

a large part of the adductors of both lower extremities at a single operation with benefit to the patient. It is a little difficult to explain satisfactorily just how the operation acts, but it is a clinical fact that a very marked improvement is frequently secured.

Mary M., aged twenty-nine years, first consulted us September 13th, 1896. Always delicate up to twenty years of age, but at time of consultation in body, intellect, affections, etc., seemed a strong woman. Both legs and right arm were markedly spastic, also some of the muscles of the trunk and neck. Adductors of thighs were strongly contracted, but she could voluntarily separate the knees somewhat. Hamstrings and peronei very spastic, causing flexion of knees and great pronation of the feet (flat foot). The slightest excitement, or the entry into the room of a stranger or new acquaintance would excite violent, uncontrollable contractions of the affected muscles, jerking the extremities and trunk in a manner which was distressing to onlookers as well as to the patient. She had never stood on her feet and could not use crutches. Massage and efforts at training, continued for three months, produced some degree of improvement, but not much. Mechanical appliances were then tried, but they were hardly applied before the spasmodic contractions of the muscles became so violent that they had to be removed. The patient and her friends were much opposed to operative treatment, but seeing the hopelessness of other methods, finally consented to observe the effect of an operation on the muscles of one foot. On December 30th, 1896, we divided the peronei, tendo Achillis and extensor longus digitorum of right lower extremity and put the foot in the varus position in a plaster of paris dressing. The dressing was removed in three weeks, and the improved position, together with the relief from spasm, were so marked that she very readily consented to further surgical treatment. She preferred to have one group of muscles dealt with at a time so that the operative treatment was spread over several months. The muscles or their tendons divided included a large portion of the adductors, all the hamstrings, the peronei and tendo Achillis on both sides; the sartorius on one side; the extensor longus digitorum on one side, and the flexor tendons of several of the toes on both sides. Improvement followed each operation, and although the long confinement and repeated operations told somewhat upon her general condition she improved readily after returning to her home in the country. At home her friends persevered faithfully in efforts at training according to instructions given them. We saw her again on September 11th, 1897, at which time the violent spasmodic contractions, which were one of the most distressing features of her case, had practically disappeared. About a month ago (November 28th, 1897) her brother reported that she was steadily improving, could walk a few steps by simply supporting one of her arms, and that she intended soon to return to Toronto to see what could be done by surgical treatment for the affected arm.