

tive, hand painful and swollen, pulse nearly natural. I prescribed Pil. Cath. U. S. No. iij. and an emollient poultice to wound.

18th, *Morning*.—Pills operated twice briskly, which nearly relieved the pain in the head and back, but there was still considerable pain in the hand, heat of skin and general uneasiness. Prescribed acet. ammon. ʒij; Sp. nit. dulc. ʒij; morph. sulph. gr. $\frac{1}{2}$. Mix. S. tablespoonful every half hour till all taken. Two o'clock, P. M. medicine had produced no effect; all the symptoms had become aggravated. Venesection, ʒxv. Night, considerably relieved, though still uneasy. Ordered Pulv. Doveri gr. xv.

19th, *Morning*.—Had some disturbed sleep, complained of no local pain, but general uneasiness. His mind was bewildered and wandering; with difficulty could be made to give direct answers to questions; could not tell where he was bitten, or when it first began to pain him. When pressed to describe his symptoms, said he felt very bad, had some pain in every part of his body. His eyes were glazed and dull, tongue a dark brown fur in the centre of a white coating. The wound was much swelled and very tense; tumefaction circumscribed. Upon the apex, about the size of a quarter of a dollar, it had assumed a mottled and gangrenous appearance. I made three or four incisions into it, which afforded considerable relief, and applied a warm emollient poultice. R. Submur. hydrarg. gr. xv.; morph. sulph. gr. ss. M. Ft. pil. iij. S. one every three hours.

20th, *Morning*.—Had wandered during the night, felt very weak, appearance much relaxed and pale, extremities and tongue cool, no desire to take nourishment. R. Quinine sul. gr. vj. 2 P. M. quinine had decidedly a favourable effect, and he appeared calm; took some chicken soup.—Evening, no motion from the bowels since night before last. R. Pulv. Rhei ʒss. Soda sub. carb. ʒj. M.

21st.—Medicine operated once; much relieved, and continued to improve.

25th.—Called again to see the patient, who was complaining of severe pain, resulting from inflammation of the absorbents extending from the wound to the axilla. There was much heat, redness, swelling, and some general excitement. V. S. ʒv., which, together with the use of cold applications, diaphoretics, anodynes to procure sleep, and after much suffering for five or six days, the symptoms gradually subsided and he was again convalescing. After the elapse of three or four days the inflammation of the absorbents again showed a disposition to recur, but was dispersed by the application of a blister over the part and nearly the whole length of the forearm. The thick skin in the vicinity of the wound had sloughed off, leaving the parts beneath of a dark brown appearance, apparently possessing but little vitality.

Tenotomy for Club Foot successfully performed.—By W. M. EGBERT, M. D. of Manayunk.

A son of Mr. Jacob Coon, of Manayunk, was born with varus of the third degree in the left foot. When the child was 6½ months old, his father, who had heard of the operation for club foot, consulted me in regard to the propriety of correcting the deformity, anterior to the period of his walking.

Upon examination, I found the heel shortened about an inch and a half and drawn inward nearly to the malleolus internus, obliterating it completely. The facia plantaris and anterior tibial muscles were considerably contracted.

The boy was well grown, fat and healthy. The process of dentition having just commenced, induced me to fear the effects of an operation; but, to allay the father's anxious solicitude, I consented to operate.

Accordingly, on the 7th of March, I divided the tendo Achillis and at once depressed the heel to a natural position, in the presence of Drs. T. F. Betton of Germantown, H. Chase of Philadelphia, I. L. Day of New Jersey, James M. Thomas of Centre county, Pa., and Messrs. Budd, Keim and Green, medical students.

I applied the simple splint of Desault, with a single joint, and was thereby enabled to adapt its angle to the inclination of the foot. I prescribed an opiate, which kept the child composed during the night. On the following morning, I found but slight symptoms of excitement, and the patient had rested well through the night. I ordered a cathartic, which dispelled the irritation. No other unpleasant symptoms occurred, notwithstanding two inferior incisors made their appearance within ten days.

I have assisted my friend Dr. T. F. Betton and others in the operation and cure of several club feet, and my opinion is decidedly in favour of bringing the heel down at once, and causing the toes to be elevated beyond the natural right angle with the leg. I believe the operation to be extremely simple, and unattended with danger; and have been induced to make this case public in order to counteract, as far as possible, the impression that the operation should be deferred until many months have elapsed.

The foot is now well, and none of the original deformity exists.

April 1st, 1840.

Case of Club Foot cured by Division of Tendo Achillis.—By WM. D. LYLES, M. D. of Pickensville, Ala.

Sept. 10th, 1838.—To-day I operated for club foot on a child three years old. I divided the tendo Achillis an inch and a half above the heel, on the plan proposed by Dr. Stromeyer. So soon as I introduced the bistoury and brought down the heel, the tendon separated with an audible sound. I proceeded to press it by applying a bit of adhesive plaster to the wounds on each side, which were not exceeding the eighth of an inch in extent. Next I applied a soft compress on each side of the divided tendon, and secured the whole by a roller, with the heel drawn upward, fixed in that position by the simple apparatus contrived by Dr. More.

12th.—This morning the tendon has united sufficiently to bear the use of the instrument. After it was applied, the little fellow was able to put his toes *flat* upon the floor. The parents expressed much satisfaction, and look confidently forward to a speedy cure.

13th.—To-day the instrument was removed. I find the progress of the operation to exceed by far my most sanguine anticipations. Without the instrument he was able to apply his toes to the floor naturally, which he had never done before—always, previous to this time, treading on the upper portion of the foot. Nothing of any importance has yet occurred.—The instrument I have employed is one of my own construction; not differing in any material point from those employed by other surgeons, either in make or the mode of application. I merely mention this fact, because many, if they have not the proper appliances at hand, will not attempt to construct them, because they imagine they cannot do it. But this is not the fact. In nine cases out of ten, if the surgeon attempts it, he will be able to form something that will answer his purpose.