

**A PRACTICAL MANUAL
OF THE TREATMENT OF
CLUB-FOOT**

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A Practical Manual of the Treatment of Club-Foot by Lewis A. Sayre

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OF THE TREATMENT OF
CLUB-FOOT**

G. S. Simmons.

A PRACTICAL MANUAL

OF THE

TREATMENT OF CLUB-FOOT.

BY

LEWIS A. SAYRE, M. D.,

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DEDICATION.

To the Physicians and Students who have listened to my Lectures at Bellevue Hospital Medical College, and who have so repeatedly requested me to prepare for them a text-book on Orthopedic Surgery, this practical monograph on the treatment of Club-foot, as an instalment of the work which I hope soon to complete, is respectfully dedicated, by their sincere friend

THE AUTHOR.

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PREFACE TO SECOND EDITION.

A VERY large experience in the treatment of deformed feet since the issue of the first edition of my "Manual," has practically proved the correctness of the principles therein inculcated.

The permanency of the cures, in the cases therein described, without having relapse of the deformity, is evidence of the superiority of the plan over those heretofore adopted.

Grateful to my professional brethren for their very flattering reception of my little work, I have felt it to be my duty, in issuing a second edition, to carefully revise the whole book. Many portions of it have, therefore, been entirely rewritten, and many parts have been illustrated with additional plates, to make the text more clear.

I have added a number of cases, which I think

will materially enhance its value, as indicating when to use the knife, and when you can expect to effect a cure without it.

My experience has enabled me, I think, to lay down certain fixed rules in all cases of deformity, as whether to *cut* or *not to cut*, for their relief; and this I consider a great point gained.

In all cases of club-foot, whether of paralytic or spastic origin, if the foot can be brought to its normal position by moderate traction without an anæsthetic, and, while retained there, additional pressure is made by the point of the finger or thumb on the tendon, or fascia, thus stretched, without producing reflex contractions, that deformity will not be benefited by tenotomy.

If, on the contrary, an anæsthetic is required before the deformity can be overcome, and while the patient is still under the influence of the anæsthetic, this additional, or point pressure, produces reflex contractions. Section of the tendon, or fascia, thus stretched, must be made before any attempt at treatment will be successful.

While some surgeons recommend the knife in every case, others refuse to cut in any. Both

classes are wrong, and it has been my endeavor to accurately point out the rules which should guide us in each different case, and thus avoid the errors of either extreme. How far I have succeeded in my effort, I must leave for the profession to determine.

LEWIS A. SAYRE.

NEW YORK, 285 FIFTH AVENUE, *July 1, 1873.*

