1st. Upon identity of symptoms.

2ndly. Upon identity of morbid appearances.

3rdly. Upon identity of cause.

Further, from the nature of the symptoms and morbid appearances, I *conclude* that hysteria and hydrophobia are consequences of a physical deviation of the sexual system from its normal condition.

CASE OF CLUB FOOT

SUCCESSFULLY TREATED BY THE

DIVISION OF THE TENDO-ACHILLIS.

To the Editor of THE LANCET.

SIR:—The time is fast approaching when cases similar to the one which I am about to narrate will have been so common as to render it a work of supererogation to record them, but in the infancy of this most scientific, safe, and useful operation, it becomes the duty of every man who has it in his power to help to remove the prejudices which exist relative to the danger to be apprehended from the division of tendons, and the scepticism as to its beneficial results.

My eldest son, a healthy boy, born in Feb. 1823, was the subject of congenital club foot. The case was not considered to be a very bad one, and I was advised that by dint of rubbing, pulling, and the use of appropriate mechanical contrivances, the deformity might be remedied. Accordingly I placed him under the care of the late Mr. Shaw, and that gentleman's plan of treatment was sedulously followed for several years; subsequently he was seen by other medical men, and all that skill could suggest or contrive was tried in vain, for at the end of fourteen years and two months, the boy appeared to be doomed to irremediable lameness. I had heard that Dr. Stromeyer, of Hanover, had divided the tendo-achillis, but, notwithstanding the most diligent inquiry, I could not learn that the operation had ever been attempted by an English surgeon. Great, then, was my delight on reading in *THE LANCET* of April 1st, 1837, an account of the discussion of Mr. Whipple's case before the *Royal Medical and Chirurgical Society*. I wrote immediately to Dr. Little, who not only promptly and liberally proposed to send me the requisite information, together with Stromeyer's apparatus, but at the same time offered to undertake the cure of my son's foot if I would send him to London. The disinterested kindness which he thus evinced, was fully borne out by subsequent attentions. The skill displayed in the operation, the incessant watching over the gradual improvement in the position of the foot, the almost paternal anxiety to avoid suffering to the patient, and, at the same time,

to secure success to the operation, together with the friendly consideration of the maternal anxiety of Mrs. Ray, who was in attendance on her son, have been such as I cannot do sufficient justice to, or cease to be grateful for, to the latest moment of my existence.

The following will shew the state of the foot prior to the operation:—In the erect posture the patient appears to be simply standing upon the toes and ball of the foot of the affected limb, the heel being drawn up by the muscles of the calf as high as possible, not touching the ground by 3 inches; in consequence of the extreme rigidity of the tendo-achillis and gastrocnemii muscles, it is impossible to place the foot in its natural position by bringing down the heel. In walking the patient limps a good deal, and treads on a very small part of the sole; there is not much inclination of the foot inwards, though he treads more upon the ball of the little toe than of the great toe. In the act of walking there is no bending at the anklejoint. Although the entire affected extremity is rendered longer, through the extension of the foot, the leg is, in reality, somewhat shorter than that of the opposite side. The tibia and fibula are also more slender; the inner malleolus presents itself more anteriorly, and the other more posteriorly, than natural. The heel being drawn up as much as possible, causes the foot to appear to be a continuation of the leg; it is, in fact, nearly in a straight line. The arch of the foot is much greater than natural; the tarsal bones, therefore, present a great projection upwards; the affected foot is an inch-and-a-half shorter than its fellow; the muscles of the leg are much less developed than those of the sound limb; there is no paralysis of the tibialis anticus peronei, or other muscles on the front of the leg; he can put them in action at pleasure, without, however, being able to move the foot much.

On the 1st of May (in the presence of my friend Mr. Kingdon, Mr. Hamilton, of the *London Hospital*, and myself) Dr. Little divided the tendo-achillis, about an inch-and-a-half above the malleolus, by introducing a very narrow, slightly-curved, bistoury between the tendon and the deeper-seated muscles and tibial vessels, directing the edge of the knife against the front of the tendon, dividing it from within outwards, leaving the skin covering the tendon untouched. The section was accomplished most skilfully, and the *minute* puncture in the skin was covered with a strip of adhesive plaster, and a loose bandage was applied round the foot and leg. Any separation of the divided ends of the tendon was prevented by placing the foot in its deformed position upon a stiff paste-board splint, applied along the outer side, and by adjusting the limb, with the knee bent, upon a pillow; on the second day the re-

port was that he had had no pain or tenderness, and would not have known that anything had been done to the limb but for occasional contractions of the muscles of the calf, they having lost their fixed point.

