

There is no useful purpose served by having the position of the foot entirely rectified before the time comes when the child is learning to walk. His first steps should be made placing his weight directly upon the plantar surface of the foot. If the deformity had been corrected some months before this time, there is no natural means of retaining it in position, and will be none until he is able to balance himself upon his feet. The weight of the body pressing downward and the act of walking are nature's methods of keeping the corrected foot in this right position. Briefly, I would say that where the surgeon has the opportunity to direct the treatment of a case from the first, he should instruct the mother how to manipulate the feet and legs, so that the manipulations



FIG. 1.—S. M. at 3 and again at 7 years of age.

may tend to correct the deformity and increase mobility. As it may be assumed that the average healthy child will walk at about twelve months, the mother's care should be continued for nine or ten months, and if the instructions have been well carried out there is still ample time for the surgeon to complete the rectification of the deformity before the time shall have come when the child can walk.

The deformity in ordinary club-foot may be said to consist of three elements: First, the inturning of the foot from the line of its longitudinal axis so that the inner border is unduly concave, and the outer border markedly convex—varus; second, the relation of the foot to the leg is such that the heel is drawn upward and the