

when the parts were put upon the stretch by extending the feet. After the completion of the operation it was found that the incision had been carried down to the bone in both feet. The artery and nerve were both divided in the right foot accidentally; but in the left they were carefully guarded. The long calcaneo-cuboid ligament was not divided, as it offered no resistance; otherwise it would have been cut. The tendo Achillis was divided subcutaneously. I would suggest the use of Esmarch's bandage in all cases of the kind. The wounds were dressed daily with balsam peru and oakum, and the feet kept extended upon a foot-rest which I devised for the purpose. A glance at the cut (*see Fig. 2*) will furnish a correct idea of its construction.

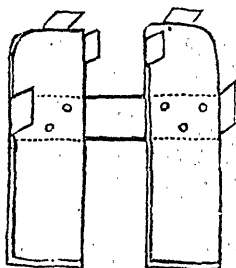


FIG. 2.

It consists of two boards the length and width of the foot, a little narrower at the heel than at the toe. screwed upon a plate of band iron one and one-half inches (38 mm.) and ten inches (25.4 cms.) long, the ends of which are turned up, projecting two inches (51 mm.) above the board, and just in front of the external malleolus. Another piece of the same iron is attached behind the inner malleolus. A leather loop is fastened at the end of the board, through which a bandage is passed and carried over the instep to prevent the foot from slipping back. The board and projecting irons are carefully padded. A few turns of a roller bandage secures the heel between the two fixed points. Now the bandage is carried over the instep from without *inwards* under the board, then between the board and foot from without *inwards*. Turn the bandage back over the foot from within *outwards*, and the toes can be drawn outwards to the desired extent, the foot being used as a lever between the fixed