MEDICAL MATTERS.

THE TREATMENT OF FLAT FOOT.

Mr. Paul B. Roth, M.B., F.R.C.S., has a most instructive and useful illustrated article in last week's *Lancet* on "The Treatment of Flat Foot," which might be read with special benefit by nurses—many of whom, alas! know well the "overstrain" of feet.

Mr. Roth states that, in common with many other acquired deformities, the first change is a postural one; when the patient raises his heels from the ground, so as to stand on his toes, the arch is restored. It is only after the postural change has existed a considerable time that structural change occurs. Thus the cases can be at once divided into two classes: those in which the deformity entirely disappears when the patient stands with his heels raised, and those in which some or all of the deformity persists. For convenience, these may be described respectively as "postural" and "structural" cases, though it must be understood that in the "structural" ones much of the deformity may be "postural."

In this connexion mention must be made of those unusual cases where there is spasm of the peronei muscles. In these the spasm entirely disappears after a week of absolute rest and the foot returns to its normal shape; they must, therefore, be put in the "postural" class. Flat foot complicated by spasm of the peronei has by some been regarded as a stage through which all cases must inevitably pass as they progress from bad to worse, but I am convinced that this is not so. Flat feet are very common; in the last five years I have examined very many hundreds, and in only three cases was there spasm of the peronei muscles. It must be looked upon as a comparatively rare complication. The following outline of treatment may be pursued with absolute confidence, resulting in relief to the patient and credit to the surgeon.

Object of the treatment.—In the "postural" cases, to produce complete cure. In the "structural" cases, to abolish all pain and discomfort, to cure the "postural" element of the deformity, if present, and to arrest further increase in the "structural" element.

The treatment consists of: (1) attention to footwear; (2) attention to position in standing and walking; and (3) regular daily exercises.

1. *Attention to footwear.*—Whether boots or shoes are worn, whether they button or lace, they must be the shape of the feet. If this primary essential is not secured the whole treatment may as well be abandoned. To bring this about it is not at all necessary to wear boots of an ugly shape. The inner side of the boot, where the big toe lies, is kept straight, so that the end of the boot is opposite the big toe, and not opposite the second or third toe. This is to ensure that the big toe is not pushed out against the other toes and has plenty of room in which to act. The soles should be a sixth to a fourth of an inch thick, the heels broad, an inch or less in height. If the degree of flat foot be anything more than the merest trace, mechanical means are utilised to throw the weight of the body, distributed down the leg, slightly *outside* the centre of the ankle-joint. This is effected by thickening the sole and heel of each boot along its inner side by $\frac{1}{4}$, $\frac{1}{3}$, or $\frac{1}{2}$ inch, the amount depending upon the severity of the case; the worse the case the greater the thickening. The additional leather is in the form of a wedge, with its base to the inside and its apex to the outside of the foot, so that the extra thickness on the inside fades off to nothing on the outside. Not only does it fade away outwards towards the outside, but also forwards towards the tip of the shoe, from a point situated about an inch behind the tip. When viewed from in front the wedge should scarcely be seen. The extra thickening is applied by a bootmaker to a boot of the shape described; there is no need to have a surgical boot made, and no need to have the instep filled in by a continuation forwards of the heel.

2. *Attention to position in standing and walking.*—*Standing*: The patient must always stand on both feet with the toes slightly turned in and the heels slightly turned out. He must never stand with the toes turned out, or on one foot to rest the other. Every now and then he must raise the heels just clear of the ground—that is, stand on the toes sufficiently to bring all the muscles of the foot into action. Whenever the feet begin to ache he should do this. In addition, he should stand with the feet very slightly turned over on their outer border. *Walking*: He must walk with the feet pointing straight forwards—never with the feet turned out. If the feet are hurting, he must walk all the time very slightly on tip-toe—that is, with the heels just off the ground. It is a good plan while indoors to walk on tip-toe all the time.

3. *Regular daily exercises.*—The exercises, to be done the first thing every morning, preferably with the shoes off, are two in number: 1. Standing, *alternately heels raising and toes raising*. To steady the body, both hands touch the mantelpiece or wall. The heels are slowly raised from the ground, and slowly lowered; then the toes are slowly raised and slowly

previous page next page