

toes made to point downward—equinus; third, torsion or twisting of the foot which commonly exists partly in the foot itself, and partly in a wrong relation of the foot to the leg. This element is shown in a lowering of the outer border and an elevation of the inner.

In correcting the deformity it is very essential that the foot, *per se*, shall first be rectified, that the inturning and the torsion shall be the special objects of attack. In the vast majority of children under three years of age this may be corrected in two or three dressings, and without the use of the knife. Some may prefer to give the child an anesthetic; personally, I find no objection to dressing the foot without doing so, as the child seldom suffers for

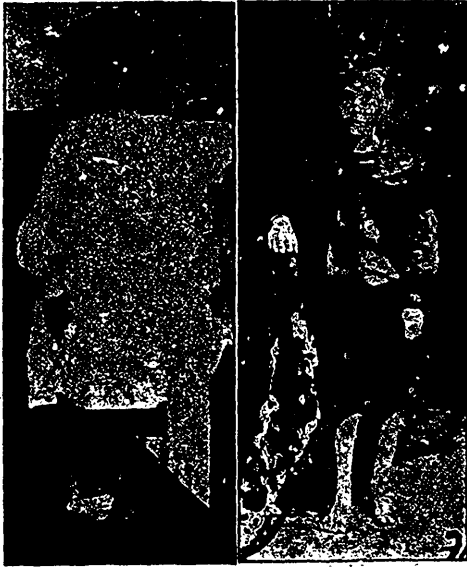


FIG. 2.—D. T. Treatment by tenotomy and manipulation.

more than a very few minutes. Great force may be exerted by grasping the foot with the hand and twisting it toward the position of rectification. If necessary the tenotome should be employed to cut any special tendons, bands of fascia or ligaments, which in a marked way prevent the reduction of the deformity. Of course the gain thus made must be retained by a fixed dressing, of which plaster-of-Paris is without doubt one of the most convenient, applied over an ample covering of absorbent cotton. If sufficient care be taken in applying this dressing abrasions should never occur. This part of the work, namely, the correction of the deformity of the foot, *per se*, should not only be thoroughly done, but over-correction should be made before the relation of the foot to the leg