

knee, being again extended, and this must be done slowly, the heel is then put into the next notch. This exercises, the co-ordination not only of the flexor and extensor groups, but of the abductor and adductor groups as well. These should also be varied frequently. It is well not to allow a patient to go through one exercise more than four times lest he wearies of it and does it negligently; keep changing them in order to keep his attention. This is a very important part in the re-education.

*Exercises in the sitting posture.* In patients who are unable to walk such exercises as flexion and extension of the thigh, especially adduction of the thighs, placing the foot on the floor firmly, etc., extending and flexing the knee, placing the feet in footprints marked on the floor. The patients should be fully dressed and wear stout boots in doing these exercises.

In every case, however, we should practice such important movements as rising up and sitting down. In severe cases the attempt to rise from a chair is very awkward. The patient makes futile efforts by moving the body in one way and another, but it seems not to occur to him to make the necessary movement of drawing his feet back and under his body and bending his body forward so that the centre of gravity comes in front of the ankle joints, as soon as he is reminded of this he usually learns to get up within a few minutes. When sitting down the patients simply let themselves fall into the chair whenever they try to sit down without leaning on the arm rests. This is the result of neglecting to bend the body forward while flexing the knee and hip joints. These movements may be practised in connection with the walking exercises.

For these exercises I have had this strip of linoleum marked out in longitudinal and transverse lines to represent an ordinary long step of 28 inches. This has been subdivided into half and quarter paces. At either end there is a diagram for teaching the patient to turn, a movement in which they usually have a good deal of trouble.

Patients should be lightly dressed. Women should wear Knicker-buckers at first and all should wear high laced boots to strengthen the ankles.

There is always a tendency for these patients to try and walk too fast, this, and a tendency to outward rotation of the legs must be corrected. He must walk slowly and carefully, watching his feet and putting his toes just to these transverse lines. It is well to start with quarter or half paces only taking a full pace when more proficient.

Side stepping also may be practised on this diagram and it is a good thing to have several patients practising at the same time so that they may learn to avoid each other readily, as one has to in the street.