

EXTREMITIES.

I. Osteoplastic Resection of the Foot after Wladimiroff-Mikulicz. ZESAS (Bern): K. ROSER (Marburg). In the ANNALS for May, 1886 (pp. 425-7), may be found a description of this operation, taken from G. Fischer. Another case is reported by Zesas, from Niehaus' clinic in Bern. The patient was a man of 50—the oldest as yet subjected to this operation—who, through an accident eleven months previously, had lost the soft parts of the left heel and a portion of the os calcis. Repeated attempts at covering the ulcerous defect by transplantation had failed. Even removal of the astragalus did not allow complete closure of the wound. Resection of the foot according to Mikulicz was then performed. After healing, the stump was found so mobile that a water-glass bandage had to be applied. Ten months later the undesired motility had vanished, though a foot-support and cane were still useful in walking. Zesas has collected nineteen cases, and mentions five other Russian ones never reported except incidentally by Sklifassowsky. So far as functional results go, he finds this method a decided improvement on that of either Syme or Pirogoff. In cases of tubercular bone disease, however, it gives no guarantee against relapse. He thinks the term "artificial pes equinus" as originally proposed by Wladimiroff in 1872 more suitable than the later term "osteoplastic foot-resection."—*Arch. f. klin. Chirg.* 1886. Bd. 33. Hft. III.

Case II, of both Fischer and Zesas has since been more fully described by the operator, Dr. Roser, of Marburg. He feared neuro-paralytic trouble on removing 10 ctm. of the tibial nerve as done by Wladimiroff and Mikulicz. Consequently he proceeded as follows: The patient lying on his back, an incision is made along behind the internal malleolus to the median side of the scaphoid bone. The tibial nerve is then prepared out, divided opposite the malleolus, and its peripheral end freed from surrounding soft parts as far as Chopart's joint. Some filaments running heelward have to be severed. The incision is now deepened to the bone and the operation completed according to Wladimiroff, except that in dividing the soft parts the nerve loops must

be avoided. Finally, before sewing up the wound the peripheral nerve end is shortened some ctm. and united to the central nerve stump by two not perineurotic catgut sutures.

R's is the second (published) operation done according to W's original plan. It was for eight-year-old tubercular disease of the heel bones that had continually recurred after other methods of treatment.



FINAL RESULT IN ROSER'S CASE OF OSTEOPLASTIC RESECTION OF TARSUS.

Excellent result. A plaster bandage had to be worn for several months when a shoe with steel supports was substituted. Sensation was fully recovered in four months.—*Centbl. f. Chirg.* 1886. No. 36.

II. On the Operative Treatment of Hallux Valgus. By Dr. REIDEL (Aachen). When the covering bursa becomes inflamed, its simple removal does not suffice since the bursa develops anew. Hueter's method of removing the prominent head of the I-metatarsal

bone is considered (Hamilton, Rose, Sayre), to give good results, but possibly the cases have not been observed long enough. In flat-foot no inconvenience can follow even though an ankylosis forms, as in a case given by R. Otherwise, however, trouble may follow. In an 18-year-old-girl, Riedel exsected the head of the metatarsal on both sides. For a few months she could walk fairly well. Severe pain in the planta pedis then came on, and the heads of the remaining metatarsal bones became more and more prominent (on the sole). At the end of a year walking even with a stick was very tedious. The heads of the remaining eight metatarsi had to be removed. Fortunately this resulted in giving her neat little feet on which, the year since, she has been able to walk, dance, etc., free from pain.

Reverdin, in four cases, chiselled off the median exostosis and then removed a wedge of bone back of the metatarsal head. Riedel, in four cases, has had satisfactory results by a simpler plan. He removes the exostosis from the I-metatarsal, and the base of the I-phalanx. At the same time he smoothes the metacarpal head somewhat. The other toes remain somewhat abducted and the remainder of the first toe conforms slightly in this respect, but the good use of the foot is not interfered with.—*Centbl. f. Chirg.* 1886. No. 44.

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GENITO-URINARY ORGANS.

I. On Removal of Tumors of the Bladder, with Four Cases. By J. GREIG SMITH, M. A., M. B. For the removal of tumors from the bladder in the female, incision of meatus and outer two-thirds of the urethra with dilatation of the remaining portion of the tube and vesical neck is recommended, in preference to dilatation of the whole canal.

The author claims for this method greater ease in carrying out the necessary manipulations, and less risk of subsequent incontinence. He recommends that the urethral wound should be sutured and no catheter left in the bladder.

For the removal of growths from the male bladder he considers