

Jay, Joëqueline  
1928

(B. -1923)

(2<sup>nd</sup> child of 4)  
1928

(Apr. 1928)

Height

Weight

Health - very active, somewhat temperamental, mind more active than a tight body especially in rib cage, abdominal protrusion with ptosis, constipation in mild degree, suboccipital muscles tense, poor coordination, things continually drop out of her hands, child has naturally fine sense of rhythm and grace of movement but body is stiff in dorsal spine.

History - lived in France as small baby, not much sunshine, whooping cough at one year, tendency to rickets following

Jay, Jacqueline

Progress.

1928-29

Apr.

Lessons given on mercury table. enjoys them very much. Very little response in rib carriage. No idea of intercostal or sternal group. Love all ex. given. Kice & swell knees bicycle, open & shut, pony roll, lolly, knee-elbow, birdhouse tower, humpty dumpty, lifting legs & head face down. Likes visual objects, sponge, H.D., perfume bottle,

May

a little gain has been made in the 2 months.

Nov. 15

Lessons once a week resumed. Child a little less responsive, more desire to annoy, does not enjoy lessons as much as in spring. Body improved by the summer but dorsal spine and ribs have a feeling of fixation to teachers touch, and body is held with the same rigidity.

Dec. }  
Jan. }  
Feb. }

Slight improvement in spite of continued growing dislike for lessons. Increasingly difficult to manage at home and at school. Delights in annoying.

Jay, Jacqueline

1929

Feb 21. Examination by Dr. Perrin T. Wilson

Left lumbar curve (still functional) compensated in dorsal area

Legs same length.

3<sup>rd</sup> rib lesion (rib drawn upwards on rt. side)

Muscle tension greater in rt. lumbar area

" " " in left dorsal " (2<sup>nd</sup> to 7<sup>th</sup>)

Rt side suboccipital muscular group tense

occiput free - entirely muscular contraction of above (sub occipital)

Expansion lower chest greater than normal - ptose with this condition

Upper chest narrow

Ex. advised - face downward on table - lift head backwards

May 16 Treatment by Dr. Wilson

Lumbar curve gone - abd. protrusion less

Curve at 4<sup>th</sup> & 5<sup>th</sup> dorsal, a little flat, needs to be increased.

3<sup>rd</sup> rib lesion - a little tension - but very much improved

Much more flexible in upper dorsal area.

Day, Jacqueline

Progress

1929

Feb 21

Treatment by Dr. Wilson

corrected 3<sup>rd</sup> rib lesion and immediate change came in flexibility of spine and rib carriage. Other minor corrections early made.

April

Child responded immediately in days following treatment. Behaved better at home and school, and also <sup>begin</sup> to enjoy posture lesson. Change made in time of lessons from three to two o'clock. Dislike nap and never sleeps so is much pleased with idea. Nurse changed also and result is very evident, present one is perfect type for child.

May

Spine has been so much more flexible following treatment. It is now a joy to teach the muscles and weaker ones are building.

June

Response in lessons all that can be asked of child this age. Mother says she is a changed individual.

Oct.

Lessons resumed - once a week at nap time.

Nov. 22

Best have ever seen her. More flexible in rib carriage. Very quiet during lesson.

3) Say, Jacqueline

1929

May 16  
(cont'd) Much less spasm in neck muscles.  
Rt. shoulder little high (secondary thing) cause - suboccipital group.  
Dr. very much pleased with child's general improvement. Shows  
in expression of face and manner.

3)  
Jay. Jacqueline

Progress

1929-30

Jan 16

Is stiff in movements of the piano. Mother says she continues awkward at the table. Have changed her to a lower chair. It will help her to use her lower back muscles to a greater extent, and get the grip in her pelvic muscles. Is not as flexible in rib carriage as before Christmas. More mischievous again. (Fatigue from school? Rhythmic work at school?)

like to Dr. Wilson (Wch 21-29)  
much more flexible in upper dorsal  
" less space in cervical  
little of 3<sup>rd</sup> of lumbar left  
lumbar curve gone  
abd protrusion less  
little flatness 4<sup>th</sup>-8<sup>th</sup> dorsal  
rt shoulder little high (secondary  
to suboccipital group)

rt shoulder still little high  
tight from occiput to shoulder  
lumbar. - o.k.

Jacqueline Fay