

the muscles, weakening of the ligaments and long continued vicious posture, that I have named it the "Scoliosis of Fatigue," in distinction to the scoliosis due to ricketts, pleurisy, infantile paralysis, uneven extremities or pelvic asymmetry.

This scoliosis of fatigue is so overwhelmingly the most frequent form that it is really the rule in practice, and curvatures due to the other causes just mentioned are comparatively rare exceptions. It is in these fatigue cases that we must look to exercise for its best results. In fact I cannot see how any other treatment can be rationally advocated. The plaster jacket has now been completely discarded and the pernicious shoulder braces that used to be found in every household are fast going into that obscurity from which they should never have emerged.

In treating a case of round shoulders we must first expand the lungs by deep breathing and so round out the flattened chest. Next the muscles of the upper back and neck must be fitted to carry out their function of holding the head in proper position; and lastly, the abdominals must be brought into vigorous action, while the correct standing posture must be thoroughly drilled into the patient that it at last becomes habitual.

Time would fail me to demonstrate all the movements that may be employed for these purposes, but I will give one or two typical exercises analysing their effects:

1. Patient standing, raise arms forward and upward, breathing in, rise on tip toes, lower arms outward and downward to sides slowly breathing out.

2. Patient prone on padded table or couch, feet strapped down, hands at sides, extend the neck trunk and arms.

These are known as straight exercises, bringing into action both sides of the body equally, and directed at group after group of muscles on both sides with the same force.

When the two sides are unequally developed the weaker side will get the most work and such exercises are quite safe even in cases of lateral curvature, just as a general tonic is of some use in all cases of debility from whatsoever cause it may be. But, just as in the use of drugs, we may get a little nearer the trouble by prescribing accurately for the exact condition, so we may also get our results more quickly and surely by striking directly at certain groups of muscles, localising the exercise to the exact region we wish to affect.

In cases where the right shoulder is low we could use the following movements:

1. Patient standing. Raise right arm above the head, left on the hip; forward head and rise.