

Selections.

We are indebted to DRs. NEVITT, McDONAGH, and ACHESON *for translations from the Italian, German, and French.*

HALLUX VALGUS.

When a mucus bursa is formed on the prominent part of the hallux valgus and the sac is inflamed, recourse must be had to operation. Ablation of the bursa is insufficient, and therefore, according to the method of Hueter in patients of the laboring classes, it is usual to take away the prominent head of the first metatarsal, even though the suppuration in the bursa may not be diffused into the metatarso-phalangeal articulation. Favorable results have been communicated by Hamilton, Rose and Sayer.

The removal of this bone is insignificant enough, only when there is a flat foot. If one ascended with the entire sole of the foot the head of the first metatarsal bone would have no particular importance; and, indeed, a lady on whom the author excised the entire head of the first metatarsal, on account of suppuration in the articulation, walked without pain, notwithstanding supervening ankylosis, because she had a high grade of flat foot.

Quite otherwise is it in feet of normal conformation, in which the head of the first metatarsal constitutes the principal support of the arch; if this is taken away, the arch is lowered, and contemporaneously the heads of the remaining metatarsals, which then sustain a proportionately greater weight, bury themselves in the sole of the foot, whilst the toes are turned upwards towards the dorsum.

This happened in the case of a young girl of eighteen, in whom the author resected the heads of the first metatarsals in both feet. In the first month following the operation the girl walked well enough, then followed intense pains in the sole of the foot, and the heads of the metatarsals touched the ground very distinctly. One year after the operation she could move only with great difficulty with crutches, and the author was obliged to remove the heads of the remaining metatarsals in order to restore the equilibrium. Fortunately the

operation succeeded well, and the patient has a small, graceful and useful foot, can walk and jump well, no pain in cicatrices. Yet with all this, this operation is to be remembered as a deplorable consequence of an operative act in appearance well justified.

This case demonstrates that Hueter's operation may be followed by unpleasant consequences; and that in normal feet it should be replaced by another process.

In four cases Reverdin took away with the scalpel the exostosis on the internal side of the head of the first metatarsal, and then cut a wedge from this bone above the head, after which the digit was straightened. Yet in the publication of his cases, he had not been able to furnish definite results; but it is not improbable that these may have been favorable, because the heads of the metatarsals remained intact.

It is still more simple to remove the exostosis from the metatarsal, but not to touch the bone of the first phalange and to level somewhat the articular face of the metatarsal bone. This method has given the author good results in four cases. The first operation (Oct. 14, 1885), was done on a girl twenty years of age, with bilateral hallux and inflammation of the mucous bursæ. The head of the metatarsal bone presented a sagittal groove, which divided the old articular surface from the new. The second case (April 13, 1886), was for the same trouble, in a girl of twenty-one years, in whom arthritis was already present, the cartilage injured and the capsule hyperæmic and covered with villi. The other two cases were in men fifty and fifty-five years, with notable arthritis deformans, and in one of these there had been developed spontaneously an acute inflammation of the articulation; in the other, operation was called for by inflammation of the mucous bursa. In the first three operations he obtained movable joints, performing their functions painlessly. Hallux valgus being usually found with the toe strongly abducted against the other toes. After operation it naturally tends to return in slight abduction; but this abnormal position is not augmented by the progress of time, nor does it give rise to trouble.

The patient last operated upon cannot yet