3. Swelling and œdema.—May be so severe as to simulate gigantism, erythro-melalgia or acromegaly.

4. Extension of Phalanges.—Often postural and accompanied by flexion of middle and distal phalanges. This may simulate deformities following anterior poliomyelitis.

5. Muscular spasm. Usually of extensors of toes. It is reflex in nature and causes a deformity resembling No. 4.

6. Callosities on sole.—Frequent and adding to the pain of a mild case.

Diagnosis.—Anterior Metatarsalgia must be diagnosed: firstly, from the chronically strained posterior arch, and, secondly, from tuberculosis of the tarsus: from rheumatism, the so-called rheumatoid diseases, and gout; thirdly, from gigantism, erythro-melalgia or acromegaly; fourthly, from postural deformities, and fifthly, from deformities resulting from the paralyses.

Treatment.—Naturally resolves itself into: firstly, protection against lateral pressure, and secondly, the elevation or support of a depressed arch with suitable protection of the plantar surfaces of the heads of the bones. The elevation of the forepart of the foot is also of importance.

Operative treatment as suggested by Morton should be applied only in those chronic or resistant cases where conservative treatment has failed.

In certain cases characterized by great spasm of the extensors, causing extension of the toes the transference of the attachment of these tendons to the dorsal aspect of the heads of the metatarsals may be considered.

Prognosis.—In all cases good.

DIPHTHERITIC PARALYSIS.

BY

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The comparative infrequency of the graver forms of diphtheritic paralysis gives a reason for reporting the two following cases:—

Case I.—G. W., a lad of 7 years, was taken ill on December 2nd 1906, complaining of pain in the stomach and sore throat, with swelling of the neck. A physician was called on the following day who diagnosed diphtheria and sent him into the Alexandra Hospital.

On admission, his temperature was 100° F., pulse 120, small and of low tension, and respirations 28. The breath was offensively characteristic of diphtheria, there was a profuse mucopurulent discharge from the nose, the neck was greatly swollen and on examining the throat, the tonsils almost met at the middle line and were covered by a dirty gray membrane which extended on to the soft palate.