

thus unbalanced, and if this position be maintained for a considerable length of time, there will be permanent deformity; for example, if the anterior tibial muscles be so disabled relatively as to permit the calf muscles to lift the heel unduly, the maintenance of that position will result in a permanent contracture of the posterior leg muscles and a condition of equinus will result, which may not be remedied without operative intervention.

In thought and in practice a clear distinction should be observed between such deformity and the paralysis which allowed it to occur. The usual tendency of the paralysis *per se* is toward improvement, while at the same time the deformity is likely to be increasing; hence, it may easily result that while the muscle power is really improving the disability of the part may be growing worse.

An important observation at this point is that such a result may very largely be prevented. The physician can do but little to aid in relief of the paralysis directly, but he should be held responsible for preventing deformity. His knowledge of the history and course of the disease should enable him so to prognosticate the future as to be able to adopt preventive measures. There are many patients totally unable to walk, prevented not by the severity of the paralysis, but by the resulting deformity.

Case 1.—P. S., a girl 11 years old, infantile paralysis in her first year; has never walked; right leg flexed at the knee to a right angle. When deformity was corrected the leg found $3\frac{1}{2}$ inches shorter than its fellow. After correction of deformity and furnishing a boot with 3-inch cork elevation learned to walk in a few weeks.

HIP DISEASE.

In nearly all cases of hip disease there is a marked tendency toward flexion and adduction as the case continues. Many patients are found after recovery from the disease who are greatly disabled because of deformity and needless shortening. To prevent this while the patient is under treatment is a simple matter; to correct it afterward may entail a serious operation.

During the early months and while hip disease is acute recumbency should be maintained. No brace or mechanical appliance can be employed which will secure rest for the diseased joint