

inconvenience through remaining on his feet, as much as demanded by his ordinary work as an office hand (Figs. 3 and 4).

CASE 3. O. S., aged 18, a large, healthy man of 180 pounds, right club-foot, congenital. Subcutaneous replacement and retention as in other cases.

December 21st. Further cutting and replacement.

January 25th, 1900. Tendo-Achillis cut and equinus corrected.

February 13th. Further correction of equinus by manual replacement.

March 4th. Dismissed from hospital, walking with a cane.

December, 1899. This patient walks remarkably well, with scarcely a perceptible limp.



Fig. 5, Case 3.

CASE 4. F. S., aged 16, right club-foot, congenital.

June 6th, 1899. By subcutaneous fasciotomy and tenotomy and manual replacement, the varus was fully overcome.

June 20th. Tendo-Achillis was cut, and dorsiflexion to an angle of 80 degrees secured.

July 13th. Dismissed cured.

April, 1900. The foot is unduly pronated, and I have found it necessary to have his boot built as in a moderate case of flat-foot.

CASE 5. J. C., aged 27, right club-foot, congenital.

August 23rd, 1899. Subcutaneous fasciotomy and tenotomy: Partial replacement of the varus and retention by plaster-of-Paris.