the left, and the rule is for the prominence of chest or loin to be on the side of the concavity of the curve. Organic scoliosis, on the other hand, shows characteristically the prominence on the side of the convexity, as is well seen in the case before you.

In the greater number of cases of scoliosis the etiology is rather obscure, and we speak of it as the result of faulty habitual posture. In other and severer cases we can be more definite as to the causation. Among the more prominent factors may be mentioned torticollis, ankylosis of hip in adduction, inequality in length of legs, infantile paralysis, empyema and rickets.

As to treatment, that of the postural variety is to correct the faulty attitude, restore flexibility to the column, and then give a regular setting up drill. The prognosis is good for complete recovery. In the structural or organic variety we loosen up the spine and make an improved position possible by gymnastics, passive stretching of the spine, and forcible correction by plaster jackets. These are applied in succession, at intervals of a few weeks, until as much correction is got as seems possible, then a permanent leather jacket or other retentive apparatus is worn, removed only for exercise. In these cases the prognosis depends on the muscles being developed which maintain the corrected attitude.

The boy before you suffered an attack of infantile paralysis when one year old, leaving him with a greatly weakened right arm, and probably weakened trunk muscles. One year later it was noted that the spine was becoming crooked. He is now seven years old and presented, when first referred to me by the kindness of Dr. A. D. Aubry, a most marked right dorsal scoliosis with prominence of the thorax posteriorly on the same side. The right shoulder and left hip were both very prominent, and the boy looked dwarfed. He belonged evidently to the second class, organic or structural scoliosis. Following the usual treatment he was forcibly corrected by plaster jackets, which gave the most gratifying results. These were applied with the patient face downward in a hammock slung on a large gas-pipe frame. Three bands were applied to straighten the spine, two bracing it at the extremities of the curve (one in the left axilla and one over the left iliac crest) and one over the summit of the curve, pulling in the opposite direction. By their use the spine was very appreciably straightened and a jacket was easily applied which caused practically no discomfort. Padding was liberal over pressure joints. The boy himself was greatly pleased at the effect the jacket had in his carriage. Before, his right shoulder was much higher than his left; after the first jacket they were nearly level. He has now had three jackets at intervals of about a month. After two or three more he will be given a permanent leather jacket or other