From the time of Hyppocrates the treatment consisted in the use of manipulation and bandages, or fixed apparatus and hygienic measures. The more severe cases of the deformity were regarded as hopeless malformations, and were the opprobrium of surgery. In the year 1784 Thilenius advised section of the tendo Achillis, which was done by an open wound, and gave a good result. In 1804 Sartorius divided the same tendon, but the result was less successful. Other operations of a similar kind, performed at a later date, were followed by suppuration and sloughing of the tendons.

Great advance was made by Stromeyer, who, in 1834, advised making the external wound a mere puncture, thus gaining for himself the credit of introducing the method of subcutaneous section. This method was soon established and adopted as a safe and reliable method of treating club-foot in Germany, in France and in England. To Dr. Little, who himself suffered from deformity of the foot, is due the credit of having appreciated the value of Stromeyer's method of treatment before the profession of England, the valuable results of his experiments.

A further advance in the operative treatment of this condition was made when the principles were adopted that were first scientifically formulated by Sir Joseph Lister.

The treatment of these cases must vary according to the age of the patient and the conditions present in the deformed foot. In a child the bones are to a large extent cartilaginous while the ligaments, tendons, fasciæ, and softer tissues are more yielding than in the adult ; consequently in children under two or three years of age the use of the knife is seldom necessary, though a wise employment of operative measures may greatly shorten the time and lessen the difficulties of treatment. In children beyond this age and in adults there are few cases that can wisely be treated without the employment of the knife.

For the purpose of treatment the deformity should always be considered as consisting of two elements, first and chiefly, a deformity of the foot *per se*, second, an abnormal relation of the foot to the leg. In all cases it is better that the deformity of the foot should be entirely corrected before any effort is made at rectifying the deformity which exists at the astragalo-crural joint. By proceeding in this manner the prominence at the outer and dorsal aspect of the foot over the cuboid and oscalcis may be regarded as a fulcrum over which may be pried the distal portion of the foot as one end of a lever while the oscalcis in continuation with the leg bones is the other portion of the lever. In this way a powerful mechanical advantage is gained in the correction of the varus.

FIG. 5.—Corrected by open incision.

In dealing with infants and young children an anæsthetic may be administered and the distal portion of the foot having been grasped by the hand of the operator it is strongly deflected outward and a covering of absorbent cotton having been placed upon the foot and leg as far as the upper part of the tibia a retentive dressing is applied. It is necessary in this case to see that the prominences, *e.g.*, the head of the first metatarsal bone and the bend at the oscalcis and cuboid bones are carefully and deeply padded so as to pre-