afforded by any course hitherto recommended. In this case the tendo Achillis was divided, and the foot is rapidly coming into position.

Some of these cases come under the head of partial dislocation of the foot backwards, combined with fracture of the bones of the leg; and they have been recognised by Dupuytren, who recommended the application of an instrument in some respects resembling those now in use for such an accident. The true position of the bones was illustrated by a case which happened many years ago in St. Bartholomew's Hospital, of which the following are the particulars. A middle-aged woman was admitted in 1837 under Mr. Lawrence, into Faith Ward, with fracture and great swelling of the leg, following a fall. There was detected, upon examination, partial dislocation of the tibia forwards, with fracture of the fibula. Proper means were adopted to subdue the swelling, and then an effort was made to bring the bones to their proper relations; but they were found to be immovable. Subsequently an attack of erysipelas supervened, and the patient died. There was found, on the dissection of the limb, fracture of the fibula, about three inches from the lower extremity; fracture of the inner malleolus, and dislocation of the foot backwards, so that the articular extremity of the tibia rested upon the front of the astragalus and on the os naviculare.

In more severe cases, I have seen the tibia resting upon the os naviculare and the internal cuneiform bones.

Talipes equinus ensues from disease. There is such a case at the present time in St. Bartholomew's Hospital.

Case II. Elizabeth R., aged 20, a healthy young woman, was in St. Bartholomew's Hospital last September with phlegmonous erysipelas of the right foot. After the disease had subsided, it was found that the tendo Achillis had become so contracted that the foot and toes were kept in permanent extension. After an interval of three months, she made up her mind, the limb being useless, to have that done which from the first was necessary—namely, the subcutaneous division of the tendo Achillis, an operation which I performed in January. The foot is now flat upon the ground, and the surrounding swelling has in very great measure subsided. The case is now going on favourably.

The most striking cases of this deformity commence in infancy, when, from some unknown cause, the muscles which oppose the great muscles of the calf become partially or completely paralysed. The changes which ensue in the limb are remarkable, as will be seen by the following notices of preparations; and it must be remembered that whenever there is loss of nervous power, the nutrition is impaired, the muscles waste, and, in the event of the patient arriving at maturity, a remarkable difference in the length of the two limbs ensues.

The museum of St. Bartholomew's Hospital contains a specimen of talipes equinus (Ser. I. A. Prep. 151), presented by Mr. Wormald, of which the following history may be surmised. The patient must have suffered in early life from infantile paralysis. The muscles which extend the right leg and raise the foot lost their power. Then the flexor muscles raised the heel and kept the toes pointed towards the ground. "All the bones of the right lower extremities are atrophied: the prominences on the right os innominatum are less marked, and the iliac fossa is more shallow than the corresponding parts on the left side. The bones of the right thigh and leg are all shorter, less in circumference, softer, and lighter, than those of the left limb. From the hip-joint to the ankle there is a difference of nearly two inches in the length of the limbs." All the tarsal bones are slender, small, and soft. The left foot is directed vertically, the arch of the sole increased by a projection of the posterior part of the os calcis. The weight of the body is transmitted to the front part of the foot by the astragalo-scaphoid and calcaneo-cuboid articulation. The ground was touched by the distal extremities of the metatarsal bones; the phalangi having acquired for themselves new articulating surfaces on that which, in the usual position of the foot, would have been called their dorsal aspect, here rendered anterior.

Dittel (l. c. Jahrg. 7, Heft. 6, s. 440), in describing the dissection of a case of pes equinus, observes: new articulating surfaces were found, 1. On the posterior border of the articulating surface of the tibia (partly convex and covered with a fibro-cartilaginous layer), articulating with the posterior border of the upper articulating surface of the os calcis. 2. A similar one at the posterior border of the malleolus externus, also articulating with the os calcis. 3. A similar one on the posterior part of the body of the astragalus. 4. On the upper surface of the distal extremities of all the metatarsal bones. The proper fibrous capsule was continued over both the normal and the additional articulating surface, being more capacious than natural. Two-thirds of the articulating surface of the head of the astragalus were exposed, denuded of cartilage, and covered with a fine fibrous membrane.

Chassaignac (*Archiv. Gén. de Méd.* le série IV. 1834, p. 2.0) laid before the Anatomical Society of Paris a preparation of what he presumed to be an incomplete luxation of the astragalus; but it was more probably a specimen of pes equinus, as Gurlt remarks in his work on the "Joints". The whole lower extremity was short through atrophy of the femur (?). The astragalus corresponded with the tibia by the posterior half of its articulating surface; the whole anterior part, which was covered by a very resistant fibrous tissue, exhibited some remains of articular cartilage. The shallow fossa behind the articulating surface of the astragalus corresponded with the articular extremity of the tibia; on the other side, the head of the astragalus in its articulation with the os scaphoides was incompletely dislocated in its anterior part. Moreover, this head was covered anteriorly by a newly formed process, which projected over the dorsum of the foot. It was remarkable that, through this half-dislocation, the os calcis and the lower extremity of the tibia came into contact in two situations: 1. Posteriorly by means of a newly formed articulating surface, which was quite distinct from the astragaloid surface of the os calcis and lay behind it; 2. Externally by means of the external surface of the os calcis and the most prominent part of the external malleolus. There was here no distinct articulating surface.

"Pure talipes equinus", according to Mr. Tamplin (*On Deformities*, p. 21), "is not congenital. The causes of the non-congenital deformity are numerous. The irritation of teething, worms, any derangement of the nervous system, wounds in the calf, rheumatism, scrofulous disease in the ankle-joint, or in the substance or tendon of the gastrocnemius muscle. Not unfrequently, however, this deformity arises spontaneously.

[*To be continued.*]

CASE OF PECULIAR THROAT AFFECTION; WITH REMARKS.

By C. Handfield Jones, M.B., F.R.S., Physician to St. Mary's Hospital.

Mary B., aged 67, on December 14th, 1857, had been ill six months. She was of sallow aspect. She complained of feeling as if she should be choked from a sensation in the throat, and referred the uneasiness to the situation of the hyoid bone. At times she had dysphagia; she was always "hacking", and phlegm kept rising. There was not much cough. The tongue was clean; the appetite very good; the bowels were regular; the urine pale. She had nausea and retching of a morning, and bitter taste. Examination of the throat inside and outside showed nothing abnormal; the top of the epiglottis could be reached with the finger, and seemed healthy. An œsophagus bougie was passed easily down to the stomach. She stated that she often suffered from frontal headache, which "took her sight away" for the time. The throat sensation, at a somewhat later date, was described as "heat and burning". The staple of the treatment employed was iodide of potassium, bark, and iron and quinine. Gentle alterant pills were given, and one blister was applied to the lower part of the front of the neck. She improved pretty steadily, and was discharged February 11th, recovered.

Remarks. A few other cases of similar kind have occurred in my practice, and have been all treated in much the same way. In one, there was a frequently recurring impulse to swallow, but the absence of saliva made it ineffectual and painful. In another, there was the same abnormal sensation, but the flow of saliva was excessive. In a third, the sensation was more suffocative, and attended with some soreness, and alternated remarkably with other neuralgiæ. I believe the disorder is one of the local nerves, and belongs to this large class which may be correctly designated as rheumatoid neuralgia, the morbid action in some cases approximating closer to rheumatism, in others to pure neuralgia. All the cases I have seen have occurred in females beyond the age of fifty, except one which was in a male aged forty. I need hardly say they were not instances of globus hystericus. The affection is very wearying and depressing, and likely to be very persistent, if not recognised and treated properly. I do not know that it has been particularly described before.