

the concavity of the curve is found. Let the patient now bend forward as far as possible at the hips without bending the knees, and aim to touch the floor with the fingers. This will show the inequality of the chest-walls, will show how much more prominent the ribs are on one side than on the other. One can also note the prominence or the reverse of the spinous processes, and can thus determine quite easily that part of the column where the rotation is greatest. No examination can be complete, however, without measuring the length of the limbs, not only with the tape-measure, but also in an upright position, by placing books of various thicknesses under each foot, and noting how much thickness is requisite to equalize the pelvis and to reduce the actual deviation to the minimum. Dr. Morton, of Philadelphia, has a very ingenious contrivance for this, but it is practically the same as the method just mentioned, namely—books of various thicknesses.

With the observations completed, a prognosis can be readily given. I, of course, do not mean to say that the prognosis can be given independent of any treatment employed, but what I mean is this: The physician who has made the examination just described, will adopt some method of treatment that will, as a rule, result favorably. The difficulty is not in one's ignorance of what to adopt, but in the lack of interest manifested by the parents or the patient. Again, physicians are so uncertain about the different forms of apparatus that they give their opinion in an uncertain sort of way, and it is not regarded as of much value. The prominence given to athletic sports in general now, for both sexes, I think will enable us to give a better prognosis in our cases. Whatever course of exercises is decided upon, it must be carried out thoroughly. A daily drill is requisite. It is not sufficient to say to the patient, "Go home and exercise," or "Take this and take that." It is important to show the patient how to exercise. If a brace is to be employed, it should be made to fit the patient, and should not be worn at night. If I find a cardiac murmur, I do not prescribe a course of exercises, unless I can direct them myself and know the influence on the organ itself. Such patients I prefer to encase in a steel apparatus.

This deformity, like many diseases, is self-limited. A little twist is developed in the back, one shoulder projects a little more than the other, and a curvature results. The curvature is so slight that it is not recognized, and the patient grows to womanhood without ever knowing that she has a curve. Such instances do occur. They are not frequent, only it is important to know that all curves do not go on to great deformity. In my opinion the greatly deformed cases are the exception. Considering the number of girls who have one hip higher than the other, or one shoulder

more prominent, it is astonishing that we do not have more exaggerated deformities with our present ideas of the progress of such cases. It simply means that a great deal too much stress can be laid upon a slight deformity, while repeated observations will enable one to determine whether it really is increasing or not. If such a patient had been advised to take better care of the health, to cultivate a better deportment, to take every opportunity for improvement of the muscular system, one can reasonably give a good prognosis.

To conclude, then, we see that The prognosis of lateral curvature in young girls depends a great deal upon the early recognition of the deformity. It will also depend upon the thoroughness of the treatment employed. If an apparatus is used, it must be made so as to meet the indications and must be worn for a long time, from two to five years. If gymnastics are prescribed, the patient must be taught the different movements, must be drilled in the same after a good knowledge is acquired, and the exercises should be continued at home for a year or two. If it is found that the deformity is very slight and the patient can lead an out-door life, and is not crowded too much at school, a good prognosis can be expected if only the ordinary rules governing general health are observed. In the more advanced cases it is not possible to correct the deformity to any great extent. Indeed, it may safely be assumed now that no form of treatment yet adopted is equal to the correction of an osseous deformity. All that we can hope is a better position in standing or sitting, a better carriage, a filling out of the chest more symmetrically, and an ability on the part of the patient to hide the deformity.—Dr. Gibney in *Med. Rec.*

THE TREATMENT OF GENU VALGUM AND OTHER DEFORMITIES BY MEANS OF THE SCREW CLAMP.

Having frequently experienced difficulty in remedying deformities of children suffering from knock-knee and bow-legs by means of the usual methods, and being unwilling to resort to the operation of osteotomy, it occurred to me that it might be possible, by rapidly breaking the bone at the wished-for spot, to rectify the deformity. I concluded that if the bone could be broken without injury to the epiphysis, I should have to deal with a simple fracture which would run its course without complication, and that little harm could result to the soft parts from the pressure, provided it was not of long duration, care being taken not to press on any important vessel or nerve. For this purpose, after many experiments, I had a clamp manufactured. It consists of two curved arms, which can be approximated or separated as may