feet alone, "as the age increases the varosity, if I may be allowed the expression, decreases." And from an examination of hospital cases in very young children, he concludes that Berg's statement "that the leg is rotated outward in all cases born with this deformity" is incorrect.

CLUB-FOOT.

At the beginning of his article, Dr. Hawes⁴³ remarks that "to the average practitioner, distant five hundred miles from the nearest instrument maker, the treatment of talipes by the aid of an ill-fitting club-foot shoe is annoying and unsatisfactory," and he advocates the use of a simple home-made apparatus, which he has found of much use. Two pieces of thin board are hinged together, one piece to go back of the legs and one under the feet. Each leg is secured by straps to the larger piece of board passed about the calves and ankles. On the smaller piece of board are screwed two strips of metal, which are applied to the inner side of the foot from the instep to the base of the toe, in such a place that the foot is held in the normal position. The equinus can be corrected by tightening a cord which connects the free edges of the two pieces of board. From the cut it would appear that the apparatus would produce eversion rather than correction of the deformity. However, in using it Dr. Hawes finds "that in the majority of cases, by its use, aided by local stimulation, the child is ready to dispense with all appliances when old enough to walk."

ANEURISM AFTER TENOTOMY FOR CLUB-FOOT.

Walsham⁴⁴ reports the appearance of an aneurism as large as a marble two weeks after a subcutaneous division of the plantar fascia in a boy seven years old. There was a smart hæmorrhage from the wound at the time of operation, but it was easily controlled, and the usual plaster-of-Paris bandage was applied. Mr. Walsham thinks that a wound of the artery is not uncommon, but the subsequent development of an aneurism is certainly very rare, and in this case, perhaps, to be attributed to the fact that the mother allowed the child to walk too soon. In this case the aneurism was cured by pressure over the posterior tibial artery, which was maintained for two months.

DISTORTION OF PELVIS CONSEQUENT ON CLUB-FOOT.

Meyer⁴⁵ reports that the rotation of the limb consequent on club-foot necessarily alters the flexion-plane of the knee, bending the knee forward with some rotation; also throwing the pelvis forward, necessarily causing an alteration of the shape of the acetabulum and of the head of the femur. A slight narrowing of the pelvis (cross diameter) also occurs, as well as an increased lordosis of the spine.

TREATMENT OF CLUB-FOOT.

Krauss⁴⁶ advises the use of simple appliances in the treatment of club-foot, making the surgeon independent of the instrument-maker. He makes use of a simple appliance, consisting of a wooden sole-plate with a steel upright on the outer side of the leg, and an arrangement for increasing pressure (by means of a screw) for the inner sides of the metatarsal and great toe. The appliance is covered with thick felt, and the foot and ankle secured to the wooden sole-

plate by means of plaster-of-Paris bandages applied over the stocking, and without much cotton applied to the foot. Correcting-screw pressure is exerted upon the foot secured by the plaster bandages.

Tenotomy of the tendo-Achillis is not needed in young children, but in older cases the tendons and fascia should be divided. This has to be repeated in the severest cases. The results reported are most excellent, and are quite numerous.

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Clinical Memoranda.

TYPHOID FEVER IN A CHILD THREE YEARS OF AGE.

BY EDWIN FARNHAM, M.D., CAMBRIDGE, MASS.

As records of the temperature curve of typhoid fever occurring in young children are, according to my experience, comparatively rare, the following case may be of interest.

October 3, 1887, this child's father who had been feeling poorly for some days went to bed and developed an attack of typhoid fever of medium severity. November 1st he was convalescent, and about this time the daughter complained of being tired after going out, was fretful, and indifferent to what usually interested her, and in the afternoon was hot and flushed.

⁴³ *Trans. Col. State Med. Sec.*, 1887, 59.

⁴⁴ *Lancet*, January 28, 1888.

⁴⁵ *Centralblatt f. Chirurgie*, February 1, 1888, p. 18.

⁴⁶ *Deutsche Zeitschrift f. Chirurgie*, Bd. 25, Heft. 3 and 4, 1888.

She was put to bed November 7th. During the continuance of her illness there were diarrhoea, scanty urine, slight tympanites, complete anorexia, so that at times food had to be poured down her throat, thirst, nausea, vomiting once or twice, mild delirium on a few nights, slight bronchitis throughout the entire fever, enlarged spleen, rose spots coming out once, and few in number.

Until the evening of November 9th the temperature was taken in the rectum, after that in the axilla on account of the nervous disturbance caused by the first method. The thermometers used were self-registering ones made by Hicks, of London for Leach & Green, of Boston. On the morning of November 11th, the thermometer was broken before the temperature had been taken, and another could not be got till the evening.

