

tive way. The simplest form of operation called for, and that most frequently required, consists in cutting the structures which are contracted, and which in that shortened state prevent the part from being placed directly in the line of weight transmitted through the limb. For example, when the foot has been long supinated and in a condition of varus, the muscles at the inner border of the leg and foot are much shortened, and also the ligaments and fasciæ of that part. These may, in the great majority of cases, be cut subcutaneously, thus permitting rectification of



Fig 6.

the deformity. There are few tendons in the lower extremity which may not require, under varying conditions, thus to be cut. There need be no hesitation when tendons, fasciæ or ligaments have thus been cut subcutaneously, in making a full replacement of the deformity. It is necessary that it should be done with careful, aseptic precautions, and that the limb shall be maintained in a corrected position for some weeks thereafter.

For this purpose there is no form of splint which is superior to that made from plaster-of-Paris. After incising such tendons