common diaphoretics, and cooling drinks, are generally found sufficient to effect a cure; and I have often been surprised to see how readily these simple means arrested the progress of the disease. It is no wonder, then, that the greater number of practitioners in the southern and central parts of Spain are disciples of Broussais, or, at least, followers to a great extent of the plan of treatment recommended by this celebrated physician. But the case is widely different in Catalonia. Here disease assumes a more protein form, the different fevers being not only more complicated, but attended with affections of the great internal organs; and are, therefore, less amenable to therapeutical means. Independently of inflammations of the chest and abdomen, affections of the head, and determination of blood to this organ, are very prevalent. In Masare apoplexy is almost endemic, or, rather, I should say, epidemic, as it prevails most at particular periods. A different mode of treatment, therefore, and more energetic measures are required in Catalonia, than in Andalusia, or Valencia; hence it is that, comparatively speaking, Broussais has few followers in that province, for his mode of treatment would never answer, when trusted to alone in acute fevers, complicated with severe affections of the great internal organs. This shows that if the medical men in one part of the world adopt a more complicated and more scientific method of treatment, it is often to be ascribed to the simple circumstance, that disease in that particular country assumes a more complicated form, and is more difficult of cure than in others, where a simple method of treatment is trusted to. As, also, there can be no doubt that in England diseases are more numerous, more complicated, and affect the great internal and vital organs more particularly than in Spain, even when the northern provinces are the subject of comparison, much more the southers, we have necessarily been obliged, from time immemorial, to adopt a more energetic, active, and varied method in the treatment of disease; and as we have thus been obliged to make use of more weapons than our neighbours, we have also, it is probable, been forced to acquire more skill in the use of them, in order that they might not become, in our hands, instruments of harm instead of good. In difficult and complicated cases, therefore, it is to be presumed that we should have more means at our command than some of our neighbours, and that, in such instances, we should also be more successful. Such I should consider a case narrated by Mr. Lambton in The Lancet; for however common the complaint may have been among the British, typhus is very uncommon among the natives. In proof of this, I have only to mention that when the British Legion was suffering so severely from typhus fever in Vittoria, I did not observe a single case in the Spanish hospitals during the short visit I made to that city; while I was informed by the army physicians that the native troops continued perfectly healthy. In estimating, therefore, the comparative merits of the practice of different countries,—at all times an invidious, and sometimes a difficult proceeding,—those different circumstances ought always to be borne in mind, otherwise we shall be condemning unjustly the scientific attainments of those whom we ought to respect and admire.

Another circumstance ought also to be borne in mind, viz., that in all countries there are good and bad practitioners, scientific and unscientific ones, and that unless an individual has had extensive opportunities of judging of the merits of a particular body of men, his opinion, when formed only from the attainments of a few individuals, is likely to be an erroneous and unjust one. I trust that the preceding sketch of the state of medicine in Spain may tend to establish correct impressions on the subject, and hope, also, that a sense of the obligations which I owe to the profession in that country may not have induced me to look with a partial eye on their acquirements and professional qualifications.

MECHANICAL CURE OF CLUBFOOT.

To the Editor of The Lancet.

Sir,—In your leading article of No. 19 for the present year, are some interesting remarks on the cure of club-foot by division of the tendo Achillis. Having had several cases under my care, in which I have effected a radical cure solely by using mechanical means, and as it appears to me, from the tenor of some of your remarks, that circumstances may not always be in favour of resorting to a surgical operation, I think that you will agree with me, that it is desirable to be acquainted with any resource which has been practised with success, particularly as it may happen, that constitutional peculiarity on the part of the patient, repugnance of parents, &c., or a conscientious preference, arising from any other causes, of treatment by mechanical means on the part of the professional adviser,—each, or all these considerations, may militate against its adoption. I am supported by the experience of Mr. Chapman, formerly house-surgeon of St. Bartholomew's Hospital, whose attention has been particularly directed to the mechanics of surgery, and who has made use of my instruments alone in several cases, and subsequent to the operation, in one case, with perfect success.

