

serious condition. The saline (magnes. sulph.) which had been given on the second day, had not acted, and was now ordered to be given every two hours, aided by ox-gall enemata. Still more distension, and more frequent action of the heart. Calomel, 10 grains every two hours, was ordered, until the patient had taken 1 drachm, but no action of the bowels. The patient died on the fifth day. The temperature never reached 100 at any time after the operation.

Post mortem made by Dr. McCallum, Pathologist of the London General Hospital, revealed two very long constrictions of the alimentary canal; one in the ileum, twelve inches long, and extending to within four inches of the ileocecal valve; the other in the descending colon; the calibre of both portions of the intestine was so reduced that with difficulty was the little finger introduced. The appendix passed upwards in front of the ascending colon, and was found imbedded in a mass of old inflammatory tissue on the upper surface of the liver. One inch outside of the line of the gall bladder, and extending back to within two inches of the posterior border, there were adhesions all round the bladder, and Glisson's capsule over the superior surface three-eighths of an inch thick. There was intense venous congestion of the omentum, and some four or five ounces of dark liquid blood present in the abdomen. This case was interesting, not only on account of the manner in which the obstruction of the bowels was produced, but also of the position of the *appendix vermiformis*. It is quite apparent what complications and difficulties of diagnosis would occur in this case, some sixteen years ago, when the attack was put down to inflammation of the lungs, followed by abscess. There can now, in the light of *post mortem* evidence, be no doubt that that long illness was produced by appendicitis, that the abscess made its way through the diaphragm, and discharged itself through the thoracic wall and bronchial tubes. While the position of the appendix is variable, I do not now know of any instance where it was found in the position determined by the *post mortem* examination in this case. It is almost certain that the contraction of adhesive bands in the lower portion of the ileum was the cause of the narrowing of the lumen of that tube which led to the obstruction after the abdominal section, but whether the same influence produced the narrowing of the lumen of

the descending colon, I am wholly unable to state. Correspondence with the parents failed to throw any more light on the inflammatory attack of sixteen years previous.

I have given you these four cases in the order in which they came under my notice at the London General Hospital.

Cases one and three belong to the variety known as the multinodular myoma; while cases two and four belong to the oedematous variety.

The multinodular are rarely single, are intimately associated with menstruation, grow during that period, and decrease or disappear after the *menopause*, whether the *menopause* be natural or brought about by the removal of the appendages. The much rarer forms, the oedematous, are single and interstitial, grow at all ages, do not cease growing at the *menopause*, are not connected or influenced by menstruation, and, as a rule, grow much more rapidly than the former.

TREATMENT OF TALIPES VARUS.*

BY E. PALMER BURROWS.

Mr. President and Members of the Ontario Medical Association.

In response to a kind invitation of your efficient secretary, I promised a paper or a few remarks on the continuous extension treatment of talipes varus, a method of procedure which, I think, is in large degree original and very successful. I will not take up your time with any extensive anatomical description of this well known deformity, and this is the less necessary, as I reported fully a case in the *Canada Lancet*, in June, 1887, in which the details of the case, operation and treatment, were then given. The party operated upon was a boy fifteen years of age, deformed from birth. I will only ask your attention but a few moments to explain my method of treatment, which I hold to be original, although I am well aware that modifications are claimed as original by specialists. I read from the report. "John King, having talipes varus of left foot with all its well-marked characteristics, applied to me for the relief of his deformity. At the time he was only able sadly to hobble about by the use of a crutch and cane: the foot was greatly misshapen, malleoli

* Read before Ontario Medical Association, June, 1893.