

their proper position. This is best done by forcibly extending and adducting the foot. The heel and toes are both turned inward the foot forced into a position of extreme equino-varus. There is often a great deal of crackling of adhesions during the operation. At times it requires much force to place the foot in its new position, and this is best obtained by placing the patient on a couch and bringing the affected foot between the operator's legs and using the knee as a fulcrum over which to press the foot. By this means the foot is over-corrected, the contracted muscles and ligaments are put on the stretch, and those that have been strained and weakened given complete rest and an opportunity of regaining their lost power and tone.

After the operation the foot should be put up in this over-corrected position in a well-fitting plaster case, and retained there from one to three weeks, the patient being allowed to walk about with a cane. At the end of one week the bandages should be removed and plaster casts taken of the foot, the bandages should then be reapplied while the necessary plates are being made. These are made from thin hammered steel, and extend from the ball of the great toe to the inner tuberosity of the os calcis in the sole of the foot, and from half an inch above the outer border of the foot to the tuberosity of the scaphoid.

At the end of two or three weeks the plaster is removed, then careful massage and bandaging employed for a few days and the plate applied. It is worn in an ordinary shoe, but it is better to get some common sense boot with the natural inward curve of the foot preserved. In addition, the inner side of the shoe may be built up $\frac{1}{4}$ inch after the method of Thomas of Liverpool. In the after treatment it is well to see the patient every day for a considerable time, and to gently but firmly put the foot into the portion of adduction so as to fully stretch the abductor muscles. This should be continued until all stiffness and spasm are gone.

The patient should be instructed to take the following exercises every night and morning:

1. To adduct and invert the feet several times—assisting those motions with the hands if necessary.

2. To raise the body on the bare toes twenty to thirty times with the feet parallel to one another. Lastly, and perhaps most important of all, he

should be taught to walk correctly, that is with the feet parallel to one another, so that the weight of the body is lifted over the toes at every step; in this way the weak muscles are exercised and strengthened.

In very severe cases it may be necessary to use an upright leg support in addition to the steel sole plate with a leather belt to support the inner malleolus.

THE FAILURES AND SUCCESSES OF BROMOFORM IN THE TREATMENT OF WHOOPING-COUGH.

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Mr. President and Gentlemen,—In estimating the value of any new theory, and especially any new drug, full weight must be given to those cases in which it may be said to be a failure, as well as those in which it is a success.

Now, although bromoform in one sense may not be really "new," (for it has been before the profession for at least two years), still it is not improper to use that term in reference to it, for it has not yet come into general use.

In discussing it, then, we shall first carefully examine its reported failures, then look briefly at its successes, afterwards endeavoring to sum up the evidence, and decide whether it is a genuine addition to the armamentarium of the physician—especially with reference to the treatment of whooping-cough—or not.

Advocates claim that it lessens paroxysms in number and severity, relieves or abolishes vomiting, promotes sleep, increases the appetite, reduces the danger of complications, cuts short the disease, and, is indeed, according to some, a specific.

I. Unfavorable reports.—Dr. J. Cassel (*Medical Annual*, 1893), has treated 40 cases. He says there is not much to claim for it as shortening the duration of the disease, but it lessens the number of paroxysms in the day. It will not take the place of other drugs. Large doses are poisonous.

Dr. Ullmann states that the cases which improved under treatment by bromoform showed themselves equally amenable to other and different remedies, and the cases of a worse type were not checked by either drug. The length of the illness was as little shortened as ever. Complications of every sort occurred, and the course of the disease