

ever, acting strongly, served only to displace the foot strongly outward. In some of these improvement was effected by shortening the tendo Achillis, and, after cutting the tendons of the peronei in front of the ankle, drawing the proximal ends out from their sheath and suturing them into the tendo Achillis near its attachment to the os calcis. (Fig. 7.)

We have employed the same principle in other cases with varying degrees of satisfaction, transplanting other muscles so as to give them new insertions according to the varying indications.

Another surgical procedure, valuable in selected cases, is arthrodesis. Several years ago Albert, of Vienna, suggested excision of the knee-joint in certain cases of paralysis, and others have suggested and performed other operations upon flail joints with the object of producing ankylosis.

Quite recently, Robert Jones, of Liverpool, has published an interesting series of arthrodesis operations upon flail joints. That arthrodesis is a rational operation in certain of these cases is evident when we consider the purpose of the lower extremity. Its function for weight-bearing and locomotion make it essential that strength and stability rather than mobility should characterize its joints. This is not the case in the same degree in the upper extremity. Hence, the ankle and the knee are the joints especially suitable for arthrodesis, when the surrounding muscles are so far disabled as to be unable to control the movements of the leg and foot, or even to keep the body poised securely upon its natural support. The desired result may be obtained by a formal excision; or, preferably, the joint may be opened and the cartilage scraped away and the bone laid bare in such a manner as to secure osseous ankylosis. An ankylosed ankle or knee in good position is much more serviceable for standing or locomotion than a movable weak joint, whether the weakness of the joint be due to paralysis or to other disease which has disabled it.

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ECLAMPSIA TREATMENT.

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THE treatment of eclampsia should begin with prophylaxis—with our first intimation that pregnancy exists. This cannot be too early, as some of the most fatal cases occur during the early months of gestation. A most careful examination of our patient should be made; the condition of her heart, arteries, blood and nervous system noted, and her previous labors, if any, inquired about; the amount of urine, its specific gravity and deposits; whether it contains albumen or casts, or whether creatin, creatinin or indican are present in more than normal amounts. If the eliminative power of the kidney is poor, barely sufficient during