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MONTREAL, APRIL, 1889.

CORNS AND BUNIONS.

Although the disease called "corns" is one of the oldest specialties, it has not hitherto attracted to its ranks any surgeons of the higher order. We cannot find any satisfactory reason for this, for a man with an inflamed corn on his toe is quite as great a sufferer as another with wax in his ear. Perhaps it is because the patient can generally diagnose a corn himself, while wax in his ear is about the last thing a deaf man thinks of. Perhaps if bunions were grouped with the specialty of corns, and formed into a sub-specialty of orthopedics under the title of pediologists, their study might be placed on a higher footing.

Our present object is to call attention to the fact that both these diseases are altogether preventable, simply by wearing proper shoes. A shoe that is too short will throw the great toe outwards, sometimes as much as forty-five degrees from the straight line, thus exposing the delicate meta-carpophalangeal articulation to all kinds of violence, the result being a chronic inflammation of the joint and an effort of nature to protect the latter by exuding a fibrous deposit. Although the sufferer from bunions may be relieved by the application of lotions, the only cure lies in the undoing of the harm which has been done; that is, to insert a packet of cotton between it and the next toe, and gradually press it back to the straight line again.

THE ABUSE OF ANTIPYRETICS.

At a recent meeting of the Medical Society of Montreal, Dr. Alloway stated his conviction that in cases of rise of temperature due to septic absorption it was a fatal error to employ antipyretics (instead of antiseptics) and he thought this error had cost society many valuable lives, and much after-suffering in those whom it did not kill. We desire to call the attention of our readers to this point as we heartily concur in the above opinion. The rise of temperature is the warning note which tells us that pus is accumulating and that poison is being absorbed, or that zymotic germs have set the whole blood fermenting. To lower the temperature by a degree or two by the aid of antipyretics, without removing the cause, is simply blinding ourselves to the real condition of affairs. To us it seems very doubtful whether high temperature alone is really the cause of death in those cases in which death has been attributed to it. We remember a case of a nurse in the East London Childrens' Hospital during our term of residence there who felt perfectly well and did her work with a temperature of one hundred and ten degrees which lasted a month or longer, the figures being stamped as authentic by the Committee of the Clinical Society which was appointed to investigate this freak of nature. There are many other cases on record of what is generally considered a fatally high temperature being without any serious consequences. But even one case, if authentic, would be enough to prove that a high temperature alone is not fatal. In the case of the girl referred to there was simply an hysterical vaso-motor disturbance allowing increased combustion, but there was no poison in the blood causing paralysis of the vaso-motor nerves. If we could come to adopt the view of removing the cause, when removable, as pelvic abscess, retained placental debris, etc., instead of treating the fever which is merely an effect, we believe that many valuable lives might every year be saved.