

work. We would have little to say to mar our approval and commendation, had the Doctor relied on his own judgment and experience; but inasmuch as he has chosen to become the special pleader of Mr. Barwell in this as in another divisions of the treatise, we feel impelled to give him the benefit of our disagreement.

Dr. Prince discriminates six varieties of talipes, viz: tal. equinus, dorsalis, varus, valgus, plantaris, and calcaneus, with their respective intermediate combinations. Why the species of tal. plantaris should have been set up as a new form is not intelligible, since the author by his own illustration gives it as a minor grade of tal. valgus, to which species it therefore belongs. What he pleases to define as tal. dorsalis has very properly been termed tal. plantaris by others (Bauer), because the abnormal arching is the result and not the cause, which latter rests undeniably with the shortened plantar, aponeurosis and muscles.

To Barwell the author pays the unmerited compliment of a better anatomical understanding of talipes, unless he justifies it by the new name for the intertarsal articulation which the former has originated.

Although Dr. Prince attempts a wide range for the etiology of talipes, he nevertheless settles quietly down upon "permanent spasm and paralysis" as the usual cause of these malpositions. The physiological character of permanent spasm is somewhat problematical. We cannot understand a tonic spasm of years' duration, because the muscle loses its contractile anatomical elements and is almost entirely converted into a cord. If the definition of contraction given by Barwell has any meaning at all it applies precisely to such a condition. But it evidently did not suit the author to dispense with spasm, which, as a special pleader for elastic extension, he needed as an indispensable premise.

We need not state that the author, being in favour of extension, is a strong opponent of tenotomy in the treatment of talipes, and he therefore fortifies his position by all the arguments that have been raised against it. Among others the Doctor is very apprehensive that the divided tendons will not re-unite, and that the muscles will lose their function commensurate to the intermediate scar-tissue, if such should be formed at all. An extensive experience on this subject entitles us to a vote. Now while we do not want to question the credibility of the statistics adduced on page 1767, we can say this much of our experience that we have had but one case of non-union of a tendon in our practice. Perhaps the after-treatment which we observe by keeping for some time the fragments of the divided tendon in close approximation by an appropriate dressing, may have something to do with our results. Thus far we at least have no reason to oppose tenotomy. Next we do not see how