the surgeon here, Mr. B. Broadhurst, (author of the works on club-foot and spinal curvature), on stating that cases of the kind did not appear to be very common in Canada, that it was the same here before the establishment of the hospital, but afterwards that people came from all quarters to be relieved; some even from Liverpool and other large cities in the central and northern parts of England,—there not being another in any of those places. I have been present very frequently at the treatment of the out and in-door patients, as well as at the operations. The hospital being as yet but small, can accommodate but few, the most being out-door patients. There are on an average from 40 to 45 a day,—the place is literally crammed, many not having seats.

It would be useless for me to describe the surgical operations as they are treated of in every work on surgery, and moreover, here they are not by any means considered as the most essential part to be attended to. It is the after treatment that must be depended on. I may here mention that they never operate twice even when the tendon has to be stretched two inches or more, the one being quite sufficient. Whereas, in the first hospital in London, three weeks since, I saw two or three tendons divided which had been previously operated on during last fall.

The treatment for talipes equinus is after the tendo achilles has been divided, to place the foot in the same position as it was before by curved splints, and then bandage up. The patient should keep the knees a little bent, and rest is better to be enforced. The natural heat also requires to be kept up by appropriate covering. On the fourth or fifth day after the operation Scarpa's shoe may be applied, it must be fitted to the angle at which the foot may be at the time of operation. Extension is now to be made slowly, and gradually increased until the heel is sufficiently depressed, and the foot flexed until it makes an acute angle with the leg. In children, when the muscles are healthy, three weeks will be generally sufficient to stretch the tendon. In paralytic cases longer time is necessary on account of the state of nervous energy and muscular debility. Extension should be made equally, whether slow or rapid, that the tendon may be equally strong, after five or six weeks the process will be completed, and the foot may be brought into use, the patient being furnished with a support attached to the shoe, having a stop-joint corresponding to the ankle, to prevent its being too much extended.

There is generally distortion of the toes more or less accompanying this deformity, but it seldom requires a special operation for removal. It being remedied when the foot is placed into its normal position, although some of the tendons will require at times to be divided.

The after-treatment of talipes varus does not differ much. It requires first to be reduced to T. Equinus, and then proceed as previously direct-