

and generally between the ages of five and fifteen. When once the departure from the vertical has commenced, there is a tendency to increase during the growing period. There are some deformities, *e.g.*, that of bow-legs, in which there is a natural tendency to recovery; but in this of the spine, the tendency is to become worse, unless means are adopted to check its advance.

Treatment of the constitutional conditions is often of much importance, but does not call for attention here.

The use of braces, splints and jackets is to be discountenanced because of many objections. In cases of slight deformity, it is difficult or impossible to apply any instrument that will grasp the deformity and hold it in a position of rectification. If it succeeds in doing so, it can only be by an amount of pressure which produces atrophy in parts already weak, and the more so, because the pressure must be unintermitting. It more or less interferes with the functions of respiration and circulation, thereby retarding the general development, a matter of the greatest moment in these cases. Also, it may be added that the habit which has become so strong—the habit of maintaining the body in a position of asymmetry—is confirmed, because the patient learns to lean upon the support instead of trusting her own muscles to keep her erect.

A certain proportion of cases can be satisfactorily treated by gymnastics alone. If the case be one arising from habit, and if, when instructed, the patient can assume the erect position, or can produce considerable improvement by her own efforts, then much good may confidently be looked for from systematic gymnastic treatment.

It is essential to success that the hearty co-operation of the patient be obtained, and that all the work done

shall centre about the one idea of assuming and maintaining the most erect and symmetrical position possible to that individual patient. When she has learned how to assume an improved attitude, little good will result unless her confidence has been gained to such an extent as to ensure her continued effort to maintain her bettered position.

It is necessary, too, that the drill given should be frequent (daily, if possible), and should be continued for several months. It is an advantage to work several patients together in the same class, the number never rising above six or seven. Several drilling together may be made to stimulate each other to greater efforts, and the improvement effected by certain movements in any one of the number may be witnessed by the others, and become a source of encouragement under circumstances where the daily drill is liable to become irksome and monotonous.

Much may be accomplished in the re-education of the senses of the patient, and



FIG. 4.