

without it rolling over. Foot developed strength, and now patient is able to walk without crutches, with a support from the perineum on the other limb.

CASE 3.—Young lady aged 18, with well marked valgus deformity, result of infantile paralysis. The shoe was rolled over badly to the inside and walking was very difficult, with stiff awkward gait. The paralysis involved the anterior and posterior tibial muscles. An oblique incision was made over the extensor tendons just above the annular ligament of ankle, and the extensor longus digitorum isolated. Its outer segment and the peroneus tertius tendons were divided, carried over the balance of the extensor tendon and united through a slit to the tibialis anticus. The usual dressing was applied and patient allowed to walk in six weeks. The foot was very much improved, and with the aid of a Whitman spring in the shoe the patient was enabled to walk very well.

CASE 4.—Boy, aged 5, acute attack of polio-myelitis in July, 1899, involving apparently both lower extremities. Right gradually recovered, but the left only partially and foot assumed an equino-varus deformity. On examination January 21st, 1901, the peronei and extensor muscles are found permanently paralyzed, giving no response to faradic current. The anterior and posterior tibial and calf muscles being unopposed, a typical acquired equino-varus deformity resulted. The boy walks altogether on outer surface and dorsum of foot, the plantar surface being turned inward and backward toward opposite foot. There was no power to extend the toes, except the great toe, and foot could not be dorsally flexed on leg.

*January 23rd, 1901.*—Under anesthetic, a curved incision was made exposing both peronei and Achilles tendons. The peroneus longus was isolated and divided, the distal end pulled strongly so as to correct the varus position of the foot, and then passed through a slit in the tendo-Achillis and held in position by a mattress suture of kangaroo tendon. The superficial wound was closed with horse-hair sutures. An oblique incision was then made on the anterior surface of the leg, just above the annular ligament, exposing tendons of tibialis anticus and common extensor. The tendon of the tibialis anticus was exposed and the common extensor, just as it divides into separate tendons to the toes. A loop was formed of the latter and drawn firmly through a slit in the tibialis anticus, and sutured as before. The extensor tendon was drawn up sufficiently tight to fully correct the equinus before being fastened. The superficial wound was closed and foot put up in plaster.

The wounds healed by primary union, and the foot was removed from the plaster dressing only a few days ago. The time elapsed since operation is not sufficient to form an opinion