was ap[illegible]. After all these structures were divided, the tendo-Achilles was cut and the foot brought into a position of over-correction by means of the wrench. Very considerable force was necessary to do this. Iodoform gauze was applied to each puncture, the incision closed and a plaster of Paris dressing applied.

The result forty days after operation is seen in Photo 2. The sole of the foot is flat on the ground. The toes are straight and freely movable, and the range of motion in the medio-tarsal and ankle joints is very nearly normal. The bursæ on which the patient walked now adorn the dorsum of the foot, but, as their usefulness is ended, they will gradually disappear. There is little doubt the patient will have a very useful foot. A light ankle brace, fitted with a check action joint, will be worn for a little time to prevent currence.

The knock-knee was corrected on Nov. 9, 1894, by cutting through the femur subcutaneously just above the joint. There was no rise of temperature after the operation, nor any symptom to cause anxiety.

In treating these cases of infantile paralysis in their early stages, it is important to remember that deformity can usually be prevented by suitable orthopedic treatment. There is no doubt that all the very terrible deformity of this patient could have been prevented by suitable massage, passive motion and electricity, combined with a very simple walking brace with an elastic band to supply the place of the deficient peroneal and extensor muscles. The knock-knee I consider to be a secondary result of the neglected foot, an attempt by Nature to correct the centre of gravity.

A Peculiar Fracture of the Clavicle.*

BY DR. J. J. CASSIDY, TORONTO,
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LAST October 23rd, 10 p.m., Mr. B——, aged 17 years, presented himself at my office with a fracture of the right clavicle. The accident had been caused by direct violence during a game of foot-ball, in which he was one of the participants. The game was played at night, the field being lit up by the electric light. The bone was broken into three fragments—an acromial and a sternal piece, each of about equal length, and a central piece an inch in length. This central piece had been wrenched from its bed, and could be felt beneath the skin like a sharp fragment presenting in a vertical direction. No efforts that I could make, assisted by Dr. W. H. B. Aikins, who kindly responded to my call for counsel and assistance,

* Read at meeting of Toronto Clinical Society.