

The heel was drawn up; the foot very strongly inverted, and bent inward upon itself. The patient walked on the outside of his foot; and the usual cutaneous and tarsal thickness existed there. I could not undo, in the slightest, this exaggerated deformity. I divided subcutaneously the plantar fascia, tibialis posticus, and anticus, and the flexor pollicis and long flexor digitorum, and, lastly, *as is usual with me*, the tendo-achillis. With the exception of bringing down the heel, the deformity, notwithstanding considerable force, was not relieved—the excessive arch remaining as before. I then adopted free open incision; swept the knife across the sole of the foot, dividing tissue after tissue till the bones were reached.

The excessive arch was then in great measure, but not completely, remedied. Across the ball of the foot a padded splint was applied, and on this adhesive plaster to which were attached cords which led over pulleys, and a weight of 12 lbs was suspended. With the exception of looking after the footpiece, and sliding it nearer to, or farther from, the open wound, no surveillance was needed. The dressing consisted of vaseline for the first two days, and afterwards carbolic lotion and red wash, as suppuration was more or less abundant. When the patient left the hospital, on 30th April, his foot was quite straight and supported his weight comfortably. I have since learned that the foot is in every respect like the other.

CASE III.—Is that of a boy, J. D., aged 10 years, who entered the Hotel Dieu under my care on 15th October, 1883, for double congenital talipes equino varus. The deformity in both feet, but chiefly in the left, was excessive, and no amount of force, even under chloroform, could diminish it. Subcutaneous division of the supposed faulty tendons of the left foot was performed, and in the order named in previous case; but, apart from giving greater freedom to the heel on the division of the tendo-achillis, the rigidity and deformity remained. I then used the scalpel very freely to the sole of the foot, dividing all the tissues down to the bone, and gradually unfolded the excessive arch. This added most markedly to the length of the foot,—the cut edges at their centre gaping apart to the extent of nearly two inches. I had difficulty in keeping up extension. The boy was a mischievous fellow, difficult to control. Pulleys were ineffectual, as they were tampered with either by himself or some other patient. But what was found to restrain him effectually was a quickly-set-

ting plaster-Paris splint, with a fenestra opposite to the incision. Through this the gaping wound was filled with tow soaked in Peruvian Balsam and re-



newed once a day. Granulation went on with surprising rapidity to the end. (I may here say, by way of parenthesis, that Peruvian Balsam, applied in this way, is without exception the best remedy with which I am acquainted, and fully merits the favor in which it is held by Sayre and others.)

CASE IV.—This subject was the same as the preceding, the foot this time being the right one. As the deformity was not so great as in the left I hoped, by free subcutaneous division, to remedy it in great measure; but the relief obtained by tenotomy was so inconsiderable that I proceeded at once to treat it as I had the left. The order of division was as in preceding case, with this difference, that structures already divided subcutaneously required no further attention by the open wound. The great difficulty in the treatment of the second foot, as in the first, was to keep up proper extension. Every additional day in the hospital added to the