ance, therefore, of equipping the soldier with well-fitting shoes was strongly insisted upon. For Army work, a boot should be worn that is three sizes larger than the man's foot. Small boots will bring on foot troubles, one important one, metatarsalgia, or Morton's disease, is characterized by pain on walking, situated between the heads of the fourth and fifth metatarsal bones, which if neglected goes on to pain over all the metatarsal bones, and a falling of the transverse arch. In order to overcome this disability, a pad of leather should be placed across the sole just behind the metatarsal heads.

True flat foot can always be distinguished from an apparently flat one. The apparent height of the arch is a worthless and misleading indication. The true guide of a perfect foot is the free and painless movement of all its muscles and tendons. A flat foot always presents painful spots along the line of the tibialis posticus muscle, down to its attachment at the first cuneiform bone. These areas are exaggerated by everting the foot, thus putting this muscle on the stretch. The mechanical readjustment of flat foot consists in placing along the inner edge of the sole and heel of the boot a leather bar. This acts by throwing the body's weight on the outer side of the foot, thus allowing the stretched muscles and ligaments to rest and regain their normal tone. The proper walking attitude must be carefully adopted--namely, feet pointing straight ahead. To arrive at this position ankle-rocking exercises while the foot is in an adducted position is a great help. The speaker then compared the merits of a Kitchener and a Canadian boot, which revealed the fact that the latter, because of its pliability, straight inner side, and better fitting ankle and heel, is preferable from a soldier's viewpoint.

Derangements of the internal cartilage of the knee-joint were then dwelt upon. These are produced by a sudden twisting or a blow struck on the leg whilst the foot is in a position of eversion. The body weight is borne upon the inner surface of knee when the foot is straight ahead, but in the position of attention it is mainly distributed to the outer side. In the speaker's own experience, treatment of such cases is best carried out by raising the inner surface of the boot, thus establishing an ankle and knee-rocking habit. A demonstration then showed that each time there was an internal rotatory movement of the knee the vastus internus muscle strongly contracted, thereby protecting the integrity of the joint. A discussion of this very interesting paper by the members present then followed.

The nineteenth meeting was held on March 11. Major Sir A Macphail gave an address on "Policy and Organization."

MEDICAL SOCIETY OF No. 16 CANADIAN GENERAL HOSPITAL.

(Ontario Military Hospital.)

THE first meeting was held on January 7, 1918.

Aortic Aneurism.—Lieutenant-Colonel Futcher presented several cases of this condition, and discussed them from the standpoint of etiology and pathology.

Arterio-venous Aneurism.—Lieutenant-Colonel Gilmour presented two cases of traumatic arterio-venous aneurism, one in association with the common femoral artery, the other with the axillary, the latter being complicated by a lesion of the ulnar nerve. Lieutenant-Colonel Gilmour demonstrated the anatomical associations of the ulnar to the axillary artery and vein.

Chronic Hypertrophic Pulmonary Osteo-arthropathy.—Captain Morton presented a case of this rare condition, together with X-ray plates of the bones involved. This was associated with a pronounced condition of bronchiectasis with abundant discharge of watery sputum.

Transfusion of Blood.—Colonel Primrose then addressed the meeting on the subject of transfusion of blood, giving his experience in this procedure, both before the War and at Salonika. He described the methods and discussed the value of the procedure. An active discussion followed upon his address.

The second meeting of this Society was held on January 21, 1918, the President in the chair.

Œsophageal Stenosis.—Captain A. W. Macbeth presented two cases of this condition, the one following the swallowing of an acid, the other due to spasm of the cardiac orifice. This latter case showed in addition a diverticulum of the œsophagus. X-ray plates following a bismuth meal were exhibited.

Leucoplakia.—Major Wilson demonstrated two cases of this condition with associated Vincent's angina. His experience of the cases seen had been in those addicted to the extensive use of tobacco.

Syphilitic Periostitis.—Two cases of this condition were presented, with marked changes in the long bones; in one of these the history was that of congenital syphilis, with first recognition of the periostitis at the age of 12.

Anæmia, with Splenomegaly and Enlarged Liver.—This was a case presenting mitral and aortic regurgitation. The red cells were reduced to 1,800,000; in the differential count nothing abnormal was observed. The spleen and liver were notably enlarged.

The third meeting of the Society was held on February 4, 1918, the President in the chair.

Shell Shock.—Captain C. E. Frain demonstrated a series of cases of paresis due to war shock. These were of long standing, as a result the evidence of improvement under treatment was very slight.

Orthopædic Cases.—Captain I. W. Dickson presented several cases of elbow injuries, illustrating points in the treatment.

Preventive Orthopædics.—The address of the evening was delivered by Colonel A. Carless, F.R.C.S., Consultant in Surgery, Eastern Command. The address was a study of cases of deformity and the methods whereby these cases might be counteracted. It was pointed out that the greater part of the cases in General Hospitals in this country presenting themselves for orthopædic treatment are preventable by proper treatment, and should never have been permitted to occur. Colonel Carless laid down the principles which should determine the early treatment of bone lesions and fractures.

ADMINISTRATION NOTES.

MEDICAL WAR LITERATURE.

THERE is a very natural and proper desire on the part of hospital units, both in England and overseas from England, to be provided each with its medical library for reference. As a service our first duty is to the wounded and the sick, and it is to the interest of these that they be given the benefit of every advance. The best and the latest medical literature therefore, as far as is possible, should be at the disposal of the hospital staffs.

Taking into account war conditions, how and to what extent can medical headquarters meet this undoubted and admitted need? Works of reference are bulky, costly, and, on account of successive editions, rapidly deteriorate in value. The same is true in general with reference to medical journals. Each branch of medical science has now its special journals, English and American, and the subscriptions to secure a representative series for each hospital would entail an expense so heavy as to ensure severe criticism were it entered into.

Thus the temporary nature of war hospitals overseas, and the need to cut down impediments to a minimum, demand in this matter a policy that will secure the most in the smallest bulk. Each General Hospital, that is, should be supplied with the latest authoritative systems of medicine and surgery, and to ensure a prompt knowledge of recent advances, not special journals, but those general journals which endeavour week by week, or month by month, to keep in touch with all that is best in medical war literature, should be subscribed for. The foremost of all these, as supplying the widest series of abstracts of current literature, is the *American Medical Association Journal*. Another excellent American periodical which has established a special section upon war literature is the *American Journal of the Medical Sciences*. Unfortunately these reach us after many weeks delay. Most hospitals, therefore, find the *Journal of the R.A.M.C.*, the *Lancet* and the *British Medical Journal* more serviceable, and, as a matter of fact, in most hospitals one