

popliteal space a fibrous band, which felt not unlike the tendon of a new muscle. On both knee joints there are scars, firmly adherent to the bone, and bearing the impress of once deep-rooted suppuration. The tendons of the flexors in both legs were well defined, and gave the feel of contractile firmness not readily to be overcome. Both legs were exceedingly attenuated, the bony structures being well defined, anteriorly and posteriorly. The right foot only touched the ground by the toes, and the uplifted heel presented a well defined non congenital talipes-equinus, nothing however in particular characterising the trouble, except the extended position of the foot, and retraction of the tendo-achillis, unconnected either with an affection of the spinal cord or its investments, as is most usually the case. In fact the condition of the foot was the result of a *process of accommodation*, extending over several years, during which time volition, in as far as the extensor muscles of the leg were concerned, was in a great measure lost or suspended. The hip joints were perfectly healthy, and he could kneel erect with considerable ease and comfort. Locomotion was accomplished by placing the palm of the right hand on the ground, inclining the body to the right side, resting on the toes of the right foot, and moving forward the left leg as far as possible, thus with the body in a bent condition resting chiefly on the toes of the right foot as a pivot, and the motion imparted by means of the left leg and right arm, he made his way rapidly in tripod style.

In June, 1866, the right thigh was fractured about the centre by accident. Union was speedy, but owing to his restlessness and difficult position, shortening took place, fully an inch and a half, with all the care that Dr. Valade, the family physician, could bestow. On the 19th of April, 1867, in the presence of a number of medical gentlemen of Ottawa, chloroform being administered, the tendons of the semi-membranosus, semi-tendinosus and biceps of either leg, as well as the fibrous popliteal bands were divided subcutaneously, the extremities being immovably fixed in a position directly reverse, as far as possible, to the existing deformity. The wounds were at once closed with small pieces of lint and adhesive plaster, and bound up for five days, when the after-treatment was commenced, as the wounds were perfectly healed. The limbs were now extended as forcibly as the patient would submit to without chloroform, which he most positively refused to inhale. So far considerable extension was accomplished, notwithstanding the adverse circumstances.

Owing to the extensive nature of the deformity, I resolved as far as possible to overcome it after this stage, by daily manual