

Correspondence.

“Audi alteram partem.”

ROYAL COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—Anyone who has carefully read reports of, or had the misfortune to be present at, recent meetings at the College of Surgeons, cannot but be glad that Sir Spencer Wells has at last had the courage to take a decided step.

If the Members and the unruly Fellows have a legal right to behave as they assert, by all means let them assemble and brawl to their heart's content. In the opinion of most moderate people such a course carries its own condemnation. These meetings in many cases serve only to bring into prominence a set of nonentities, Members who are either too lazy or too stupid to obtain a diploma of Fellowship, which is open to all, or Fellows who are disappointed by the lack of appreciation by the electors. I am convinced that the Council of the College has a large number of adherents, both Members and Fellows, who are opposed to such conduct, and who would in every way assist in maintaining decency and proper authority. While one party writes and canvasses in all quarters, the other makes no effort to be in touch with its following. At the present time, when the cause of right is so often overcome by the clamour of the crowd, such neglect is almost criminal. There is now ample scope for truly scientific and ethical work in England, and it is disappointing that the Council, which is willing and able to do good work, should be hindered by such petty squabbles.

I am, Sirs, yours truly,

WM. HORROCKS, M.B., F.R.C.S.

Bradford Infirmary, March 11th, 1889.

To the Editors of THE LANCET.

SIRS,—At a meeting of the Ramsgate Medical Society, held on Friday evening last, Robt. Hicks, Esq., in the chair, the following resolution was proposed by C. H. Tamplin, Esq., and seconded by F. Tyrrell, Esq., and being put to the vote was carried unanimously—viz., “That this meeting sympathises with the action taken by the Association of Members of the Royal College of Surgeons against the President and Council of the College, and pledges itself to support the course that is being taken in vindicating the rights of the Members to have a voice in the government of their own College, and in the maintenance of their ancient rights and privileges.

I am, Sirs, your obedient servant,

Ramsgate, March 11th, 1889. CHARLES COTTON, Hon. Sec.

“ANTERIOR METATARSALGIA”: ITS NATURE AND TREATMENT.

To the Editors of THE LANCET.

SIRS,—I think there can be no doubt of the reality of the affection described under the name of “Anterior Metatarsalgia” by Dr. Auguste Pollosson, of Lyons, and referred to by you in your issue of March 2nd, and that many cases of obscure pain in the feet, supposed to be rheumatic or gouty, are in reality examples of this condition. The following case well illustrates the main features of the affection.

A medical man, aged thirty-three, complained to me that for the eighteen months he had suffered from attacks of burning pain in the fore part of the sole of the left foot. The pain occurred several times a week, and was usually brought on by prolonged standing or by walking any considerable distance, and was sometimes so severe as to cause him to remove his boot and grasp the sole of his foot in his hand. On examining his foot, I found that the transverse arch formed by the heads of the metatarsal bones had sunk, so that a distinct convexity replaced the concavity normally found in this situation. I advised him to practise the gymnastic exercises so beneficial in ordinary flat-foot—viz., to take every opportunity of raising the body on tip-toe, and so strengthening the tendons and muscles of the sole of the foot. Since resorting to this treatment (now nearly a month) he has been quite free from pain.

I think that this condition is clearly due to sinking of the anterior transverse arch of the foot, and pressure of the

heads of the middle two or three metatarsal bones on the nerves and fibrous structures of the sole of the foot. In this case the patient had increased considerably in weight during the period of the development of the symptoms, and his transverse metatarsal ligament had presumably been unequal to the increased strain. The method of treatment mentioned above has proved very successful in this case, and deserves further trial. It has the advantage over the rubber pads recommended by Dr. Pollosson that it brings no pressure to bear on the tender parts, such as the pads must do if they are of any service at all.

I am, Sirs, yours faithfully,

Welbeck-street, W., March 4th.

EDMUND ROUGHTON.

To the Editors of THE LANCET.

SIRS,—The sight of your annotation on “Anterior Metatarsalgia” pleased me, but not on account of the title, which appears to me to imply that if you are not careful you might have a “metatarsalgia” in your back, just as school-boys are sometimes accused of having “toothache in the big toe.” If we accept the pathology given, which seems to be a reasonable one, we might call it neuralgia (from pressure) at the head of the metatarsus, or, concisely, acrometatarsalgia (ἀκρος, extremity). However, the annotation seems fully to explain a case which I have had under treatment for some time, and the list of symptoms exactly corresponds. Most noticeable is the relief given by pinching the foot laterally and pushing up the joint as described. The patient was unable to account for the affection, but thought the foot might have been trodden on. It was thought to be chronic inflammation of the metatarsophalangeal joint, and counter-irritation with strong iodine was first tried. No improvement resulting, the foot was firmly strapped with plaster, which gave some relief, and the pain gradually abated so that she could walk about with more comfort. At this time she received a kick from her husband, who is a somnambulist, which bent the toes of the other foot forcibly backwards, and the same symptoms appeared in that foot. She now recalls the fact that she had a similar blow on the foot first affected. Her daughter has suffered from falling of the tarsal arches, which has been diagnosed as due to spinal curvature. My own opinion is that this is local, and that any curvature is secondary. In her case there was no pain in the front of the foot, but constant pain in the heels. In conclusion, as a country surgeon, I wish to acknowledge the valuable hints I so often receive from THE LANCET on cases which puzzle me.

I am, Sirs, yours truly,

March, 1889.

J. B. E.

CONSTIPATION.

To the Editors of THE LANCET.

SIRS,—In reply to the first query of “R. P.” in your last issue, I answer—Yes; but *medical* supervision is advisable. In reply to the second query—Yes. In reply to the third query—No; the worst possible thing, doing more harm than corsets.

Since the insertion of my recommendation I have been much gratified by the attention it has attracted, especially from those whose umbilical girth begins to exceed, or already exceeds, their thoracic. The drawback is that patients do not like small continuous attention to cure *themselves*; they want the doctors to do that for them; ignoring the fact that it is not the doctor's function to cure, but to teach patients how to get well.

I am, Sirs, yours faithfully,

Framlingham, March 11th, 1889.

GEO. E. JEAFFRESON.

P.S.—Is syphilis curable? As much so as cow-pox or small-pox.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

“The Mystery of a Hansom Cab” in Real Life.

THE sensational novel with the above title, which had so remarkable a popularity last year, appears to have borne fruit in this city. The daily papers have already given the details of a murder in a cab, in which chloral seems to have been the agent used. Whoever committed the crime appears to have inveigled his victim (a gentleman of intem-