The case in which Mr. Chapman applied my instrument after division of the tendon, is that of a male child two years and a half old, who had congenital varus internus of
both feet, both exceedingly malformed; but one, as I have generally observed, was much worse than the other, the left foot in this case being more deformed than its fellow. Both feet were for some time submitted to the effects of my instruments only; but the progress of the cure being much more rapid and satisfactory on the right foot than on the left, the tendon of the left foot only has been divided, in order to expedite the cure on that side. It may not be amiss to state here, that in all the cases placed under my care where both feet were affected, one has yielded much more readily than the other; but that a steady perseverance in the use of the same means has hitherto been successful in overcoming that difficulty, at the expense of a little more time and attention. It seems singular enough, that although my attention has been directed for the last twenty years to distortions, malformations, and, in fact, the invention and construction of mechanical aids for surgical cases requiring their use, no opportunity occurred of trying what I could effect in these cases (club-foot) until June 1835, when having, a short time previous, succeeded in producing several kinds of mechanical palliatives for vesico-vaginal fistula for numerous patients of the late Mr. Earle, in St. Bartholomew's Hospital, which answered their intended purpose, after operating had proved unavailing, he desired me to turn my attention to this subject, and soon after placed 2 case of congenital varus internus of both feet under my care.

The patient, a male child fifteen months old (the only son of Col. H. of the Hon. E. I. Company's service), had just arrived from India when I first saw him. He was a particularly large child, very fat, but of good general health; very lively and active, so far as he could be, and very good tempered, except when his feet became the subject of attention, but with respect to them, he was exceedingly sensitive and irritable, so much so, that we were obliged to have recourse to opiates on attempting to take plaster moulds of them, but without avail, being obliged, after many fruitless attempts which occupied some hours, to resort to force to attain our object. The malformation in this case was greater than in any other which has come under my notice.

