

about the crisis of the fever, still such an eruption might be caused by the opium that was given to check the diarrhœa. I do not think that you will find petechiæ in more than one-half, or two-thirds at the farthest, in all the cases of typhoid fever that occur in this country. Therefore the opinion I have formed, from my own experience is, that typhoid fever to a certain extent is contagious, yet the contagion is not of that virulent type which is observed in many specific fevers. Yet it is certainly advisable to treat it as if it were strictly contagious, by paying great attention to cleanliness and ventilation, as well as the free use of disinfectants.

CASE OF TALIPES IN A BOY OF 16 YEARS OF AGE, WITH SUCCESSFUL OPERATION AND TREATMENT BY PLASTER CASTS.

BY DR. BURROWS OF LINDSAY.

John King, having Talipes Varus of left foot with all its well marked characteristics, applied to me some months ago for the relief of his deformity. He had only been able sadly to hobble about by the use of a crutch and cane, the foot was greatly misshaped, malleoli enlarged, with skin and flesh covering much thickened and callosed, from walking on that part of the foot. By advice of medical men of more or less celebrity, a number of whom he had previously consulted, almost every conceivable appliance and apparatus had been used but without any appreciable good result.

The boy, anxious for prospective relief was easily persuaded to an operation, which I performed on the 23rd of May last, assisted by Dr. T. W. Poole, who kindly administered the anæsthetic, using a fine Tenotomy knife, the contracted tendons were divided also the plantar fascia and muscles which were carefully divided, cautiously avoiding the nerves and arteries in the neighborhood, the operation progressed without serious hemorrhage or any troublesome complication, and having been satisfactorily completed the limb was fairly straightened and set in an improvised splint of leather, and perfect rest insisted upon.

On visiting him the following day, found that he had rested nicely, very little soreness or pain being complained of, the foot keeping its position. I now reapplied strips of adhesive plaster with tension

of foot inwards, and to the outside applied a moulded splint of stout leather, allowing all to remain in situ a few days. I now procured a stout pasteboard box and having satisfied myself as to the position of the foot and exerting increased traction by the adhesive strips, I placed against the sole of the foot a moulded splint well wadded with cotton wool with a view to prevent undue pressure from the contraction of the plaster in setting, and to secure greater comfort to the limb in its lengthy incarceration. The foot being placed on its inner side with box, the plaster of Paris in water, to which a small quantity of common salt had been added to accelerate its setting, and make it more firm, giving a complete casing of about an inch thickness, and which trimmed a little, left a close fitting comely covering of solid plaster, securely fixing the foot and thoroughly insuring its remaining in the desired position. On my following visit I found him to have slept well, eaten well, and the foot feeling quite comfortable. Everything appearing so favorably, I left the foot again in the same position for some eight or ten days, at the end of this time, a portion of the plaster cast being removed from the outer side to below the ankle joint, I pressed the foot still further outwards, even beyond its natural position, and having poured fresh plaster around it secured it in its new position, and left my patient again fairly comfortable. In this position I left my patient until the 22nd of June, when I entirely removed the plaster casing, finding the limb perfectly straight and of natural shape, almost as its fellow, the previously enlarged malleoli and callosities less noticeably prominent. I had him now put on a laced boot specially stiffened on the inner side with a double thickness of stove pipe iron, moulded to the last on which the boot was made, and concealed between the side leathers. He at once endeavoured to walk and could do so, resting part of his weight on the previously affected foot. He complained however, of a stiffness in the joint, and a feeling of weakness, but with a walking stick alone could make fair locomotion. He has, at the time of my writing, donated that last relic of his deformity, and is able to walk nearly as well as anybody; the foot has assumed an almost natural shape and position, and the joint is gradually becoming of normal size and greatly strengthening.

I have thought this worthy of insertion.