

and can be used in moderation to stimulate muscular contractility. Our method of percussion in such cases differs somewhat from our author's, for, seeing that lateral curvature may not only be favored, but actually produced in those predisposed thereto by persistently sleeping on one side, with high pillows under the head, a great part of the treatment should consist in having the patient lie upon the opposite side so as to reverse the curves. And it is better that most of the massage should be administered with the patient in this position, for massage helps to relax contracted muscles when they are stretched, and it stimulates the contractility of relaxed muscles. The insertion of muscles implies their attachment to the more movable parts, and as their returning circulation almost always follows the course from their insertion to their origin, it would seem much better to proceed with the massage from the neck to the pelvis. Deep manipulation, rapid pinching and rolling of the muscles have much greater influence in stimulating their nutrition and contractility than the stroking of our author, which acts more upon the superficial circulation.

Dr. Landerer next uses manœuvres which act more especially upon the skeleton, the spinal column and the framework of the chest—the *redressment*. These resemble the rotation and torsion movements which have hitherto played an important rôle in the treatment of scoliosis. After this the spinous processes are acted upon by stroking from behind upwards, and by pushing them directly towards the concave side so as to equalize the curves. The immediate effect of all this is quite perceptible. Then the depressed parts of the thorax are raised by one hand gliding from the anterior aspect of the chest backwards, raising the concave side, whilst the other presses down the projecting parts on the convex side by stroking with pressure from the spinal column forwards around the chest, at the same time pressing downwards the prominent side, and thus literally remodelling the youngster. Prominences elsewhere, as under the scapula, receive special pressure. Sometimes these operations can be done better while the patient stands or bends forwards. Precise rules cannot be given, as no one case of scoliosis exactly resembles another. A well-schooled anatomical eye, therapeutical instinct, inclination to treat such cases, together with experience, will lead to accurate treatment and good results.

For special exercise of the extensors of the back the patient is placed and fixed upon the anterior aspect of the legs on a table, the body projecting beyond the edge and sufficiently supported. Then the patient elevates the trunk from the horizontal position backwards to a right angle, if possible, by energetic contraction of the extensors. We think the patient should often be assisted in elevating the trunk.

To wind up the *seance* Landerer allows the patients to suspend themselves five or ten times by means of Sayre's apparatus, the hand corresponding to the higher shoulder should then be the lower. When treatment has been continued for a few weeks active exercise is allowed by means of a basket carried upon the head with a weight of three to five kilos in it, which is supported by the hand of the depressed side.

Whilst the patient is suspended we have found it advantageous to manipulate, roll and percuss the muscles of the back; well known beneficial aids, not spoken of by our author, are rowing, sitting on an inclined plane with the higher shoulder towards the higher end so that the patient must bend in this direction and make a constant effort to keep from sliding off. Placing the arm of the side that corresponds to the convex dorsal curve across the front of the chest in an upward direction so as to relax the serratus and rhomboidei muscles, whilst the arm of the opposite side is placed obliquely downwards across the back so as to make the same muscles on this side tense, form a useful exercise by literally unscrewing the patient. With the arms in like position, the patient sitting on an inclined plane can pull the elastic bands and get still more effect as recommended by Professor Sayre.

This treatment is usually given once daily, but in difficult cases or where a speedy result is desired, it may be used twice a day.

Our author gives details of the treatment and results in eighteen cases. Seven of these he places little importance upon, as they were mild and would probably have recovered perfectly, if not so soon, under the usual orthopædic exercises. But it was quite otherwise with five of the cases, which were much worse. In these treatment was begun without any hope of improvement, only at the request of the patients. In from twelve days to five weeks there was marked improvement, they