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tact and patience are required, and the same general principles must be followed, as in dealing with other hysterical manifestations.

In another paper<sup>(2)</sup> the writers have dealt with the relation of chorea to orthopedic treatment. Successful orthopedic work requires the application of therapeutic gymnastics to a large number of conditions, and the value of this means of treating cases of chorea which have reached a sub-acute or chronic condition, and have ceased to improve under other treatment, is well established. In cases of chronic chorea "the central nervous system has acquired an ataxic habit which demands its re-education, so that the impulses sent out may be subject to the will, and be made to affect only the group of muscles intended to act in harmony for the accomplishment of a desired end. The effort to make movements in harmony with those of others whose circumstances bring them into a sympathetic relation with the patient, the influence of example, and the force of the kindly but positive word of command given by the instructor, afford the needful aid and stimulus to accomplish the desired result." (2)

Laryngismus stridulus is occasionally encountered as one of the manifestations of rhacitis, the latter disease furnishing much orthopedic material.

Patients suffering from locomotor ataxia sometimes apply for treatment. They come in the early stage of the complaint, before a diagnosis has been made, under the impression that they are suffering from some weakness or lameness requiring ortho-pedic management. The only special treatment likely to prove of service is suspension and systematic training, one or both, and good results from the employment of these resources have been reported. These patients may also seek help at a later stage of the malady because of the development of a spinal arthropathy affecting the knee or one of the other large joints, this condition being commonly called Charcot's joint disease. Mechanical treatment designed to give the affected joint protection and functional rest may be of benefit. At the present time we have under observation a case of Charcot's disease affecting the knee, which we first saw about a year ago. The patient presented unmistakable symptoms of locomotor ataxia. Locally, the knee was enormously swollen and of little use, and coarse grating was easily detected when the joint was moved. Under mechanical treatment the swelling soon subsided very greatly and the patient was rendered much more comfortable. In this case, however, there was a history of syphilis, and the coincident constitutional treatment may have had much to do with the favorable result.

The arthropathy of syringomyelia may also bring this rare disease under observation; or the victim of this disease may seek advice because of the altered sensibility and muscular atrophy which accompany it, or on account of a coincident lateral curvature of the spine, which Howard Marsh states has been observed in nearly half the cases of syringomyelia.<sup>(3)</sup>