

is the moving power; the tendon, on which it acts, passes round below the ankle and along the sole to the final bone of the great toe. Tightening of this tendon draws the great toe towards the point where the tendon turns below the ankle. The slackening of the tape showed that the distance between these two points was shortened in rising to tip-toe. The muscle in question is the most powerful agent in doing this: its tendon is to the arch of the foot as a bow-string is to a bow, or (a better comparison) as a tie-rod to a roof. If, then, the arch be over-strained, tighten the tie-rods. If you tighten a tie-rod, the roof is thrown up. If you shorten a bow-string, you increase the convexity of the bow. So, then, if you spring on tip-toe, you throw up the arch of the foot, relieve the ligaments from strain, and the parts beneath from pressure.

The question which too frequently presents itself, whether a Nurse, actual or intended, will be able to stand her arduous duties, often, in my view, turns upon another. Does she know how to *stand*, in the literal sense of the word? If there be one point bearing on my subject, as to which, more than any other, I have no doubt whatever, it is this. The custom of turning out the toes in standing and in walking, is absolutely incompatible with true grace in movement and with the maintenance of good feet in trying circumstances. The feet should be placed in line, so that four points, formed by the centre of the heel and of the tread

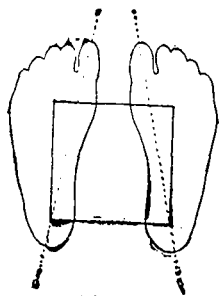


Fig. 1.

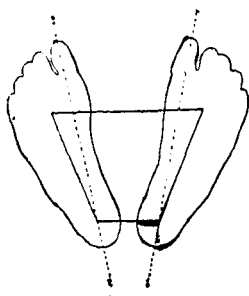


Fig. 2.

in each foot, are equally distant. This is, for the arch, the strong position, and is indicated in the first figure of the diagram. The military position, "an angle of forty-five degrees," is represented in the second figure. When you are told that this latter is not only more elegant—it is not elegant at all—but gives the security of the tripod, remember the poet's words:

"A tower that stood four-square to every wind that blew."

Always stand in the four-square position, and frequently, with bare feet, practise springing on tip-toe to extreme height: sustain that position for a moment, then steadily lower the heel to the floor, and repeat the movement. Never mind a little pain: that is due to unaccustomed move-

ment, and will soon go. When the muscles become strong, they will remain firm, so that the tendons, or tie-rods, will be held, not strained, but, as the sailors say, "taut," at all times ready to respond on the slightest notice that action is required. You may soon acquire the instinctive habit of gently raising the heels as you stand. This is hardly noticeable in a man: in a woman it is entirely concealed by the dress.

We know that those who walk much, if they walk well, do not become flat-footed, while those who stand, do. I am but advising that the agency which in good walking prevents this deformity, shall be utilised to prevent it in prolonged standing.

Walking, too, is necessary, not only in a Nurse's work, but for recreation and exercise. Let this be done well. Point the toes downwards and forwards, never outwards; that is to say, keep to the four-square or strong position: spring sharply towards tip-toe, straightening the knee. Learn, also, to hold the ground with the great toe at the beginning and at the end of each step. This is necessary for everyone to do, but especially for those who sometimes walk on rough surfaces, at others on polished floors. We cannot grasp the ground: good foot-hold is only to be obtained by pressure of the toes against it.

If the great toe is to play the important part assigned to it, free play for its joints is a necessity. The one at the root of it is an occasion for much suffering, and will continue to be so until an important fact is fully realised. Although the great toe lies parallel to the others when at rest yet in action, as it is pressed against the ground, it comes away from them, so that the inside of the foot, from heel to toe, is a straight line, or even slightly concave. Now, if the great toe be prevented from taking this course; if it be not only kept close to the other toes, but pressed against, or even over, its neighbour: then if it move up and down at all, it must be in a direction for which the surfaces of the joint in question are not adapted. What wonder, then, if irritation, pain, thickening, and deformity ensue? But, it may be, in order to avoid this pain on movement, the long, flexor muscle will cease to act. Then the weight of the body is thrown upon this unhappy joint (the anterior pillar of the arch), with no bracing-up or tie-rod effect to support it.

Now, look to your boots. Do they allow the great toes to come up to the straight line described? Have you full use of them in holding the ground? Can you place a narrow strip of paper under the *middle* joint of the great toe (the point where the long flexor tendon is attached), and so hold it as to tear if you attempt to draw it away? There is something wrong if you can't do

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