

case of a girl we had in the hospital about a year ago, who had fatty degeneration of the muscles of the leg.

With regard to the treatment proper to be adopted in cases of the incomplete form when the limb is in the bent position—in most books you are told to divide the hamstring tendons, but this is only necessary in the muscular form, or it may be necessary when the fibrous and muscular forms co-exist. The treatment of the uncomplicated fibrous forms is simple, and such as you have often seen me have recourse to in the hospital. The plan is to bring the limb into the straight position by forcible extension, under the influence of chloroform; a good deal of force is often required to effect this, and you often hear loud cracks as the fibrous bands and adhesions are ruptured. When you get the limb straight it must be placed on a long splint for a few days, after which it may be put up in a starch bandage and the patient allowed to move about.

In the congenital muscular form it is generally necessary to divide the hamstring tendons; in some cases you may succeed in bringing the leg straight, after a long process of splints and screws, but it is always doubtful. The outer hamstring is the one generally most affected; some little care is necessary in dividing them, especially the inner one, which is often in close relation to the popliteal artery. After having divided, then you may let the patient rest for two or three days, and then bring the limb straight as in the other form. When the disease is of the hysterical kind, it will be proper to use forcible extension and constitutional remedies, aloes, the shower bath, and such remedies as are calculated to relieve the constitutional disorder, and the same rule is to be observed in all cases where the disease is due to constitutional causes.

It might be thought that forcible extension would be likely to set up inflammation in the joint, but such is not found to be the case; the synovial membrane resembles the serous membranes in this respect, and they appear to undergo some change in disease which renders them less sensitive to causes that would in health produce inflammation. We know that in health we cannot puncture the peritoneum without danger of producing inflammation, but in disease, in dropsies for instance, it may be punctured time after time without producing any such result. The synovial membrane appears to become modified in a similar way during disease, and you may, therefore, extend the joints without danger; indeed it is astonishing what liberties we may take with a joint under such circumstances.

After having brought the leg into the straight position, it often happens that the head of the tibia is thrown a little backwards, and that the