

Dr. Phelps followed, reviewing the ground most thoroughly, and claiming that there was nothing in Dr. Bradford's paper which had not been taught and published by him (Dr. Phelps). Dr. Grattan and Dr. McKenzie pointed out that there were cases that could not be restored by any of the foregoing methods; cases where, in spite of the fact that the foot *per se* was fully restored to normal shape, yet the patient toed inward, there being evidently a twist in the limb in some part. Dr. L. A. Sayre, Dr. Ketch, and Dr. Vance recommended carrying a brace upward to the thigh, and even to the body, in order to turn the foot outward. Dr. McKenzie, in reply, claimed that such treatment must be ineffectual, inasmuch as apparatus applied about the thigh would turn inward as the foot turned, and if applied about the pelvis would turn the foot outward by causing external rotation at the hip, and would not make correction where the deformity existed. Dr. Grattan recommended osteoclasis of the tibia and fibula, and then placing the foot in the position desired. Dr. Phelps recommended an apparatus devised by Beely, of Berlin, for children, by which the leg was kept flexed upon the thigh, so that the tendency of the foot to turn inward could not rotate the thigh portion of the appliance, and in older persons osteotomy of any part in which the twist was found most marked.

Dr. McKenzie took exception to Dr. Phelps' method of operation, in which he makes his first step the cutting of the Achilles tendon, on the ground that it is now much more difficult to correct the varus—always the difficult thing to accomplish successfully. He was sustained in this criticism by Dr. Steele, of St. Louis, and Dr. Goldthwaite, of Boston. Dr. Phelps assigned as his reason for so proceeding because in one case in every ten there was a very strong, deep ligament connecting the posterior part of the tibia to the os calcis; and as this could not be cut without great danger of wounding the posterior tibial artery, it had to be ruptured, and must be done while the plantar surface of the foot remains intact.

Dr. Moore, of Minneapolis, presented "A Report of Six cases of Incision at the Knee-joint," recommending a careful selection of suitable cases and the high incision—four inches above the patella. Dr. Griffiths, of Kansas,

criticized some of the cases as having been too radical, an arthrectomy being the operation that was indicated.

Dr. Phelps said that arthrectomy had been introduced with a hope of curing the disease, and at the same time getting a movable joint. The best surgeons were now agreed that it was better never to try to get movement after operation at the knee, and when operation in the adult was indicated excision should be performed after Fenwick's method, rounding the femoral segment and hollowing out the tibial so as to get accurate coaptation, avoiding the insertion of nails as a means of securing fixation. Under ten years, excision should not be performed. If operation is demanded, better amputate.

Dr. Steele, of St. Louis, was elected president, and Dr. Ridlon, of Chicago, secretary. The association will meet next year in St. Louis.

Selections.

ON THE TREATMENT OF CHOREA BY EXALGINE.

BY DR. MONCORVO,

Corresponding Member of the Academy of Medicine of Paris.

In 1888 and 1889 I published some remarkable results obtained by the use of antipyrin in chorea, but in 1890 I resolved to make use of exalgine, a new agent, then recently introduced by MM. Dujardin-Beaumetz and Bardet.

On September 11, 1890, I admitted a girl of eight years affected with chorea, intense and generalized, who was submitted entirely to treatment of exalgine, administered in doses of three grains at first, afterwards increased to four and one-half grains. It was not without some astonishment on my own part and that of my assistants that we could establish, in the course of eighteen days of treatment, the cessation of all the choreic manifestations; the permanency of the cure has since been established by observation.

In this case, not to interrupt the treatment suddenly, I continued the exalgine for eleven days longer in daily doses of two grains, so that the total amount of exalgine taken was 96 grains. Had I used antipyrin in this case I would have given at least 45 grains daily; the activity of the