

in its use was in April, 1873, in the cases of two boys, both suffering from severe epistaxis, one caused by a fall down stairs, the other by a blow whilst playing ball. Local remedies and external pressure proving unsuccessful, the india-rubber bag immediately arrested the hæmorrhage, without giving the slightest inconvenience, as testified by the patients themselves.—*Med. Record.*

STIFFNESS OF THE ANKLE.

BY WM. KERR, M. D., GALT.

There is a rare condition of the ankle which I have not observed mentioned by any author. Everybody has experienced the pain occasioned by an accidental twist of this joint. In the affection I am about to mention, walking on hard, rough ground produces similar pain at every step unless the greatest care be exercised in setting down the foot; but there is no pain however long the individual walks or stands on a level floor or smooth grass sward. On examination the foot and ankle have exactly their natural appearance, there are neither swelling, discoloration, nor pain on pressure. A closer examination, however, will detect contraction of the peronei muscles, in some persons more, in others less. On attempting to turn the heel inwards it will be found that this is resisted by the peronei, which become rigid; the heel, in fact, is not exactly beneath the leg, or at least cannot accommodate itself to uneven ground, and in walking a preference is given to foot-paths, the inclination of which is slightly higher on the outer than on the inner side of the foot. This affection is usually the result of an injury possibly years previously.

The remedy is subcutaneous section of the peronei, which is best accomplished a short distance above the outer ankle where their tendons become tense and prominent on the heel being pressed inwards. No apparatus requires to be worn, neither is it necessary to give absolute rest to the foot; indeed, occasionally standing for a short time, or walking across the apartment, has seemed to me the easiest plan for retaining the flexibility of the ankle, obtained by the section of the tendons, an operation which, in every instance, has resulted in a complete and permanent cure.

Since writing the above, I have operated upon another patient having stiffness of the ankle. He was a painter, and the injury to the ankle occurred about 7 months ago, by falling from a ladder a dis-

tance of 16 feet. Some of the bones of the foot were supposed to have been broken. There is pain at every step, and the patient walks upon the heel. The foot is bent outwards by the contracted peronei, and any attempt to press it inwards causes severe pain. With the assistance of Dr. Sylvester, I divided the tendons of the peronei subcutaneously, a little above the malleolus; next day the pain ceased, and the motions of the joint were fully restored.

NOTES ON THE CLIMATE AND SOME OF THE EPIDEMIC DISEASES OF ONTARIO.*

BY JOHN A. MULLIN, M.D., HAMILTON, ONT.

The climate of the greater part of the older settled portions of the Province of Ontario is much warmer than that of Quebec or the Maritime Provinces; the isothermal line showing an annual mean temperature of 45°, which passes from the southern part of Nova Scotia, is traced westward through Kingston, Port Hope and Goderich, thus showing a large part of Western Ontario south of this line. The line indicating a mean temperature of 70° during the summer months, passes through Niagara, London and Sarnia, while that indicating the same temperature as Halifax, 62°.4 in the summer, passes through Montreal, westward, north of almost the entire settled part of Ontario. The line indicating an equal mean temperature of 20° for the winter months, passes through Fredericton (N. B.), St. John (Que.), Cornwall (Ont.), and westward, north of the latitude of Collingwood and Owen Sound, on the Georgian Bay.

The climate of Ontario is more particularly shown by the following tables, which are made up from the tables of the Education Office, Toronto, and also from the Meteorological Reports of Prof. Kingston, Toronto. The tables represent the temperature for four years, and although it might be desirable in some respects to compare the results of observations through a longer period, yet, for the present report, I have been obliged, by the limited time for preparation, to present only these. The tables, showing the monthly mean temperatures of eleven places, are based on the results of observations for a more extended period.

* These notes were prepared for the Committee on Climatology of the Canadian Medical Association, but through delay in mailing, they did not reach Halifax in time for the meeting.