

gratifying degree of success. In spastic paralysis a very considerable gain may sometimes be secured by corrective manipulation of the affected extremities, combined with massage and muscular training. "The patient may be trained to use the limbs better than he has been doing, just as a person who stutters can be improved by systematic and repeated exercises."⁽¹⁾ In patients who are able to walk the gait can certainly be improved by judicious and long-continued training in the use of the limbs in walking.

Clara G., aged thirteen years, was brought for consultation in June, 1892. Physically well developed but mental development imperfect, and the mental defect was plainly evident in the expression of the face. The adductors of thighs were strongly contracted and the child walked with the knees and thighs flexed and the femurs strongly adducted. Operation was advised but refused, and the patient was taken to other surgeons who advised against operation. Finally the patient was placed in our class in therapeutic gymnastics for three months, at the end of which time the effect of training was readily perceptible in a very marked improvement in the power and manner of walking. Operative treatment is required in many cases, and the results, while perhaps not brilliant, are certainly well worth the inconvenience and suffering imposed. If the feet are held in the equinus position by the spasmodic condition of the calf muscles, so that the patient is obliged to walk upon the toes, it will be admitted without argument that he will walk better if the heels be brought down so that he can bear weight upon the soles of the feet, and the locomotion of the patient will be correspondingly improved if the flexion of the knees and the powerful adduction of the thighs be also overcome. Operative treatment consists chiefly in the performance of tenotomy, fasciotomy and myotomy, usually followed by the use of such dressings or appliances as shall for a sufficient time maintain the parts in a position opposed to the deformity. To accomplish the greatest possible benefit the operation must be thorough and often extensive, and the open incision will sometimes be preferable to the subcutaneous. We have divided the tendo Achillis, the peronei, all the hamstrings, and



FIG. 1. SPASTIC PARALYSIS.
O. B., 9 years. Position assumed when trying to stand.