pressure upon an already diseased part, as well as the jars the spine has to be submit to in ordinary locomotion. The course of the disease is a long one and will tax the patience of both patient and surgeon. but the results that can be obtained by thorough treatment are so strikingly successful in the large majority of cases, that it is demanded of one, to follow them up closely and properly to look after them. Treatment also will depend upon the condition in life of the patient, his surroundings, and his general health, whether the constitutional or the local symptoms are more grave.

Most cases are brought to us in a stage of commencing deformity; the subjective symptoms that precede this condition such as pain, muscular stiffness, peculiarity of gait or attitude do not determine much in the eyes of the laity; colic, growing pains, lumbago, effects of a bad cold, rheumatism are their diagnoses, and it is expected these troubles will pass off, and not until a knuckle is formed, and is observed (and this may be a considerable time afterward) is relief sought. Treatment directed to the prevention of deformity is more important in youth, as these patients lives are rarely sacrificed if support and protection is afforded them. In adults the general health is the more important feature. The degree of deformity is usually looked upon as the indication for treatment, and not the preservation of life or avoidance of the dangers which may arise from severe deformity displacing and compressing vital organs.

The location of the disease will usually determine the amount of deformity. In 200 cases at the Hospital for ruptured and crippled, New York, 7 per cent. only were without angular deformity or right angled deformity as Whitman terms it. Where the greater curves normally are, the deformity is apt to be more marked. Compensatory curves are formed in the opposite direction to maintain the figure erect (illustration). Local treatment, therefore, must be devoted to preventing this condition (of deformity), as well as relieving pain and fixing the spine, keeping it at rest, so that the efforts to repair, which are present in these cases of osteitis, may be aided.

In the cervical region the usual deformity is the bending forward of the head or chin upon the chest, the collapse of the vertebræ and angular curvature being concealed by the overhanging occiput and thick neck muscles, usually in a state of spasm. Early diagnosis is possible here, from the acuteness and prominence of symptoms, fixity, wry neck, etc. In the upper and mid-dorsal regions the deformity is usually great, unless means are taken to prevent it—to keep the upper part of the body from bending forward, to restrain unnecessary movements of the arms and shoulders; this is well done by Whit-