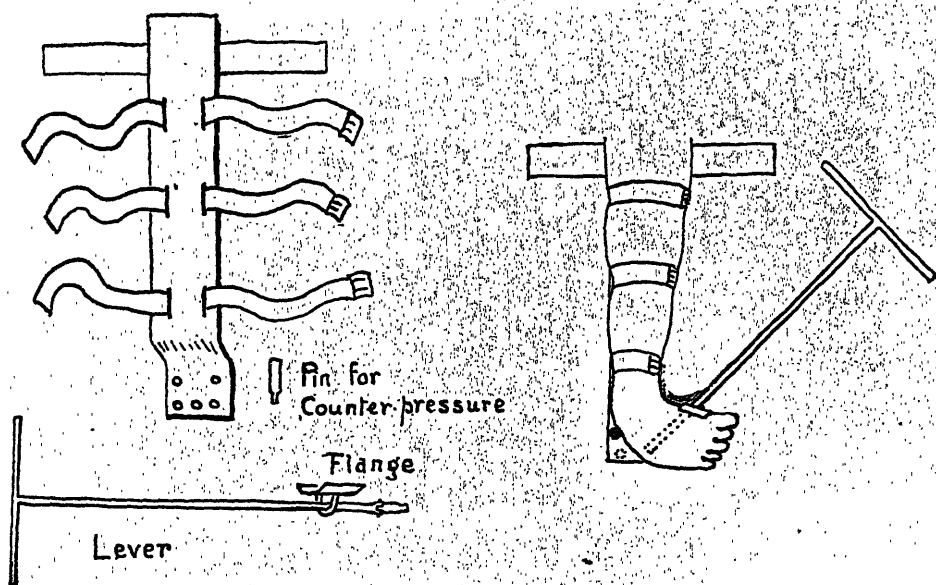


the head of the first metatarsal. By the lever the foot is then forcibly over-corrected into a valgus position. This is to be done by successive strong efforts rather than by a slow, steady advance. An assistant will steady the leg on the table. When the varus deformity has been turned into a valgus, *i.e.*, when the foot turns out instead of in, the equinus deformity is to be remedied. As a rule this yields readily after tenotomy of the tendo Achillis. Here the use of the pin for counter-pressure is not necessary. The flange is applied to the ball of the foot after shifting the lever to the most convenient socket. By its means the tendo Achillis is stretched and stretched again until the foot readily assumes the calcaneus position. The secret of a good



result seems to be thorough over-correction and the maintenance of this by plaster of Paris. It is a good rule to persist in the wrenching until the position of over-correction can be kept by a single finger.

In applying the plaster, many orthopædic surgeons extend it above the knee, flexing this to prevent rotation of the cast. The most difficult part of the plaster work will be found to be the maintenance of the over-correction. It may be found, when all is over, that the foot is barely corrected and not at all over-corrected. A good way to make sure of the result is to first immobilize the knee by plaster extending from above it down to near the ankle. While this is drying, apply plaster to the foot and toes, not including the ankle. When