readily straightened, often at a single operation, and at no greater risk than is encountered in straightening similar deformities at the knee and hip.

4. In older cases of tubercular spondylitis, not yet ankylosed, but in which structural shortening has taken place in the soft parts, repeated efforts at straightening should be made in place of reducing the whole deformity at one sitting.

5. Plaster jackets are best applied with the patient in the prone horizontal posture in young children, when the deformity is below the ninth or tenth dorsal vertebra; in all other cases it is best to suspend the patient by the feet or knees. In all cases where the disease is at or above the ninth dorsal vertebra the head should be inclined in the plaster dressing. Pads of felt, at least three-fourths of an inch thick, should be placed on each side of the spinous processes at the region of the disease.

6. All cases should be kept recumbent for a long time, many months, after the spine has been straightened.

7. The plaster jacket and the steel brace are found to have the same faults and failings as in their use in acutely progressive cases of spondylitis that have not been subjected to forced straightening—that is to say, they cannot be absolutely depended upon to prevent some degree of return of the deformity, and they may cause pressure sores.

8. The dangers from forcible correction of spinal deformities in cases of Pott's disease are tubercular meningitis and general tuberculosis from dissemination of the tubercular infection.

9. The advantages of this method of treatment are obvious: the reduction or abolition of an unsightly deformity; but no diminution of the duration of treatment over the ordinary methods by rest and immobilization is to be anticipated.