

the adductor pollicis and flexor brevis minimi digiti muscles to the long peroneal tendon, this prolongation of the tibialis posticus gives off two diverticula, which pass for insertion to the bases of the second and third metatarsal bones.]

And, lastly, with regard to the other proposition—whether the long plantar ligament or fascia possesses in itself such an amount of contractile power combined with elasticity as to admit of its yielding sufficiently to deaden or counteract shock, and subsequently to resume the requisite amount of solidity or rigidity to enable it to maintain the integrity of the arch,—we obtain a reply in the negative from the arrangement of parts, which shows that, after all, the influence exerted by this fascia over the longitudinal arch is passive and mediate, and neither active nor direct; indeed, it is very questionable whether its fibres are ever stretched, or even extended, under pressure or shock, since especial care is taken to prevent their being so. The ligament does not pass straight across from point to point, but describes a curve the concavity of which looks downwards—corresponding, in fact, to the plantar arch; and this curve is preserved in the various positions of the foot by a very ingenious contrivance, and upon which the elasticity and at the same time firmness which is the perfection of walking mainly depends. The three muscles constituting the first layer of the muscles of the sole of the foot—the abductor pollicis, flexor brevis pedis, and abductor minimi digiti,—which serve, as we have seen, to fix the anterior pillar of the arch when the latter is subjected to pressure, have a very peculiar origin. They arise from bone—the inferior surface of the os calcis—by their upper surfaces, and from the long plantar ligament by their lower. This arrangement not only adds strength to the muscles by increasing their extent of attachment, but, through it, the muscles, when called into action, cannot exert their influence from before backwards upon the anterior pillar of the arch without at the same time acting from below upwards upon the plantar fascia, whereby its strength and tensility, and at the same time its relation to the bony arch, are effectually preserved where otherwise they would be destroyed. The result of this arrangement is well seen in the foot of the dancer when moving about on the tips of the toes. Here the arch is not destroyed, but, on the contrary, is usually exaggerated—due, no doubt, to the great force which these muscles have to exert during this particular movement acting not only upon the anterior pillar of the arch, but at the same time upon the plantar fascia.

A CASE IN WHICH TYPHOID FEVER AND MEASLES WERE COINCIDENT.

By W. B. KESTIVEN, F.R.C.S.

On the 14th, 15th, and 16th of last December, a girl, aged fourteen years, was ill with measles. A few days afterward, another girl, aged eleven years, was indisposed, and suffering from symptoms of fever of the enteric type. On or about the 30th of December, a few of the rose-coloured spots characteristic of typhoid fever made their appearance, and increased in number, but did not exceed thirty or forty over the whole of the trunk. On the 8th of January, two younger children presented the ordinary symptoms and eruption of measles, and passed through the disease in the usual course.

On the 8th of January I was considerably puzzled by finding my typhoid patient exhibit the general symptoms and special rash of measles in addition to that of the enteric fever. I began to doubt the correctness of my diagnosis as to either the one or the other of the two diseases, and was, therefore, only too glad to avail myself of the superior judgment and greater experience of Dr. Jenner, who, after careful investigation into the history and condition of the patient, confirmed my opinion that I had here a case in which these two eruptive fevers were coincident. At the same time my doubts were more than justified by Dr. Jenner's statement that he had only once before met with such an occurrence. The rarity of such coincidences is, therefore, obvious; but their occasional occurrence has been recorded. Thus Mr. Broke Gallwey published in THE LANCET of the 28th of August, 1858, a case of Small-pox supervening on Measles, and another on Scarlatina. In the *Journal of Public Health* for October, 1856, is published a paper of my own, read to the Epidemiological Society, and in which I described a series of cases wherein measles and scarlatina were

concurrent. Doubtless other instances of the same kind have happened; but I have notes only of the above.

It may not be uninteresting, with reference to etiology in the above case, to add that exactly opposite the house in which it occurred there is one of the ventilation gratings of the street sewer. I do not doubt that these openings have much to do with the spread of typhoid fever in the suburbs of London. I have been in practice in this place nearly thirty years, and for upwards of twenty years of that period I never met with a case of typhoid fever. Since the new sewers have been made the cases have become very numerous. Doubtless it would be a great benefit to do away with cesspools in crowded districts; but it is doubtful whether, as at present constructed, without ventilation shafts, the sewers are anything better than elongated cesspools, diffusing through their air-gratings the causes or abettors of various forms of disease.

Holloway, June, 1866.

CASE OF LONG RETENTION OF FOREIGN BODIES IN THE INTESTINES WITHOUT SERIOUS SYMPTOMS RESULTING.

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M. B.— was admitted into the asylum on the 5th of December, 1862. The patient was described as being forty years of age, but she had the appearance of being over fifty. She was of tall stature; spare habit of body; anæmic complexion; head of moderately good conformation; eyes light-hazel; pupils very widely dilated, but regularly so, and fairly and equally sensitive to light; tongue furred; pulse regular, soft, and very compressible; skin hot and dry; respiration normal; teeth all loose; catamenia absent. She was suffering from acute melancholia; refused food, but would assign no reason for so doing; very taciturn. She continued in about the same state—sometimes better and taking her food, and then again relapsing—till January, 1864, when she had a very sharp attack of rheumatic fever, from the effects of which she was some time recovering. At the latter end of August, 1864, it was discovered that she had been swallowing foreign substances, with a view to self-destruction. The only information to be gained from the patient herself was that she had swallowed some garden nails used in training the rose trees &c. against the wall of the airing court; and that, as they seemed to stick in her throat, she had swallowed stones to force them down. She was immediately put to bed, with the view of preventing her from swallowing more things, and that she herself and the evacuations might be steadily watched. A small dose of castor oil was also administered. The next day she began to pass per anum one or two pieces of broken crockery-ware of a triangular shape, having a base from half an inch to an inch, and from half an inch to one inch and a quarter in altitude, together with pieces of glass of about the same shape and size, and one or two garden nails and one stone. There were severe enteritic pains, which were relieved by sinapisms over the abdomen, and large linseed-meal poultices on their removal. These pains occurred at intervals during the whole time the foreign bodies were passing, extending over a period of ten weeks, and were always relieved by the same remedy, and small doses of castor oil occasionally. During this period she took *passively* everything that was given her, and improved in bodily health and appearance, had more colour, and grew fatter (probably from the effect of the iron that was being gradually absorbed). The total amount passed that was found weighed ten ounces, and consisted of nineteen sharp garden nails, one 2½-inch screw, pieces of broken crockeryware and glass, one needle (broken), two pins, whalebone, &c. Shortly after she ceased to pass any foreign substance she again refused food, fell away in flesh, although extra diet and tonics were given her, and for the past six months she has been kept alive by food given her twice or thrice daily by the stomach-pump. She never speaks, but lies in bed or sits in an easy-chair without motion, taking no notice of anything that is going on around her.

The peculiarity of this case consists, perhaps, not in the fact that the foreign bodies were swallowed—which is not very uncommon in cases of melancholic mania,—but that they should have remained for so long a period (ten weeks) in the