

are ripe for the superincumbent weight to become a slowly acting but irresistible mechanical force in producing lateral deviation and rotation, at first slight in amount and easily corrected, but finally altering the shape of the vertebræ and putting upon the deformity the stamp of permanence.

While accepting this explanation of the mechanics of many cases of lateral curvature, my observations have convinced me that the primary mechanical fault in certain cases is one which has received scant attention in orthopedic literature.

Several standard works on orthopedic surgery refer to deformity of the pelvis in connection with the subject of lateral curvature, but the pelvic distortion appears to be regarded as an effect rather than a cause of the spinal deformity. Thus, in the last



FIG. 1.

edition of Bradford & Lovett's work ("Orthopedic Surgery," Bradford & Lovett, 1899), we read, "In severe cases, all the bones of the trunk may be altered and also the pelvis" (page 104); and in another place, "The pelvis is not necessarily distorted in lateral curvature of the spine, but the bones of the pelvis may, if not sufficiently unyielding in their structure, become altered by abnormal pressure or strain" (page 110). Tubby says ("Deformities: a Treatise on Orthopedic Surgery," by A. H. Tubby, 1896), page 140: "The pelvis in severe cases is much deformed. In the ordinary deformity to the right in the dorsal, and to the left in the lumbar region, the shape of the pelvic cavity is abnormal. the lumbo-sacral angle pointing to the left and encroaching to a marked degree on the left half of the cavity. . . . The wings of the sacrum and ilium on the left side are thickened and the