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LATERAL CURVATURE OF THE SPINE (SCOLIOSIS).¹

By PAUL BERNARD ROTH,
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WHEN a child begins to hold herself badly, stooping over her lessons, slouching at meals, when her mother is telling her continually to sit up straight, she is described as suffering from *stoop* or *round shoulders*, these terms being synonymous.

Such a condition may or may not lead on to *lateral curvature*, but one never finds lateral curvature present without a certain amount of stoop. When there is lateral curvature it is customary to label the case as such, and the stoop is regarded as a subsidiary symptom and allowed to fall into the background. But it is there all the time and has to receive treatment along with the lateral curvature.

In the following description this should be borne in mind.

¹ This paper is based on a demonstration given to the members attending a Post-Graduate Course at the Miller General Hospital in July, 1931.

General Causes.—The cause of these conditions is a weakness of the whole of the structures of the body—bones, muscles, fasciæ, ligaments, &c., a condition which is very well described by the term “skeletal insufficiency,” combined in the majority of cases with long-continued sitting and standing in stooping or relaxed positions, such as standing on one leg, sitting writing, reading or sewing with the trunk twisted to one side or with the thighs crossed. The position of writing as generally practised is specially to be blamed; while rapid growth, onset of puberty and unsuitable clothing are contributory causes.

Some of the worst cases of scoliosis follow an attack of infantile paralysis affecting the spine, which produces “skeletal insufficiency” in its most aggravated form.

American surgeons prefer “intrinsic muscle imbalance” to “skeletal insufficiency”: but this presupposes that it is the muscles only which are at fault.

DEFINITION.

Lateral curvature of the spine, or scoliosis, is an acquired deformity occurring in