

never be told. There are, perhaps, without any exaggeration, thousands of children on this continent and in Europe to-day, the subjects of Potts' disease, wearing this simple and inexpensive apparatus, and moving about with comparative ease and comfort, who otherwise, by reason of their poverty, would have been doomed to a miserable existence and an early death. So in the treatment of other surgical diseases there is a constant and growing desire on the part of our profession to simplify plans and economize material. I have treated to a successful issue more than one case of hip-joint disease in the house of the poor laborer, and I am convinced that the total cost of the apparatus employed throughout a long illness would be covered by one dollar; and in this experience I know I am not singular.

In the treatment of club-foot also, there has of late been a disposition on the part of surgeons to disregard the complicated and expensive shoes hitherto in vogue, and to substitute a simpler and often more common-sense form of dressing. Thus in the out-patient departments of the great London Hospitals, these deformities are treated by tin, or pasteboard, or felt splints, which are so easily moulded, and later, perhaps, by a gutta percha boot. I had an opportunity, when in London, of watching a number of cases treated in the Children's Hospital, by the tin splint, adapted, in the case of varus, or equino-varus, to the outer surface of the leg and foot. I saw children in whom this treatment had been followed by very admirable results. I noticed, however, that the ordinary bandages employed were constantly becoming loose and ineffective, and the treatment was on that account often most unsatisfactory. In the winter of 1877, I happened to have under my care in the General Hospital some five club-feet of the equino-varus variety, which gave me an opportunity of testing several modes of dressing. I found that I obtained the best results from a combination of *strapping*, such as that recommended by Bryant, and the *gypsum bandage*, having performed tenotomy when and where required. My original method I have since modified in a slight degree. I will proceed, with your permission, to describe in detail the plan which I now almost universally adopt.