

cuboid. Large bursæ had developed over these bones, which are well shown in Photo 1 before operation and in Photo 2 after operation. The planter, muscles and fasciæ were also greatly contracted, so much



PHOTO 1.



PHOTO 2.

so that the great toe was brought within four to five inches of the heel. See Photo 1. The man had suffered very much and very frequently from severe pain in the bursæ on which he walked; but being of a very determined disposition, he had persisted in going about and had often worked at heavy laboring, at one time acting for a considerable period as a driver to a coal dealer and having to carry the heavy coal bags in which coal is frequently delivered in this city. The affected limb was $1\frac{1}{2}$ inches shorter than its fellow and considerably atrophied, as can be seen in Photo 2.

With the assistance of Dr. A. J. Geikie, the correction was made on September 15, 1894. Every precaution was taken to prevent sepsis, the limb having been scrubbed and shaved the previous night, and wrapped in absorbent cotton, saturated in a carbolic acid solution 1 in 20. An open incision two inches long was made over the posterior tibial artery, midway between the internal malleolus and the tendo-Achilles. Through this the tibialis posticus and long flexor tendons were divided, the tibialis anticus and plantar fascia were cut subcutaneously and an attempt made with a powerful wrench to bring the foot into position, but the resistance of the short plantar muscles and of the deeper ligaments was so great that it was found necessary to cut every tendon on the plantar surface near its insertion, and many of the deep ligaments were also incised. This was all done subcutaneously with a very small, blunt-pointed tenotome, great care being taken to avoid the plantar arch, which, fortunately, we succeeded in doing. Before these short muscles were cut, it was very interesting to see how the toes were contracted like hen's claws as the wrench