

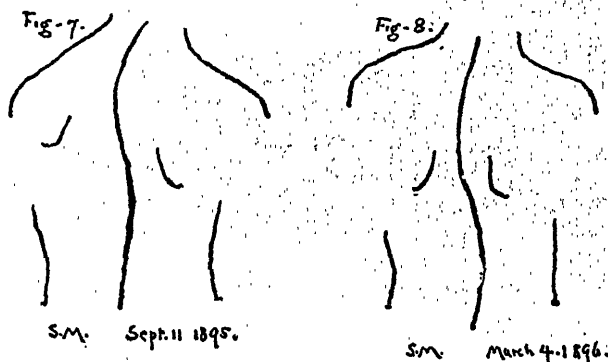
and this we find in many such cases, the exercise always having a most salutary influence on them.

In paralytic cases where there is a short osseous curve localized and fixed, the best thing we can do is often to develop a good compensatory curve and so give a general appearance of symmetry to the outline of the back.

S. M., æt. 9, consulted me September, 1895. At the age of three years he had left hemiplegia, lasting six months and gradually passing away to all appearances. About two years ago noticed while walking that left shoulder protruded.

*Examination* showed left lateral curvature high up in the dorsal region, no compensatory curve present (Fig. 7), marked dorsal rotation, flexibility greatly diminished and gorilla type of figure.

After two months' work the second tracing was taken, showing the



development of a compensatory curve in the lumbar region and the lowering and replacing of the left scapula.

The improvement continued till the 4th of March, 1896, when a third tracing (Fig. 8) was obtained, showing a further lowering and replacing of the scapula at the expense of an increase of the lumbar curve. This was the extent of improvement that could be obtained.

In the few cases where the curve is due to the uneven length of the lower extremities the shorter limb must be raised till the iliac crests are on the same level and then the muscular development can be properly attended to.

One of the most important points in the treatment of all these cases is the development of the thorax, and it is remarkable how much improvement can be obtained in this direction by appropriate movements. Among others I have found an application of Sylvester's method of artificial respiration very good. It stretches the thoracic walls and