

the acquired forms of scoliosis is the substitution of a correct for a faulty attitude.

Treatment may best be divided into that of functional or transitory curves and that of structural or fixed curves.

(1) Functional curves are best treated by gymnastic exercises. Such exercises are employed in the treatment of both forms of scoliosis, firstly, to loosen up the curved portions of the spinal column, where such is necessary, and thus to make possible the attainment of an improved position; and, secondly, to aid in retaining the improved position by increasing the strength of certain groups of muscles as well as the general tone of the muscular system.

(2) Structural curves. While functional curves are best treated by gymnastic exercises, it is unreasonable to expect gymnastic exercises to straighten marked or severe curves due to change in the shape of the vertebrae, but such exercises will render pliable a more or less rigid spine preparatory to instrumental correction, or when more efficient measures have been employed, gymnastic exercises will tend to make permanent the gain secured by other measures.

For the reduction of structural curves, then, more dependence is to be placed on instrumental reduction, followed by the maintenance of such reduction by the use of plaster of Paris.

Correction is brought about by pressure on the spine when the patient is placed in the flexed position. Pressure is used to correct, first, the lateral deviation, and, secondly, the rotation. It is useless to attempt to correct the lateral deviation alone. If we attempt this, we increase the rotation. Further, it is useless to attempt to correct the rotation alone. If we do this, we increase the lateral deviation.

Let me repeat: Severe cases are best treated by forcible correction, preceded by gymnastic exercises, or any other method of stretching and rendering lax the ligaments and soft parts. The forcible correction must relieve both the lateral curvature and the rotation. The correction must be maintained by fixation in plaster of Paris.

The theory of the permanency of any such correction is based on Wolf's law, just as was the theory of the structural deformity.

*The Weak or Flat Foot.*—The most common deformity seen by the orthopaedic surgeon is the weak or flat foot.

Whitman has said that the function of the foot is to bear the weight of the body and to serve as a lever for its work.

"When the foot ceases to act as a lever it loses the support and control of the muscles which have balanced the weight in its proper relation to it, and the attitude of passive support must be assumed, in which the burden falls upon the inner side and the