	Morn.	Even.		Morn.	Even.
Nov. 7 . . .	104.8	105.8	Nov. 17 . . .	95.4	97.4
" 8 . . .	103.2	106.2	" 18 . . .	95.4	95.2
" 9 . . .	102.2	104.2	" 19 . . .	96	97
" 10 . . .	101	104.4	" 20 . . .	95.4	96.2
" 11 . . .	103.4	103.4	" 21 . . .	95.6	97.2
" 12 . . .	101.2	103	" 22 . . .	95.2	97.4
" 13 . . .	99.6	102.8	" 23 . . .	96.6	97.8
" 14 . . .	98.8	101.2	" 24 . . .	96.6	97.6
" 15 . . .	97.6	102	" 25 . . .	97	98.2
" 16 . . .	96.6	98.8	" 26 . . .	96.4	98.4

From this time the temperature did not drop below normal.

Through the period of low range of the thermometer beyond a slight irregularity of the heart's rhythm, the child developed no unfavorable symptoms, but gained steadily in strength, slept well, and eat in a satisfactory manner.

Is a period of thermometrical depression after typhoid fever common in young children, and unnoted because not looked for, or is its occurrence exceptional?

A CASE OF PELVIC ABSCESS. DEATH FROM HÆMORRHAGE.

BY E. T. HUBBARD, M.D., ROCHESTER, N. H.

A. W., aged thirty-four, married, had had several miscarriages; had been treated by a homœopathic gentleman for neuralgia of left hip, for two months previous to my seeing her. Saw her for first time November 11, 1887, found her suffering from severe pain in left hip, and lower part of abdomen. Pulse 120, temperature 103°, having night sweats, appetite poor, bowels constipated, urine normal in color, but scanty. Could get no history of abortion or injury. Upon examination found quite a large tumor in left inguinal region above Poupart's ligament, with obscure fluctuation. The vagina presented a hard indurated appearance and was bathed with a thick creamy pus which came from a fistulous opening in the posterior wall of the vagina just below the cervix uteri. I ordered hot poultices to be applied over lower part of abdomen and gave quinine and iron. At my next visit I found the patient more comfortable, temperature 102°, pulse 120; continued treatment for one week with the result of relieving her of all pain, temperature 100°, pulse 110; less swelling at night, but tumor increasing in size.

November 17th. Aspirated, and got about three ounces of thick yellow liquid, of the consistency of linseed oil. She got along fairly well with less pain

and a general amelioration of symptoms until December 18th, when the fistulous opening into vagina became closed, and pain began to be more severe.

Aspirated December 18th, and drew away about sixteen ounces of horribly offensive pus.

December 19th. She complained of pain in lower part of bowels, loss of appetite, and great wakefulness.

December 22d. Assisted by Drs. Daniel and Virgin, gave ether, and made incision just above Poupart's ligature in the middle of its course, as there was at this time a sense of fluctuation to be felt at this spot. After dissecting carefully, and separating the tissues by my finger more than the knife, keeping close to the inner aspect of the pubic arch, I reached the anterior wall of the abscess under the peritoneum. After making sure I had the abscess to deal with, by aspirating a little pus from it, I nicked it with the knife, and enlarged the opening with my finger. The pus gushed out in a horribly offensive stream to the amount of at least one quart, followed by a copious venous hæmorrhage from the interior of pus cavity. I placed compress above and applied a tight bandage which immediately controlled it. She rallied partially from the operation, but was taken with a chill which lasted one hour, being pulseless the most of the time, but under stimulants and external warmth, she rallied and passed a comfortable night. The next morning I removed the compress and washed out cavity with a solution of mercury bichloride, 1-2000. A few blood-clots came out at this time. I inserted a drainage-tube one-fifth of an inch in diameter by eight inches in length, and applied a pad of oakum to absorb pus.

I continued to wash it out daily with antiseptic solutions, the patient gaining strength, the temperature coming down to 98½°, pulse 100. Appetite good, slept well, and free from pain. I shortened drainage-tube until it was only three inches in length. On the fourteenth day after the operation, I had washed out the cavity as usual and found it growing smaller, and the discharge less in amount, and had flattering hopes of her ultimate recovery. While getting ready to introduce the drainage-tube I was horrified to see the blood spurt out in a bright red stream; I was surprised because there had not been one drop of hæmorrhage since the first day of the operation. I immediately passed my finger down into the wound which by this time had healed up to the size of the drainage-tube, and could feel the pulsations of the external iliac under my finger. I was then satisfied I had ulceration of this artery to deal with, as it lay close to the anterior side of the drainage-tube. As my experience with her in opening the abscess was anything but flattering, I did not deem it expedient to try to ligature the artery. I plugged the wound with absorbent cotton, knowing full well it was not a surgical procedure and also knowing that hæmorrhage would again take place, but I did not wish her to die under the knife, as I was almost certain she would if I attempted to ligature the external iliac artery. Hæmorrhage came on again the next day, and she finally died from exhaustion January 9, 1888. A peculiar feature in this case was to me that a patient suffering for nearly three months from pelvic abscess, should survive the operation for two weeks, and then die from hæmorrhage from ulceration of external iliac artery. This was the probable cause of death, though no autopsy was allowed. Possibly if the case had been taken in season it might have terminated more favorably.