When the child was sitting, the feet remaining pendant, the soles of the feet were vertical, in a line with the tibia, the outward margin of the foot downwards, the toes crossing each other, and the whole of the toes being pulled forcibly upwards with respect to the inner margins of the feet, and backwards or under the sole towards the heel, thus forming a compound arch of a peculiar kind. In this case, contrary to what I have generally found, the right foot was much the worst, both in form and rigidity, but neither were flexible in any great degree, as is sometimes fortunately the case. The drawings are faithful delineations of their original state. A is the left and B the right foot, and a is the left foot and b the right, correctly drawn from casts taken twelve months after the means which I am about to relate were first put into operation on the parts. A little reflection convinced me that the only hope of ultimate success depended first upon fixing the foot so firmly in some contrivance that it could not be easily displaced, or allow the foot to turn round within it, when the auxiliary parts of the instrument were brought into action; and this I felt satisfied, from experience in other matters, would never be effected by leathern straps passing over them, however numerous or complicated. I therefore determined on making a kind of shoe of thin plate steel, which should embrace the foot so as to leave only the toes and heel of the foot visible. This I did as follows:—I constructed foot-plates of nearly the natural size and figure, under the foot, bent up at one side for the outer margin of the foot to press against, and this side was continuous, projecting rather higher than the ankle, and a little beyond it backwards. At this latter point, a vertical hinge-joint was fixed, having a continuous narrow ribbon of steel projecting about three inches in length from it. This piece, when bent into its proper form, passed horizontally round and firmly embraced the tendo Achillis above the heel. The next steel plate being constructed of a form and size to cover accurately the inner margin and whole of the upper surface of the foot, taking care not to impede the motion at the ankle, and leaving only the tips...
of the toes visible, was then firmly hinge-jointed to the edge of the plate, passing under the foot at its inner edge, so that the upper plate was quite out of the way whilst placing the sole of the foot and the toes upon the foot-plate, and when they were in a proper position could be thrown over the top of the foot, and firmly fixed in an instant by one strap passing through the angular bend of the foot-plate, just behind the little toe, and which, passing over the top plate, fixed on to a stud on the opposite side. About an inch above the hinge-joint, at the sole, the narrow jointed piece being now passed round the tendo Achillis, and similarly fastened to the same stud, I found the arrangement quite satisfactory in preventing the foot from either sudden or gradual displacement within the shoe. Second, that the auxiliary parts, which pass of course up the side of the limb, ought to be so contrived, that a certain portion should be capable of application to the malformed parts when in a quiescent state; the remainder of the instrument, up to the hip, still occupying its proper position along the side of the leg and thigh, and being possessed of joints at the knee and hip, might be joined to a band of steel going round, and fitting the pelvis pretty accurately. The necessity of carrying the instrument so high, &c., may not, at first, be clearly apparent; but as there is a rotating motion from the hip downwards, by which the foot, in a healthy state, can be turned inwards or outwards, I found it indispensable to make this my fixed point of resistance to the occurrence of that motion inwardly, particularly as the steady operation of the powers to be brought into action on the malformed parts depended entirely on those parts of the instrument which passed up on the outside of the leg and thigh, retaining firmly their proper places, and yielding the necessary quantum of counter-resistance to the muscular contraction, &c., by which the toes and foot were drawn inwards. At the lower end of this fixed leg portion, therefore, and as close to the joint of the ankle as possible, a vertical joint, turning on a pivot, was fixed, the lower end of which formed part of a second joint, acting horizontally at right angles with the vertical one; the other part of this joint being in a second piece of flat steel, corresponding nearly in length and figure upwards to the fixed one, passing up the side of the leg, (both having a piece projecting backwards a couple of inches at right angles to their length, placed a little below the knee, and provided with a long, narrow opening across their ends, through which a strong strap can be passed,) and half an inch below this horizontal joint the usual kind of instrumental ankle-joint was fixed; and on the horizontal part of this ankle-joint the steel shoe parts were firmly rivetted in a proper direction through that part of the steel plate passing under the sole of the foot.

The action of the mechanical ankle-joint is of course well understood; the action of the vertical joint is to allow the whole of the foot, and the second upright leg apparatus to rotate inwards, until the whole of those parts are at right angles to their proper position; but the sole of the foot-plate still remains horizontal, and the sole of the malformed foot is vertical. Now, bringing the horizontal joint into action, and the inner margin of the foot-plate will be thrown upwards, the whole assuming the exact position of the malformed foot. In doing this, the upper part of the second leg apparatus is projected outward and forward some inches from the perpendicular, and becomes a lever of great power, which may be brought to act on the malformed parts with any degree of force, at the discretion of the operator, and having one peculiar property, viz., that in the same ratio as the sole of the foot is brought to meet the ground, so is the foot turned outwards towards its proper place. Both actions are governed by the same contrivance, a strap, which is passed through the backward projecting pieces having the slides in them mentioned above, and another strong strap is fixed on the outside of the shoe-plate close to the little toe, which fastens to a stud just under the knee-joint, and which can be easily shortened at pleasure. The intention of this is to counteract the direct vertical force of the gastrocnemii and soleus muscles when the foot is brought more into its proper position; but I have since adopted a contrivance of a spring and tumbler, acting on the ankle-joint of the instrument. This is something similar to the main-spring and tumbler used in the better kind of gunlocks. This is the whole of the apparatus, and although it may seem complicated in description, in practice it is easily applied to the parts; is simple in its action and management, and properly attended to is certain of effecting the desired object, viz., a radical cure of the malformation.

