3. Short boots especially. In them the great toe is brought sharply in contact with the end, and, as the tarsus and metatarsus will not yield much, and the metatarso-phalangeal joint will, a deflexion of the great toe takes place outwards, and sometimes downwards. This is the most frequent and worst form. This deflexion of the great toe is the source of great trouble, as bunions occur over the metatarso-phalangeal joint; soft corns on the second, third, and fourth toes, under which it lies, and, worst of all, a total loss of movement in the great toe.

Treatment of the above deformities.—If just begining, keep the toes apart by pads of plaster. Isinglass plaster upon felt is the best. The pad must be worn day and night. Of course bad boots must be left off. The treatment by night is even more important than that during the day, for then especially repair goes on, and the least relaxation in the night more than undoes the good done in the day. Sometimes it has been considered necessary to divide tendons, but these do not produce the deformity; they merely adapt themselves to it. If they are divided, the deep-seated fibrous textures should be divided as well. In the worst cases the great toe has to be amputated.

Deformities of the Second Toe.—It is doubtful whether these deformities are due to the wearing of bad boots, as sometimes they are hereditary. There are two kinds—

1. The last phalanx may be turned straight downwards, and is then called the hammer toe. It is found occasionally in the other toes.
2. Extreme flexion of the first phalangeal joint. it is certainly hereditary, for it is frequently found in children who have never worn boots, but it is greatly aggravated by wearing boots, since corns form on projecting parts.

In the old classic statues the second toe projects beyond the first, but that natural type of foot is going out. The great toe seems now to project beyond the second. In people with flat feet this is always the case. Some say that the deformities of the second toe are congenital, but it is probably an early produced disease of the fibrous textures.

Treatment.—If beginning in a child you may cure it by applying a wooden splint below, and keeping it bandaged night and day. When deformity is more advanced divide the flexor tendons, and apply a splint below, or a splint on the dorsum of the foot arranged with loops. In later life it is impossible to cure the deformity, but amputation should be done at the point of extreme flexion, not at the metatarsal joint.

The third and fourth toes have no special deformities. They only suffer by being lifted up or pushed down.

The little toe sometimes is almost suppressed from atrophy resulting from pressure.

Boots then may, besides other diseases, cause deformities which lead to the hardening and contraction of the fibrous structures a round the joints.—*Students' Journal and London Hospital Gazette.*

ON INCONTINENCE OF URINE IN CHILDREN.

By Henry Kennedy, F.K.Q.C.P.,

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Dr. Kennedy began by observing that though the affection could not, in one sense be considered serious, it, at any rate, always entailed a great deal of annoyance, and was ever most difficult of cure, and in some rare cases continued on even into adult life, so rendering the individual miserable. In many cases too, boys had to be taken from school on account of it, and this made it a very serious infirmity, for very obvious reasons. The author did not bring forward the subject with the hope of offering anything new, but in order to elicit discussion.—Before alluding to the affection itself, he wished to draw the attention of the meeting to the marked differences to be observed amongst children at and after birth, and these differences went on even into childhood. They were seen in the external parts of body, and also in the internal functions. Some had very sensitive stomach and bowels, others the contrary, some swallowed badly; some had their teeth very early, and others late; some walked much sooner than others; and when they were old enough the variety in the modes and powers of speech was very striking. It was known to all, too, that girls spoke earlier than boys, and that stammering was much more common amongst males than females. Now, all these differences, the author went on to observe, must arise from some inherent cause, and when they amounted to what would be called a defect, it was most probable they arose from some want of harmony in the functions of the nervous system. When a child was born with one side of the body weak, or atrophied, it was known that this was due to a want of development, or even an absence of some portion of the nervous centres. So the author took it to be—though in a very much mitigated form—in the affection of which he was about to speak. It was certain it could not be due to any abiding cause, inasmuch as all children, it might be said, grew out of it. But the author considered that the affection was as close to real disease as it could well be without being it. He drew attention to the fact, that while the incontinence of urine was a comparatively frequent affection, the bowel was not affected with it. Still, this did occasionally occur, and he had met instances of it. He also noticed the variety that exists, even amongst adults, as regards the performance of the functions of the bladder; and hence he concluded that if such were known to exist amongst them it might *a priori* be supposed to exist amongst children, where the several functions could not be supposed to have attained their maturity. The author went on to state that the affection was probably more frequent amongst boys than girls. But this point required further confirmation. In one remarkable case of which he knew, the infirmity had continued up to womanhood, and then the patient married, though under such peculiar circumstances. The effect, however, was that from that moment she was cured.