

case was one of mental obliquity, I proceeded to examine her, insisting upon such disrobing as would fully expose the body for examination. As each request was made that she would raise her head, that she would stand up, that she would do so unaided, that she would walk, there was a mild protest, both she and her lady companion assuring me that she was unable to comply. Examination revealed healthy thoracic and abdominal organs and a normally mobile spine. She was rather pale, but had good flesh and muscles fairly well developed. Within half an hour from the time when her examination commenced, she walked up two flights of stairs to a ward in the hospital, and was encouraged afterward to walk about. After about three days she was taken in to the orthopedic gymnasium and given light work every morning, this being gradually increased from day to day. No medicine was administered, but the directress of the gymnasium was informed of the nature of the case, and reminded that discipline and a constantly increasing amount of work faithfully done would be essential to success. About six weeks afterward she returned home having regained power and confidence in the doing of all her ordinary duties. During the last two weeks of her attendance she boarded with friends at a distance from the hospital and came in alone every morning. Before being sent away she was fully warned of her tendency and of the influences of her home surroundings. Quite recently I learned that she continues well, and that she is too busily engaged with home work to find time to dwell upon her own aches and pains.

CASE 2.—In June last, Dr. F. C. Mewburn consulted me about a young woman 19 years of age, who had had typhoid fever in January and February, 1898. After recovery she was unable to walk or even stand. This inability continued during the spring and summer, and through the succeeding winter she was carried from her bed to a wheeled chair and back again to bed, etc. The patient is a pale, rather anemic and dull looking girl. The knees are flexed and maintained at an angle of 150 degrees, permitting of but very little further flexion. The feet are maintained in a position of equinus at an angle of about 120 degrees. There is considerable tenderness of the limbs, especially at the joints, when any effort is made to move either the ankles or knees. The feet and legs being maintained in this position it was impossible for her to stand up, even though there were no paretic condition of the muscles. There is loss of patellar reflex, some anesthesia and paresthesia of the limbs, and slight ptosis. As the applicant was unwilling to take an anesthetic, mechanical means and massage were employed to effect a rectification at the knees and feet. After correction of the deformity she was assisted to walk, was soon given crutches and placed in the gymnasium every