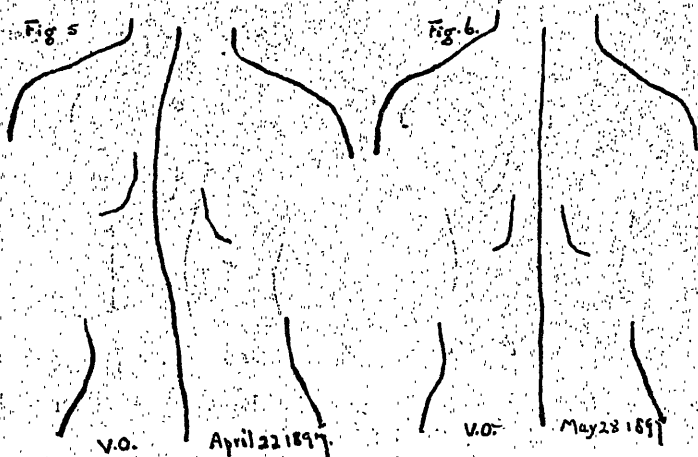


One of the disadvantages that this work has to encounter is the difficulty of keeping cases under observation for a sufficient length of time to demonstrate the permanency of the improvement or cure.

I do not wish to tire you with undue repetition but would like to quote one more example from my case book.

V. O., æt. 21, came to see me April 22, 1897. At the age of 8 years she fell down stairs and was confined to bed for three months after it. She states that ever since that she has been subject to pains in back at point of right scapula, burning or boring in character, and much worse after sitting still for any length of time. Has been unable to attend school or do any work on account of pain and fatigue after exertion.

Examination.—Ill-nourished and anæmic, flat chest and prominent abdomen, projecting chin and round shoulders, right scapula an inch and a half lower than the left (Fig. 5). S-shaped curve showing rotation



in both lumbar and dorsal regions disappearing on flexion. Flexibility good; iliac crests even in height. Patient winces on pressure over the point of left scapula and left lumbar region.

I note, under date of May 28th, she has been at work daily for one month, spine almost straight (Fig. 6), right shoulder still lower than left, improvement very marked. Occasional pains, not constant in location or duration, probably hysterical, general condition much improved. To continue daily work at home for one month and report.

June 30th. Improvement fairly well retained, pains still occasionally felt but not constant in location. She can attend ordinary work without discomfort.

In this young woman there was an undoubted tendency to hysteria,