

process? The most reasonable conclusion is that there existed in both cases a toxine in the blood, which especially attacked the cord, in all probability the result of bacterial invasion. This toxic agent, acting similarly to such medicinal agents, as strychnine, etc., attacked the cord, thus producing the grave condition already described.

Friedlander, in a recent article, expresses the opinion that Landry's acute ascending paralysis, acute anterior polio myelitis of the adult, acute bulbar paralysis, some cases of Basedow's disease, tetany, diabetes insipidus, and diabetes mellitus, are of rheumatic origin. In these cases it would certainly appear that there existed some relation between rheumatism and the pathological processes which produced such grave symptoms.

In the first a diseased condition of the mitral was present, which was probably of rheumatic character, and in the second, obstinate rheumatic pains existed in the back for some weeks previous to the onset of the fatal attack. I would certainly treat similar cases with soda salicylate, hoping in that way to do more good than by a system of medication directed to the condition of the spine.

#### A CASE OF CLUB FOOT—OPERATION.\*

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In April, 1891, L. H., a young man 21 years of age, presented himself at my office with the request that I should "cut his foot off" for a deformity, which was a great hindrance to his calling, a machine wood carver.

He gave the following history:—When three years of age he was playing in the grass and accidentally ran against the sharp edge of a scythe, severing the muscles on the outer part of the leg below the knee, inflicting a wound several inches long. There had been no attempt to unite the wound, as the family physician feared "lock jaw." The wound was allowed to heal by granulation leaving the ends of the muscles and nerves separated and their functions impaired.

A few months after the wound had healed the foot began to gradually turn in, until it had become permanently deformed and the bones ossified

in their abnormal position. Having persuaded him not to have it removed, as that could easily be done later on, the operation known as Phelps' was proposed and done on April 13th, 1891.

After the application of Esmarch's bandage, and the usual aseptic precautions had been taken, an incision from a point a short distance in front of the tip of the internal malleolus extending downwards to the inner margin of the sole of the foot, dividing everything down to the bone, in succession, the Plantar tissue, tibialis anticus tendon, tibialis posticus flexor communi digitorum, flexor longus pollicis, the belly of the flexor brevis digitorum, the abductor pollicis, the Plantar fascia, the long Plantar ligament, the deltoid ligament, the nerves and both external and internal Plantar arteries. There was so much tension of the skin of the sole that the original incision had to be enlarged to the external edge of the foot. The vessels being ligatured with cat-gut an attempt was made to rectify the position, which was found only partially successful. The head of the astragalus and almost all the scaphoid was chisled out in the shape of a wedge, the base being external. It was still found impossible to get the foot into any decent shape, for it seemed the greatest hindrance to the rectification was on the outside; consequently an incision was made from a point a little in front of the external malleolus downwards about two inches, and a large wedge consisting of a piece of the os calcis and cuboid bones was removed, the deformity being much more easily remedied now. Although this is somewhat a departure from Phelps' operation, the latter was followed until it was found that it could not be a success without the external osteotomy: the tendo-achilles of course being cut.

In fact I believe that in this particular case as good a result could have been obtained without any bone being removed from the internal side at all (*i. e.* from the astragalus and scaphoid) but simply to have dis-articulated and done the osteotomy on the outside through the anterior part of the os calcis and posterior part of the cuboid. Over Skede's dressing and sublimated gauge, a plaster bandage was applied before the removal of Esmarch's bandage. The temperature never rose above 100°, and that for only two days, and pulse not above 90°.

On April 22nd, thirteen days after the oper-

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