It is curious that the "valgus" tendency in the toes explain this inartistic and most discomforting deformity.

Treatment has, of course, varied according to the view entertained as to the general or particular cause, and even recent works recommend amputation in despair entertained as to the general or particular cause, and

Hallux valgus and hammer toe. Before operation. After resection of joints.

should be almost the exclusive prerogative of the hallux. The support afforded by the other toes might have been thought to operate in the direction of resisting such deviation. But, as in the case illustrated above, it will be seen that so strong was the valgus impulse that the coincident deformity of a hammer second toe afforded no obstacle.

Similarly it is the second digit which most frequently, though not exclusively, exhibits the "hammer" deformity. Doubtless the free mobility of the metatarsophalangeal and inter-phalangeal joints, partaking of the nature of a universal and not only of a ginglymus movement, readily lends itself to extrinsic pressure. Any deviation from the normal line once started would tend to be stereotyped by intrinsic assistance. Thus the insertion of the innermost tendon of the extensor brevis digitorum into the base of the first phalanx of the big toe and the diagonal direction of its pull would cooperate in a valgus deviation. Similarly the second toe alone has inserted into the base of its first phalanx the tendons of two dorsal interosseous muscles. Here the malleus deformity once started would be assisted by muscular action and ligamentous shortening would tend to perpetuate and to fix a dislocation in the first instance intermittent and reducible. The good result of aseptic excision of the heads of the proximal bones without division of any tendons is well shown by Figs. 1 and 2 reproduced from photographs taken before and after operation. The case was one of combined hallux valgus and hammer toe in a woman, aged 36 years. I operated on March 9th of this year, on the 18th the splints were left off, and on the 23rd the patient was discharged, walking well without pain and the toes in perfect position and naturally mobile.

Clinical Notes:
MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

Hallux valgus and hammer toe.

Case 1.—The patient was a male native, aged 31 years. The operation took place on Jan. 14th, 1899. Food had last been taken at 7 P.M. on the previous day. The operation was the aspiration of an abscess of the liver. Mr. Salar Musood, a third-year student, was the chloroformist. The administration commenced in one drachm doses at-