

in a ward. The washing of the staff was sent out, as the laundry was incomplete, and there never has been proper provision to wash the linen of the staff. Some of the staff slept outside. . . . Cases of small-pox have occurred owing to these wants of precaution in the families of members of the staff and their friends year after year. For four years no sort of repairs, limewashing, painting, &c., of the buildings took place. . . . The clothing of a patient has never been washed on his admission. The non-resident staff are obliged to work in the wards and among patients in their shirt sleeves, which part of the dress is never changed. . . . Cases of small-pox have occurred among members of the committee and their households."²⁶

Mr. Power, in his report, has most carefully endeavoured to assess the infection value of some seventy "occasions day by day for communication between the hospital and the district around it" during the infection days Jan. 12th to 17th of "his outburst" in 1881—or a total incoming and outgoing of 439, including the arrival and departure of eighteen ambulances,—but of this we would remark, in the words of the Royal Commission (p. xxv.): "It is very difficult to estimate the value of Mr. Power's analysis. . . . We will only say that it is very careful, but that it must be accepted subject to all that we have said respecting the extent to which small-pox is capable of being propagated through unexpected and undiscernible channels."

(To be continued.)

AN OPERATION FOR HALLUX VALGUS.

By ARTHUR E. BARKER, F.R.C.S. ENG.,

ASSISTANT PROFESSOR OF CLINICAL SURGERY AT UNIVERSITY COLLEGE, AND ASSISTANT-SURGEON TO UNIVERSITY COLLEGE HOSPITAL, ETC.

THE deformity hallux valgus is one for which it will probably be admitted a cutting operation is rarely demanded. In the first place the condition being one due in almost every case to ill-fitting boots, which force the great toe out of the line of its metatarsal bone into strong abduction, it is possible by proper attention to the shoeing of the patient, by methodical manipulation of the faulty toe, and by placing pads between the latter and its neighbours to bring it in most cases into a fairly comfortable position once more. Still every surgeon must meet from time to time with cases of this deformity which baffle all ordinary endeavours to bring about even a tolerable state of things, and where the great toe lying crosswise, either under or over its fellow, gives rise to such inconvenience, if not actual suffering, as practically to cripple the individual so affected. Under these circumstances patients are willing to undergo any treatment in order to be relieved, and will even urge the surgeon to amputate the offending member, which is interfering with all comfort in progression.

The following case will illustrate remarkably well the evils of this condition, and will serve also for the demonstration of a simple operation which was practised with perfect success for its cure.

X—, aged nineteen, was brought to me as an outpatient in November, 1882. He complained much of being crippled by the deformity of his toes. I found both feet to present the deformity in question acutely, but most marked on the right side, where the nail of the great toe lay under its fellow, its matrix being in a state of suppuration from the pressure and irritation, and the parts exquisitely tender. Various measures had been tried before I saw the patient to relieve him, attention being particularly directed to the inflamed matrix and ingrown nail. I did not anticipate much difficulty in relieving the patient, and treated him by cutting out the embedded portion of nail and dressing the ulcerating surfaces with antiseptic materials placed thickly between the toes. This, however, proved of no permanent benefit to the patient, for on trying to walk the great toe always reassumed its vicious position under that next to it and the ulceration commenced as before. Finally, after a long treatment the patient's father and a friend came to me and urged me to take stronger measures, and if necessary remove the toe, as the youth had been thrown out of work and was unable to take any exercise for a long time. I was of course averse to amputation of the member, though it was only an encumbrance, and began

to review for the students present all the measures which have from time to time been resorted to for improving the deformity. In doing so I was dwelling on the question of excision of the metatarsal phalangeal joint recommended by some, when one of our students, Mr. C. Hoar, asked me if the condition was ever relieved by osteotomy of the metatarsal bone and straightening of the toe thus without interfering with the joint at all, as he had often seen me operate for genu valgum. I told him that I did not think it had been done hitherto, but that the idea seemed such a good one that we should put it in practice in this case at once. The patient and his father accepting the proposal to do so with great readiness, I performed the following simple operation with the strictest Listerian antiseptic precautions. Having first made an incision through the soft parts about an inch long, on the inner aspect of the metatarsal bone, above its head, I cut out with a chisel a small wedge-shaped piece of bone from the shaft just above the head, the base of the wedge being on the inner surface of the bone, and the apex at a point nearly through to the other side. Then, by forcibly adducting the great toe, I snapped the uncut remainder of the metatarsal bone, and brought the whole member into a straight line. In this position it was easily retained by a narrow splint along the inner border of the foot. The wound was dressed antiseptically, and the patient was allowed to go home at once. But little remains to be said about the case. The wound was left undisturbed for ten days, and was then found practically healed and without suppuration. The splint was, however, left on for a few days longer, after which, as the bone had united in its now straight position, the patient was allowed to return to work, which he was soon engaged in as actively as ever. I have seen him several times since at intervals (yesterday, Feb. 18th, 1884, for the last time—i.e., over two years after operation), and the toe is almost quite straight, although a little bent by a bad-fitting boot since worn. He is quite relieved of all the troubles incidental to this deformity.

It will be observed from the above short description that this simple operation is almost the same as that we are in the habit of performing for genu valgum. Here, however, I thought it better to remove a small wedge of bone instead of simply dividing the part transversely, as in the case of the knee. I imagined there might otherwise be some difficulty in bringing the parts into position, remembering the short leverage of the toe as compared with that of the tibia. The course of the healing process was as completely satisfactory as these osteotomies usually are under the antiseptic treatment of wounds. It was without suppuration, pain or fever. The toe has been a little stiff since, as might be expected, but the patient does not wish any forcible flexion of it, as the stiffness gives him no inconvenience.

I have purposely avoided going into minute details of this operation. Its principles and practice must be perfectly clear to anyone familiar with osteotomy for genu valgum now so commonly practised. It is quite simple and free from risk if performed with strict antiseptic precautions, and though not often called for, still I cannot help thinking that there is a useful place for it in surgery.

This little operation may have been done before, but I cannot find any record of such a procedure. If it be original in this case, the merit of the suggestion lies with one of our students at University College Hospital.

Harley-street, Cavendish-square, W.

SOME COMMENTS ON LETHARGIC STUPOR OR TRANCE

AS ILLUSTRATED IN THE CASE RECENTLY REPORTED.

By A. M. BROWN, M.D. ST. AND., &c.

THE proposal to increase the means of studying diseases of the mind and nervous system in a less exclusive sense than at present exists is certainly a wise one. What stronger argument could be advanced than the late case of lethargic stupor or trance so fully reported by Dr. Gairdner of the Glasgow University in THE LANCET of Jan. 5th and 12th and Feb. 22nd? The reticence of medical circles regarding this instance is instructively surprising. What can be the reason? Can there, after all, be something considered "no canny" about such conditions? Or is it that in England we

²⁶ British Medical Journal, Oct. 21st, 1882.