

**LATERAL CURVATURE OF THE
SPINE, ITS PATHOLOGY AND
TREATMENT BY THE PORO-
PLASTIC JACKET, PARTIAL
RECUMBENCY, AND EXERCISES**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649347384

Lateral Curvature of the Spine, Its Pathology and Treatment by the Poro-plastic Jacket, Partial Recumbency, and Exercises by William James Tivy

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Cover @ 2017

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WILLIAM JAMES TIVY

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ITS PATHOLOGY; AND TREATMENT BY
THE PORO-PLASTIC JACKET,
PARTIAL RECUMBENCY,
AND EXERCISES.

BY

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LONDON:

HAMILTON, ADAMS, & CO., 32, PATERNOSTER ROW.

BRISTOL: L. E. CHILCOTT, 26, CLARE STREET.

1885.

1536. e. 8. ✓

RESPECTFULLY DEDICATED TO THE
MEMORY OF
MY LATE FRIEND AND PARTNER,
MR. CHARLES GREIG, F.R.C.S.,
OF CLIFTON.

P R E F A C E .

IN this small work, I have endeavoured to lay considerable stress on the necessity for early and assiduous treatment of lateral curvatures of the spine, as doubtless, it is the experience of most surgeons that parents and guardians of young girls (for undoubtedly it is in the female sex that we see by far the larger number of these cases) seem very frequently to overlook even the growing out of a shoulder, which can hardly be considered a very early symptom, or the habit of persistently sitting or standing in awkward positions; or if they do notice any of these defects, as a rule the child or ward is reproved, as if it were in the power of the sufferer, by her own unaided exertions, to remedy the complaint; and, early surgical aid being neglected, permanent curvature is frequently allowed to take place, which surgical treatment, however judiciously followed out, is unable in many cases entirely to remove. I have also drawn attention to the danger of the term

“Weak Spine,” which is so often applied to cases of Incipient Curvature, which have not been recognised as such by the surgeon in attendance. Attention is also drawn to the fact that cases of lateral curvature, in order to be successfully treated, must be seen by the medical attendant at short intervals. It has been too much the custom to make the treatment of the spine a speciality, whereas the treatment which I advocate comes within the reach of every practical surgeon, and has been pursued by me for the past six years with almost unvarying success. The treatment which I adopt is, in great part, that of self-suspension by Sayre’s tripod and the use of the poro-plastic jacket, which I have applied, with or without suspension, nearly three hundred times. Partial recumbency, and the systematic use of properly regulated exercises enter largely into the system of treatment.

I have to thank Mr. W. Adams for his great kindness in permitting me to use several of his plates.

W. J. T.

8, LANSDOWN PLACE,
CLIFTON, *December, 1884.*

CONTENTS.

	PAGE
PREFACE	v.
CHAPTER I.	
INTRODUCTORY	1
CHAPTER II.	
LATERAL CURVATURE.—ETIOLOGY	5
CHAPTER III.	
SYMPTOMS OF LATERAL CURVATURE	32
CHAPTER IV.	
PROGNOSIS AND TREATMENT	37
CHAPTER V.	
CASES OF LATERAL CURVATURE	62

11

12

13

14

15

16

17

18

19

CHAPTER I.

INTRODUCTORY.

THE spinal column consists of twenty-four vertebræ, besides the sacrum. The bodies of the vertebræ, except the first and second, are separated from each other by intervertebral fibro-cartilages, which act as pads to withstand shocks, and permit of a certain amount of articulation between them; the chief articulatory processes are, however, situated on the transverse processes, and are behind the bodies of the vertebræ, and when the human body is bent to either side, as Mr. Adams remarks, pressure is exerted upon these processes, and thus the structural changes seen in these articular processes in severe cases of lateral curvature are accounted for. The spinal column is about two feet in length and, observed laterally, it presents several curves — the Cervical, the Dorsal, the Lumbar, and the Pelvic. The Cervical is convex in front, and is not well marked; the Dorsal is