

does positive harm, and has adduced cases which go far to establish his position.

If swallowing is very difficult, and is accompanied by choking, it will be advisable to pass the œsophageal tube three or four times in the twenty-four hours, and so introduce into the stomach, milk, beef tea, and concentrated food. There is really no risk whatever in this operation, even in an apoplectic patient, when it is skillfully performed. Whenever it is requisite to use the œsophageal tube, nutrient enemata should be at the same time administered. The bladder should receive careful attention, as it is apt to become distended and cause mischief. The decubitus is also worthy of consideration. Whenever a clot of any size exists on the brain there is a tendency to a low type of pneumonia, or to œdema of the lungs, the incursion of which is much favored by that hypostatic congestion which occurs in the lower lobes of the lungs when a patient continues lying upon the back for a prolonged period. By having the patient turned upon his or her side at stated intervals this imminent danger may be averted.

A day or two after the formation of a non-fatal clot a state of reaction is established. An inflammatory fringe surrounds the clot, and the pulse and temperature rise. This condition can only be combated by quietude and full doses of bromide and iodide of potassium. Sometimes alcohol is requisite, and I have given it under such circumstances, even in large quantities, without detriment. When the reaction has subsided the same medicines may be continued, often with signal benefit. The bromide of potassium, acting as a sedative, soothes any cerebral irritation, and the iodide, in a way which is not understood, helps towards the contraction of the clot. Arnica also has been employed in America to induce the absorption of intra-cranial clots, its valuable property of promoting the removal of subcutaneous extravasations when applied externally having doubtless suggested its internal use under such circumstances. All that I can say of it is, that in three cases of cerebral hemorrhage in which I prescribed drachm doses of the tincture of arnica three times a day, very steady progress was made, and a very satisfactory quota of power was regained.

NOTES OF A CLINICAL LECTURE ON MALADIES PRODUCED BY BOOTS AND SHOES.

Delivered by SIR JAMES PAGET, at St Bartholomew's Hospital, on June 1st, 1874.

MALADIES depending on the wearing of too small and badly-fitted boots are very numerous, such as deformities of the toes, bunions, corns, in-growing nails, painful bursæ, &c. In order to study deformities of the toes, you should obtain a good idea of a perfect foot. In a perfect female foot you find:—

1. Great width and fullness of instep.
2. Well marked great toe.
3. Long second toe, projecting a little beyond great toe.
4. Very small, or in some cases almost suppressed little toe.

In the male the great toe is not quite so prominent as the second. The feet of all persons cannot be deformed, nor can corns and bunions be produced in every one. It is doubtless owing to their complete reactive nutrition, the repair that takes place in the night being more than enough for the day's waste. This is not impossible when it is remembered the complete repair that occurs after great muscular waste, as in athletes. The troubles then set up in the integuments, faciæ and tendons of the toes are rather to be regarded as diseases set up by the pressure and friction of boots.

I.—*Mutual Compression of the Toes.*—Naturally there is a considerable interval between the first and second toes, and in a less degree between the others, so that when the foot bears the weight of the body, each toe is free from contact with its fellow, hence, in wet clay, you would receive a separate impression of each. In the deformity, though, which is produced by small boots, the toes are squeezed together, so as to form a transverse arch; the first and second toes then only bearing the weight of the body. Thus there are formed:—

1. Soft corns between the toes by their friction on each other.
2. Hard corns on outer side of little toe and inner side of great toe, and projecting points pressed upon.
3. Complete immobility of the toes, except the great one. The natural mobility in civilised nations does not exist now in more than about one person in 500.
4. Painful bursæ between metatarsal bones.
5. In extreme cases corns and chafed spots are produced by the squeezing and rubbing together of the pads of the great and little toes.

Kid gloves, though worn continually, never cause bunions, since the kid stretches to the hands; but in the manufacture of boots, especially ladies' boots, unyielding canvas is used to line them, so that the leather is prevented from stretching and showing the true shape and size of the foot. The foot enlarges when bearing the weight of the body, and also towards evening, hence, a boot thus made from a measure taken when the foot is suspended in the air, and in the morning, is too small for the foot in the evening. Women's are generally measured in the air, but men's when they are standing on them. The high heels in ladies' boots, too, will be always causing them to walk down-hill, however level the path may be, thus driving the foot more and more to the front. In a well-made English boot this is prevented to some extent.

II.—*Deflection of the Toes* fall chiefly on the great toe, the result of wearing—

1. Boots too narrow in front.
2. Boots (now out of fashion) having the point in a line with the centre of the heel; the big toe, which naturally is in a line with the inner side of the heel being deflected outwards towards the point.