NOTES OF A CLINICAL LECTURE ON MALADIES PRODUCED BY BOOTS AND SHOES.

Delivered by SIR JAMES PAGET, *at St. Bartholomew's Hospital, on June 8th*, 1874.

In every case in which the foot is deformed through wearing an ill-fitting boot, foot affections, such as bunions and corns, always appear, and they may also occur to persons who have well-made feet.

There is no distinct definition between bunions and corns.

Bunion is an enlarged and diseased bursa, and is commonly seated over the metatarso-phalangeal joint of the great toe in cases where the toe is everted by the wearing of boots that are too small for the feet. A bunion may be formed not only in that place, but any part of the foot which is subjected to friction and pressure may become the seat of a morbidly-formed bursa. Over it a corn is frequently produced. A bursa may be regarded as a natural structure, developed to ward off pressure and protect the joint beneath, and for that reason it is enlarged; but it soon passes that degree of healthy character, and becomes the seat of morbid changes. These changes are—

I.—*Simple inflammation.*—A day's hard walking will cause inflammation, with increased secretion of synovial fluid, repeated attacks of inflammation tending to fill it more and more.

II.—*Gouty inflammation.*—In this case you may have difficulty in deciding whether it is gout or not. It looks like gout, and yet there is evidently an inflamed bunion. The disease is simply gout, with a bunion as a starting point.

III.—*Excessive hardness and thickening of walls of a bursa.*—The fibrous tissues around become generally hardened, thickened, and matted together. This is a consequence of repeated attacks of inflammation.

IV.—*Suppuration* not unfrequently takes place. It is a most painful affection, the pain being felt not only at the seat of disease, but in some cases up the limb as well. The integuments swell, and frequently there is lymphatic swelling, with enlargement of the glands.

V.—The bursa that has suppurated may discharge spontaneously through an *exceedingly small* orifice, and through this orifice a continual discharge may go on for years. Not unfrequently, if a *small* probe can be passed through the opening, the bursa will be found to communicate with the joint, especially in cases where great thinning of the ligamentous structures has taken place between the bursa and the joint. If this communication occurs in young persons, acute inflammation, with destruction of the joint, will follow. Not so in old persons, for they can tolerate it; but, although acute inflammation does not set in, the joint is spoiled through the loss of its cartilage.

Treatment.—(1.) Abolition of cause, viz., the ill-fitting boot, for bursæ never become diseased of themselves. The main point is that the inner line of the great toe should be in the same straight line with the inner border of the heel. It is not necessary for the boot to be very large, only well-fitting; for boots that are too large will give rise to as many corns as those that are too small. The sole of the boot should be broad, and the boot itself not lined with any material that will not yield, such as canvas, for the foot is not an organ of unvarying size. (2.) To cure the bunion, by special protection for the bunion itself by means of plasters, made of isinglass and felt of various thicknesses and shapes, to prevent the pressure of the boot. They should be placed *behind* the bunion—never on it. If placed in front, they tend to press the toe still further from the straight line. The ordinary corn-plasters sold in shops are exactly the pattern they should *not* be. The fashion you should have should be more after the pattern of a half-moon, simply serving to lift up the boot. (3.) If a bunion be acutely inflamed, it should be treated like any other active inflammation—by rest, poultices, cold or alkaline lotions, leeches, &c. (4.) Give alkalies, colchicum, &c., if the inflammation be of a gouty character. (5.) If the bunion is thickened from repeated attacks of inflammation, blistering, or the linimentum iodi are the best remedies, or rubbing the bunion with unguentum hydrargyri iodidi rubri to produce absorption. (6.) If suppuration takes place, the simple cure is to lay it *widely* open, and keep it open by placing a piece of lint between the edges. A mere puncture will only relieve the pain for a time. The best kind of opening to make is a crucial one, so as to see all the interior of the burs; but even then it will try to close before the cavity of the bursa is obliterated. Sir Benjamin Brodie recommended nitric acid to be applied to the interior of the bursa, but it is a painful application, and not better than that of laying it *freely* open.

The above enumerated affections are not all, nor even the worst of the effects of bunions, since there are some which lead to utter destruction and amputation of the foot, while others lead to senile gangrene.

Corns are really, at first, protective structures, but soon they become morbid. Three different kinds are generally spoken of:—1, soft corns; 2, hard corns; 3, warty corns. The last-named are simply warts occurring in situations where corns are generally found.

Callosities must be distinguished from corns. They are broad and diffused thickenings of epidermis on parts exposed to pressure, as in a person accustomed to walk long distances, and are only the subject of treatment when they spread to an unnatural extent. The parts beneath callosities and corns are more vascular than parts around, and so they become painful at times. Callosities are easy to cure. Water-dressing, or, what is better, an alkaline lotion,