3rd day. The puncture (which is inconceivably small) was found agglutinated, although not firmly cicatrized; the application of the extension foot-board was consequently deferred another day or two. The ends of the divided tendon cannot be felt, owing to the effusion of coagulable lymph which is necessary for its perfect re-union.

4th day. The puncture firmly cicatrized, and Stromeyer's foot-board applied. The boy is perfectly well. The handling of the foot preparatory to the application of the apparatus, and the attempt to draw the heel down, produce no pain.

10th day. The stretching of the lymph effused between the ends of the tendo-achillis, the elongation of the contracted ligaments of the anklejoint, and the consequent bending of the foot upon the leg, have been gradually continued, so that the foot at present is nearly at a right angle with the leg, and all this has been effected without pain. He has been able for the last two or three days to walk about the room, with the foot-board, which diminishes the irksomeness of wearing it, and assists much in bringing down the heel to the ground.

14th day. The foot is completely at a right angle with the leg.

19th day. To day the use of Stromeyer's foot-board is partly discontinued, and he wears in its stead Scarpa's shoe,* modified by Stromeyer, which tends better to overcome the too great curvature of the bones of the tarsus, now that the foot is bent to the right angle. He walks about in it very well; the entire sole and the heel touch the ground; nor does the foot, when removed from all apparatus, return to its vicious position. The arched form of the dorsum of the foot, and the inclination of the front row of the tarsal and metatarsal bones, inwards, is now more striking to the casual observer than before; but Dr. Little informs me that the former will be gradually overcome by walking upon the entire sole; the latter, to a considerable extent, by persevering in the use of Scarpa's shoe.

At the end of six weeks and a few days my son returned home, and has since been steadily improving. He continues to wear Scarpa's apparatus, by night, and, during the day, a common laced boot, with an iron

stem on the outside of the leg; his lameness is very slight, and becomes less daily, but it must be expected that until there is greater flexibility of the anklejoint, less tenderness of the sole (which, be it remembered, never before touched the ground), and the different muscles, ligaments, and bones, have had time to accommodate themselves to the entirely altered state of things in the limb, he must go halting. I remain, Sir, your obliged servant,

GEO. RAY, M.R.C.S.

Milton, Kent, July 6th, 1837.

SPONTANEOUS CURE OF POLYPUS NASI.

To the Editor of THE LANCET.

SIR:—It is with much pleasure that I transmit the enclosed, which I am led to believe may not prove uninteresting to the numerous readers of your able journal. I have in hospital as well as in private practice, met with several cases of polypus, but never before witnessed, and never read of, a cure being effected by the remedial powers of nature alone. I am, Sir, your constant reader,
A. B. MADDOCK.
July, 1837.

Sarah Pearce, ætat. 30, while labouring under an attack of hepatitis, was greatly annoyed at different periods by a severe lancinating pain, situated in the left nostril. She did not, however, mention the circumstance while I was attending her for the above complaint, but patiently endured the "torments" (as she now expresses it) until a fungus made its appearance. This continued silence arose from the fear that I should "cut" her, as she said. I then instituted a careful examination of the nose, and found it to be a confirmed case of polypus. It was of the *gelatinous* kind, presenting a yellow and transparent appearance, very thinly streaked with vessels, which, however, did not cause a red appearance. It was connected with the schneiderian membrane by a small peduncle, loose in the nose, and taking its origin in the middle chamber, between the superior and inferior turbinated bones. At this time it was of about the size of a small marble. I immediately proposed to remove it, but I could not obtain her assent. I again visited her in about a fortnight, and found her greatly altered, both in health and appearance. The fungus now completely filled the cavity of the nostril, and, from its pressure upon the delicate cells and membranes, caused indescribable anxiety. The eyes became watery, from the pressure on the lacrymal sac, and, in like manner, by the pressure of the tumour against the mouth

* It is difficult to describe this very simple but admirable apparatus, but I am sure that Dr. L. would have much pleasure in shewing it, together with Scarpa's instrument, at No. 126, Fenchurch-street, to any person who would take the trouble of calling on him.