

joint or a stop joint, (*i.e.*, a joint made to stop at a right angle but free for dorsal flexion) as the case requires, at the ankle and continued up to a calf band. To the sole of the boot on the inside a T strap should be sewn, in such a way as to allow the horizontal limb of the T to be buckled around the upright bar just above the ankle.

This method gives a good base of support and patients walk very comfortably and securely so long as apparatus is intact and in good working order, but it necessitates the continuous wearing of a support, and is hardly to be recommended, if the next plan can be adopted.

G.R., girl of thirteen years, had paralysis of muscles on the inside of leg. Tenotomy of the tendo Achillis and peroneus brevis with application of a splint as above, was suggested, and so long as T strap held, the position was very good and she was able to walk well, but strap would give way frequently and foot was somewhat neglected, and ultimately deformity recurred and was afterward successfully and permanently corrected by tendon transplanting.

This case is given to show the necessity of constant care where appliances are used, to keep them in order so that the simplest form of apparatus that can be used is always the most successful.

G.E., a similar case, is a child of 5 years, who was slight and not severe on any appliance, had a very useful foot with such a simple splint and wears it without inconvenience.

### III. CASES WHERE THE ATTACHMENT OF ACTIVE MUSCLES MAY BE TRANSPOSED SO AS TO ALLOW THEM TO ACT TO BETTER MECHANICAL ADVANTAGE.

The operation for transplanting active tendons into paralyzed ones first performed by Nicolodani, was not taken up so rapidly as its reasonableness warranted. After the lapse of several years it has now become established as a satisfactory plan of treatment in certain cases which would otherwise remain disabled, but where by this means function has been almost completely restored. Such marked success has been attained that patients with severe disability, who were hopelessly crippled, or compelled for life to wear some form of support, are enabled to do without apparatus, or are permitted to substitute simple for more complex and cumbersome appliances.

Tendon transposition is applicable to muscles and tendons in any part of the body, but on account of the less intricate arrangement of tendons, much more useful in the lower extremities.

In the upper extremity paralysis of the supinators of forearm, and consequent extreme pronation can be largely remedied by detaching the insertion of the pronator radii teres from the outer side of the radius,