ON A FORM OF PAINFUL TOE.

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THE intense suffering caused by this complaint, and the prompt and certain relief which may be obtained by suitable yet simple treatment, lead me to record my own experience of a special form of painful toe. Both in symptoms and pathology the complaint is identical with that to which Dr. Auguste Pollosson, in 1889,¹ gave the name "anterior metatarsalgia." Only in the latter the metatarso-phalangeal joints are affected, whilst in the former the distal phalangeal joints are alone involved. In order to avoid a more cumbersome designation I have called the former affection "a form of painful toe." In either case, under the influence of prolonged standing or walking in tight boots, the ligaments of one or more joints, metatarso-phalangeal or phalangeal only, become strained, slight subluxation takes place, the nerves are stretched and pressed upon by the partially dislocated bones, and the characteristic pain is produced. The pain occurs suddenly, and with a sense of something giving way at the site of the joint affected. It is relieved by taking off the boot and gently pressing the displaced bones into proper position. The reduction is always accompanied by a sharp twinge of pain, followed by instantaneous relief. I have only met with one case of the major affection. It was that of a tramcar conductor, who suddenly developed the symptoms, and had suffered from them for three months. The pain was under the head of the third metatarsal bone, and he could relieve it by taking off his boot, flexing his toes whilst pressing gently with his finger on the site of the pain. His occupation prevented him from carrying out this treatment as often as he desired, so I directed him to wear a boot with a very broad sole, slightly convex on the upper surface, so as to support the sunken head of the third metatarsal bone, and with plenty of room across the base of all the toes. This treatment proved thoroughly satisfactory. The following are cases of the minor but similar affection—painful toe.

CASE 1.—In the autumn of 1883, after a long day on duty as hospital dresser, I walked through the wet streets to the opera. The theatre was crowded, and I had to stand throughout the performance. Towards the close I suddenly felt most severe shooting and burning pain in the fourth toe of my left foot. The boring of a hot iron into the flesh might have caused similar pain. It extended up the nerves of the outer side of the foot and leg into the sciatic, with a numbing, sickening sensation. I limped home, with dismal misgivings lest I had fallen a premature victim to gout; but on taking off my boot I discovered that the last phalanx of the fourth toe was over-extended, whilst the head of the second phalanx was slightly displaced downwards. Reduction caused a sharp twinge of pain, followed by immediate relief. From this time for many months I was constantly liable to these attacks of pain, especially in hot, damp days, after standing or walking for any length of time. I learned to reduce the dislocation and obtain relief by treading heavily on the empty part of the toe of my left boot with the heel of my right, and then forcibly drawing the left foot back within the boot, at the same time elevating the toes against the "uppers." Both the displacement and the reduction were accompanied by a distinct click. This manoeuvre became necessary with more and more frequency, and the pain increased in severity until I had serious thoughts of having the toe amputated or the joint resected. At last, with the happy inspiration of Mark Twain's hero, who after twenty years' confinement opened his cell door and walked out, I discovered an equally easy means of escape. My boot, though quite comfortable when first put on, became too tight across the toes as soon as the foot became at all congested. Under this condition the last phalanges became jammed and fixed together, whilst the relaxed ligaments of the second joint of the fourth toe allowed the head of the second phalanx to drop and press painfully upon the nerves. I ordered a boot with plenty of

room for lateral expansion of the toes, and I was at once freed from the attacks of pain which made my life a burden.

CASE 2.—A gentleman recently consulted me on what he believed to be a soft corn between the fourth and little toe of the right foot. On examination I could find no trace of the soft corn, but infantile paralysis had left his foot with slight talipes varus and marked pes cavus. The great toe was hyper-extended and pointed outwards at an acute angle from the metatarsal joint. The rest of the toes were crushed together in the form of a cone; the fourth toe was laterally flexed, and almost hidden beneath the third. The calf muscles were wasted, and the limb was nearly three-quarters of an inch shorter than the other. To counteract the shortening he had worn for many years an extra three-quarter-inch heel inside his boot. The sole was not similarly raised, so he was compelled to walk in a downward plane, forcing his toes together at each step into his somewhat pointed and short boot. He suffered no inconvenience from these deformities until the beginning of the year 1891, when he acquired the habit of walking on the outside of his foot, bearing especially on the outer side of the little toe, in order to avoid resting his full weight on the ball of the great toe, which was unduly prominent and tender. In July, 1891, during a long walk, he was suddenly attacked by acute pain in the little toe. The sensation, he said, was as if a hot fusee were placed between his toes, and were burning slowly outwards through the little toe. From that time until I saw him three months later, he had been constantly subject to these attacks of excruciating pain, and they had so increased in frequency and severity that he said he would have his toe amputated at once if he could not otherwise obtain speedy relief. He could wear a loose slipper with comfort, but on walking in a boot for even a few yards the pain occurred. It was not relieved by taking off the boot, but he showed me how, on gently pressing the tip of the little toe outwards, the pain instantaneously ceased, the manoeuvre being accompanied by an extra sharp twinge of pain. Obviously his suffering was due to slight inward displacement of the last phalanx of his little toe, and consequent stretching and compression of the nerves between the displaced bone and the adjoining toe. The treatment in this case was no so simple as in my own, owing to the various deformities of his foot. But to make the story short, complete relief was obtained by a boot contrived on the following principles: Plenty of room was given across the toes, the little toe being especially relieved of all pressure. The outer side of the fore part of the sole was raised, and the heel lowered, so as to throw his weight from the outer to the inner side of the boot, and to prevent forcing of the toes together. A graduated depression was made beneath the ball of the great toe, in order to avoid walking on the downwardly displaced head of his first metatarsal bone.

Remarks.—These cases form additional links in the chain of evils attendant on wearing boots too tight across the toes. Patients will be probably loth to admit that a form of boot to which they have always been accustomed, and which they have regarded as both comfortable and elegant, can be the cause of their sudden attacks of pain. And the latter they will readily attribute to gout or rheumatism; for to the non-professional public, pain in a toe means gout, and pain elsewhere in a limb means rheumatism. Not only do the paroxysms of pain strongly resemble those of gout, but it is possible that the strained and unnatural position into which many force their great toes may account for the prevalence with which those parts become the primary seat of true gout.

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ACUTE OTITIS; CEREBRAL ABSCESS; OPERATION, AND DEATH.

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THE following case, terminating in cerebral abscess, was under the observation of a careful practitioner from its commencement up to its termination by death after operation. The patient, a man aged twenty-seven years, resided in rather a low-lying part of Bombay, and was in fair circumstances. Up to the present illness he had enjoyed good health. He was attacked by acute inflammation of the right

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