"PES PLANUS."

To the Editors of THE LANCET.

SIRS,—In the paper by Mr. A. G. Miller, of which THE LANCET of Nov. 8th contains an abstract, he very rightly differentiates between pes planus and talipes valgus, but he is not quite correct in stating that "in the early stage of flat-foot pes planus is alone present," although this is true of those numerous cases of telegraph boys, postmen, and adolescents who have to stand much or carry heavy weights. In the rachitic forms of flat-foot and those so frequently occurring in young growing girls the stretching of the deltoid ligament of the ankle-joint (valgus ankle) usually precedes the giving way at the calcaneo-scaphoid articulation, and these are generally associated with genu valgum and also occasionally with tibial curves, the cause of the flat-foot being secondary and static. The only cases where I have found genu valgum associated with talipes varus have been congenital or connected with a partially paralytic state of the peronei muscles. In a paper I read at the Birmingham and Midland Counties Branch of the British Medical Association in 1888 on the Surgical Aspect of Rickets,¹ in speaking of the treatment of flat-foot, I referred to the principles now mentioned by Mr. Miller—namely, the sole thickened on the inner side, exercises, and massage. The exercises consist of movements downwards, inwards, and upwards twenty times night and morning, at first active only, and later, with resistance, by a second person; also walking on tip-toe with feet inverted several times across a room. Mr. Roth, I believe, was the first to enunciate these movements, as also the more rational treatment of scoliosis. In the more severe forms, however, where the scaphoid is subluxated to such an extent that the tubercle is in contact with the ground, in consequence of the stretching of the inferior calcaneo-scaphoid ligament, these methods are impossible until *redressement forcé* has been applied. This consists of forcibly adducting the anterior part of the foot with both hands, the thumbs being placed over the tubercle of the scaphoid, which is pushed back at the same time that the tendons and ligaments on the outer side are stretched, until the foot assumes a condition of extreme varus, when a large pad is placed in the arch, and the foot bandaged to a curved, padded, malleable iron splint bent to the shape of the foot in its new position. The operation must necessarily be done under an anæsthetic, as the pain even of the slightest movement is sometimes excruciating. The splint is worn for at least a fortnight before the boots with thickened soles are applied and the exercises proceeded with, as in milder cases. Occasionally I meet with severe cases, that require *redressement* more than once, but very rarely is there absolute peroneal contraction (true talipes valgus), requiring tenotomy, the apparent contraction being almost invariably due to reflex spasm and entirely disappearing under the anæsthetic. While agreeing that pads &c. in the boots are not curative, and in slight cases often harmful, it is necessary in severe cases to use some support at first, and for this purpose I prefer what is called "Holland's instep arch," consisting of a piece of shaped hardened steel let into a thin wash-leather sole, which can be taken out of the boot at will. I can endorse what Mr. Miller states respecting tarsectomy, never having seen a case, among several hundreds under the care of my colleagues and myself, where this operation was required.—I am, Sirs, yours obediently,

E. LUKE FREER,

Hon. Surgeon, Birmingham Royal Orthopædic and Spinal Hospital.

OVER-DOSE OF CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—I operated for stone on a Hindu boy of about eighteen years on Oct. 15th. I first tried lithotrity, but could not grasp the stone; this I discovered afterwards was due to my not realising the large size of the stone. I changed the operation then to lateral lithotomy, and found that the stone was rather larger than I had expected. While endeavouring to extract it through the wound, I was informed that the patient had stopped breathing; so, leaving

the operation, I immediately commenced artificial respiration by Silvester's method. I kept it up for about a minute myself, and then was relieved by Assistant Surgeon H. G. Chatterjee. I now for the first time looked to the pulse, and found that it was still beating, although the breathing had ceased for quite one minute, if not longer. I regret to say that the time was not taken throughout. Before this I had begun to look upon the case as hopeless, as the boy had been under chloroform for about one hour and a half, and was weak and debilitated. The state of the pulse encouraged me to proceed, and after about another minute a few sighing respirations took place. We now stimulated him by dashing cold water on his chest &c., but, on stopping artificial respiration, his breathing again ceased. So artificial respiration was resumed, and continued till the natural act was well established. I now returned to the operation, pulled the stone well down, cut away the structures impeding its exit, and forcibly extracted it. The stone was of oxalic acid, with a thin coating of phosphates, which had crumbled away during extraction. It was nearly round in shape, $2\frac{1}{4}$ in. by 2 in., and weighed two ounces. I believe in this case that the heart never stopped beating; it certainly never did after I first found the pulse acting, so that only the respiration was affected. This was a case of simple over-dose, as our regular anæsthetist was absent; and his substitute, I believe, became too interested in my endeavours to extract the stone, and so administered too much chloroform.—I am, Sirs, yours truly,

E. A. W. HALL, M.B., C.M. Ed., I.M.S.,

Barabanki, Oudh, Nov. 19th, 1890. Civil Surgeon, Barabanki.

DR. MACEWEN'S OPERATION FOR ANEURYSM

To the Editors of THE LANCET.

SIRS,—I have read with great interest Dr. Wm. Macewen's inaugural address, delivered before the Midland Medical Society, on Aneurysm, and its Cure by inducing the formation of White Thrombi within the Sac. This is quite a new departure in the treatment of aneurysm, and gives promise of success in many cases which have hitherto been regarded as hopeless. I do not think his definition a happy one, and beg to suggest a more suitable one. A thrombus is defined in Hoblyn's Medical Dictionary: "*θρόμβος*, coagulated blood; a clot of blood, also a tumour formed by a collection of extravasated coagulated blood." Now this hardly represents the physiological or pathological process set up by scratching the inner coat of the aneurysm with a needle. The course of reasoning in Dr. Macewen's mind has probably been, if he produced a certain amount of irritation of the lining membrane of the aneurysm he would have an effusion of lymph and a deposit of a white fibrinous coat, which by additions would get thicker and thicker, and ultimately occlude the sac, followed by contraction of the tumour and cure. And I think he has much too modestly estimated the scientific and well-reasoned operation which he has placed at the service of the surgeon; for it seems to me this is an entirely new departure, based on physiology, and has no relation whatever to a thrombus, white or red, or any of the old and unscientific methods of introducing wire or other foreign bodies into the sac. I would suggest as a suitable name for the operation "*Chitoknisma*," and "*chitonise*" for the verb "*to operate*," from *χίτων*, a coat, tunic, or skin, and *κνίσιμα*, that which is scraped, and *κνίζω*, to scrape—meaning to scrape or scratch the coat or lining of the sac. This would accurately describe the operation.

I am, Sirs, your obedient servant,

Spondon, Derby, Dec. 2nd, 1890.

B. WALKER.

THE INDIAN MEDICAL SERVICE.

To the Editors of THE LANCET.

SIRS,—“It will henceforth be a condition of appointment to the Indian Medical Service that an officer retiring on pension before completing thirty years' service shall be liable till he completes fifty-five years of age to be recalled to duty in case of any emergency” (from the Right Hon. the Secretary of State for India, Sept. 11th, 1890, No. 165). I do not think that this circular and its consequences can be too widely known among those who have any idea of entering the Indian Medical Service. That service, during

¹ Prov. Med. Journ., May, 1889.