end. The active interference of the surgeon should begin at such a time as will enable him to have the foot over corrected when the child learns to walk. It is a great disadvantage to allow the child to walk on an imperfectly corrected foot. By so doing the weight of the body acts as the deforming agent, whereas if the foot has been over corrected, the weight of the body and the employment of the foot become means not only to prevent relapse but also to increase the degree of motion. It is useless to have corrected the foot a long time before the child may be expected to walk, as the foot so corrected must be retained in that position by some appliance or fixed dressing.

The employment of mechanical appliances for the correction of this deformity is not to be recommended. With the exception of the coiled spring for correcting pigeon toe, I never employ any mechanical appliance to rectify the deformity. Their use is limited to the time when the deformity has been fully corrected or over-corrected, when they are employed to prevent relapse.

Notwithstanding the fact that so many unsatisfactory results have been obtained in dealing with these cases as to have made them the opprobrium of surgery, yet there are few patients whom we are called upon to treat, where results that are more pleasant both to the surgeon and to the patient are to be obtained. If the parents of a child will follow instructions, and will not grow weary in what is necessarily a prolonged course of treatment, the surgeon may confidently look for such a result as will permit a return to function and form so nearly approaching the normal as to leave no trace of defect to the ordinary observer. The child should not pass from observation as soon as the deformity has been corrected; but should be under the supervision of the surgeou for several years afterward. Though club-foot shoes and other appliances are not to be recommended as means of correcting the deformity, yet their employment afterward is essential to success. The difference between a defective and a perfect result when the patient is seen in after years, depends largely upon the careful management of the case subsequent to rectification of the deformity.

Age is not a serious barrier in the way of treatment. Satisfactory results are obtained in cases who have attained the age of forty years; and there seems no good reason why patients should not have this deformity corrected at even a later time.

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