Should my description have failed in conveying a correct idea of the apparatus and its mode of action, I shall be happy to lay before, and explain its parts and their action, to any professional gentleman anxious to acquire a clearer impression thereof, together with casts of cases, in which it has been applied, and of their progress, in testimony of its efficiency. To return to my little patient: everything being in readiness, I applied the apparatus on the 6th of June, 1835, and found that I could command the position of the feet to almost any extent I pleased, but preferred commencing by putting the peculiar powers of the apparatus into operation so gradually from day to day, as to render their action so imperceptible to the patient that no degree of pain should be
produced sufficiently great to make him give spontaneous expression to its existence whenever the action of the instruments on the parts was increased. They were worn night and day, and were only removed once a week under my own superintendence, for the purpose of ablution, and instantly replaced. In the short space of six weeks, such was the improvement gained, that the soles of the feet were nearly parallel with the ground, and the toes pointing nearly in a line with the edge of the tibia; but the muscular contraction, by which the heel is drawn up, did not yield in a corresponding degree during this time. However, he soon attained the power of walking, and his bodily weight, which was very great, cooperated advantageously in assisting to overcome such contraction, and in the month of October following the heels of both feet came fairly to the ground. From this time the greatest difficulty I experienced was in overcoming the incurvation of the inner margin of the feet; but on the 6th of June, being one year from the commencement of my efforts, I had casts taken of his feet in the attitude which they spontaneously assumed when out of the instruments, and the outlines sent (a and b) are accurate representation of the improvement gained in the above period. At this time his mother, from grateful feelings towards me, did me the honour to show him to Mr. Liston, at the North London Hospital, who expressed his gratification and satisfaction in terms of which I feel justly proud. Another point worthy of attention is, that the muscles of the calves of the legs had both acquired the bulk and vigour which might be expected to be found in a perfectly healthy child of his age and size. All the cases I have yet had have been treated so similar, and with effect so alike, that the history of one will, as it were, do for all; but I must candidly state, that I have had no opportunity of trying what I could thus effect in cases of long standing, the oldest patient I have yet had being only five years of age, but is going on satisfactorily. I am, Sir, your obedient servant, 

CHARLES EAGLAND.

CASES OF DISTORTED FEET.

By J. Little, M.D., London.

CASE III."

TALIPES EQUINUS ACQUISTUS VERUS, CONVERTED INTO TALIPES VARUS SPURIUS THROUGH HAVING HAD TO BEAR THE WEIGHT OF THE BODY.

Cause: permanent Spasmodic Contraction of the Muscles of the Calf; and probably of the other so-called Extensors. Aberration of Volition in certain Muscles of the left Arm and Leg.—Cure by Division of the Tendo Achillis.

Feb. 20, 1837. William Slater, aged 15, an inmate of Bethnal-Green workhouse, a boy of stunted growth and sickly appearance. His mother states that he was a healthy child until the age of two years, when he was attacked by typhus fever, during which he had a fit in the night; this, as she states, "was the crisis of the fever," as it then left him, but with the left arm and leg spasmodically contracted. The consequent deformity of the foot has continually increased up to the present time; with the assistance of a stick he is able to walk, although with great difficulty, dragging, as it were, his left leg and body upon the sound leg and arm. Without the stick he can scarcely make a single step, in consequence of treading solely upon that small part of the surface of the outer margin of the foot which covers the inferior extremity of the fifth metatarsal bone. If he attempt to rest a little more of his weight upon the foot, the toes, metatarsus and anterior bones of the tarsus (ossa cuneiformia, os cuboides, and os naviculare), are thrust so much inwards, that the foot then touches the ground, with the greater part of its outer side and its dorsum. (See fig. 4.)

The foot is as much extended as possible through contraction of the gastrocnemii (the heel remaining as far from the ground as the entire length of the foot; the metatarsus, therefore, when not pressed inwards by standing, being in a direct line with the

TUBERCLES:—Tubercles are not more frequently observed in the lungs of persons who die while affected with pulmonary emphysema, or after a very long pulmonary catarrh, than in those who have died of other disorders.—Louis.

SCROFULA.—On examining the bodies of 32 children who died in consequence of affections commonly called scrofulous, M. Ratz found tubercles of the lungs in all of them.—P. H. G.