

quite enthusiastic in the plastic treatment of this deformity. I secured by reason of my long personal acquaintance with many dispensary patients, a large contingent at my clinic. I familiarized myself with the details of the jacket, studied it as I would an art, and after a year or two acquired a fair degree of skill in its application. I treated not only my clinic, but my private patients with the plaster-of-Paris corset, and combined with this treatment certain exercises said to emanate from Mr. Bernard Roth, of London. After three years of this kind of practice I was enabled to state that I had seen the evolution of a rotary lateral curvature. So that, in 1887, during the summer, my enthusiasm had suffered such a shock that I decided to abandon the plaster-of-Paris corset as a mode of treatment. During this time however, I had employed occasionally certain other forms of steel appliances with equally unsatisfactory results. Visiting Mr. Roth, of London, I gathered from him the opinion that medical gymnastics were all that is necessary to prevent deformity, and, in many instances, to correct. This gentleman asserted quite positively that the combination of steel and plastic appliances with gymnastics, employed once or twice in the twenty-four hours, the object of which was to develop muscles, were counteracted most efficiently by steel or plastic appliances during the rest of the time.

In the fall of 1887 I began the treatment by medical gymnastics, as I had learned it from Mr. Roth, and I am happy to say that the majority of my cases have done well. I do not mean to state that many have been cured, but I do mean to state that in rare instances only has the deformity increased, or have the parents and patients been dissatisfied with the result.

During this period of eighteen or nineteen years, I have seen a large number of patients who presented a slight degree of deformity, wherein no appreciable increase has taken place even without treatment. In many instances I have recommended an out-of-door life, horse-back riding, rowing, and deportment to patients who lived in the country, and I have learned from the family physicians, years afterward, that the deformity had become scarcely appreciable, and that the cases had given them no more anxiety. I have become therefore, an advocate for an out-of-door life in young girls who were crowded at school, who keep to long hours in any capacity, and who have acquired a slovenly position in standing or sitting.

With the Swedish-movement cure I have had no extended experience. For the past three or four months, however, a gentleman, Mr. Lindhe, recommended to me very highly by Dr. Purdy, of this city, has taken charge of my charity cases at the hospital out-patient department, and has labored daily with a class numbering about thirty. The movements differ somewhat from those of Mr.

Roth, in that more force is employed. This gentleman has consented to bring a number of my patients here this evening and show you his method. The testimony of the parents and girls themselves is that they have improved. The gentlemen present will agree with me that the only way to predicate any results would be to examine carefully with a scoliosometer, and repeat the examinations months or years afterward. The difficulties attending a careful measurement are so great that I have come to rely upon a few salient points in the way of record, and upon the eye in determining the amount of improvement or the reverse. My results, then, are measured in this way.

The foregoing remarks are necessary, I think, to a proper study of the subject in hand, namely—The Prognosis of Lateral Curvature in Young Girls. The family physician is, or ought to be, consulted quite early any kind of deformity. The deformity now under consideration is usually first observed by the dressmaker. The attention of the parents is called to inequality of the two sides. One shoulder-blade projects a little more than the other; one hip may be higher than the other, and the dress skirt on one side must be a little longer. There is, in a word, a lack of symmetry.

The different methods of treatment discussed are sufficient to encourage the practitioner in the management of his cases. It is sufficient, thus, to be forewarned.

The average physician can recognize an early case of lateral curvature, provided he take the trouble to examine. The following method, I think, will enable anyone to discover a curve, however slight. Let the patient be stripped down to the hips, not the waist-band, but down to the hips; let the skirts be fastened around the pelvis just above the trochanters major; have the shoes removed, let the patient stand in stocking-feet; then let a good light be brought to bear upon the back. Any lack of symmetry can be easily recognized. One wants to note the position of the scapulae, whether one is on a higher plane than the other, whether one is farther removed from the spinous processes or the vertical bearing than the other, whether one projects farther backward than the other. Examine the tips of the shoulders to note whether one shoulder is higher than the other. Compare the ilio-costal spaces, note whether one is deeper, or whether the curve is longer than the other. Finally, the deviation of the spinal column itself, the locality where the deviation occurs, and the projection of the ribs on one or the other side should be noted. A front view can be had, which will enable one to determine any rachitic changes in the sternum or any inequality of the mammae. In lateral curvature it must be remembered that one mamma is larger than the other, and the larger mamma corresponds to the side on which