

PERSIAN BALM.—We would direct the attention of our readers to the advertisement of this excellent toilet article, which appears on the cover of our Journal. We have used it as a dentifrice, as well as for general toilet purposes, and can recommend it highly, as being one of the most efficient and agreeable preparations of the kind we have ever employed.

{ SECRETARY'S OFFICE,
Toronto, July 25, 1857.

MEDICAL APPOINTMENTS IN JULY.—His Excellency the Administrator of the Government has been pleased to grant Licenses to practise Physic, Surgery and Midwifery in Upper Canada, to the following persons, viz:

John Nolle Agnew, of Duffin's Creek, Township of Pickering, Esq., M. D.; John Reeve, of Peterboro', Esquire, M. D.; Sylvanus Joy, of Otterville, County of Oxford, Esquire, M. D.; David Cameron McIntyre, of Nairn, County of Middlesex, Esquire, M. D.

He has also been pleased to make the following appointments, viz. :— Charles Rolls, Esquire, M. D., to be an Associate Coroner for the County of Middlesex; Orman Skinner, Esquire, M. D., to be an Associate Coroner for the County of Wentworth.

Montreal Light Infantry.—To be Assistant-Surgeon: Assistant-Surgeon Robert Godfrey, M. D., from the Second Battalion Montreal, vice Scott, appointed to the Volunteer Rifle Companies of Montreal.

Ninth Battalion of Montreal.—To be Surgeon: Assistant-Surgeon Eugène H. Trudel, M. D., vice Latour, left limits. To be Assistant-Surgeon: Olivier Raimond, M. D., Gentleman, vice Trudel, promoted.

Volunteer Foot Company of Artillery of Quebec.—Surgeon Philip Wells, is permitted to resign his Commission.

Surgeon James F. Wolff, 11th Battalion of Quebec, is appointed Surgeon to the 1st, 2nd and 3rd Volunteer Militia Rifle Companies of Quebec.

CORRESPONDENCE.

A STUDENT'S LETTERS.

No. II.

My attention has been a good deal directed to Orthopædic surgery. I have attended the Royal Orthopædic Hospital, and seen seemingly intractable cases cured in a perfect manner. In Montreal we see but very few cases of this description, but it is not, I think, that they do not exist, but that the people thus afflicted not generally knowing of the means of relief, seldom present themselves at the hospitals. I was informed by

the surgeon here, Mr. B. Broadhurst (spinal curvature), on stating that it is very common in Canada, that it was removed from the hospital, but afterwards to be relieved; some even from Liverpool and northern parts of England of those places. I have been present of the out and in-door patients, as the hospital being as yet but small, cannot accommodate out-door patients. There are on the place is literally crammed, many of

It would be useless for me to describe the treatment of in every work on surgery by any means considered as the best is the after treatment that must be given that they never operate twice even two inches or more, the one being in hospital in London, three weeks which had been previously operated

The treatment for talipes equinovarus is divided, to place the foot in the splints, and then bandage up the foot a little bent, and rest is better than exercise. It requires to be kept up by apparatus day after the operation. Scarpa's method is the angle at which the foot must be placed is now to be made slowly, and the foot is sufficiently depressed, and the foot is generally sufficient to stretch the leg. In children, when it is necessary on account of the rigidity of the tendon, extension should be completed, and the foot should be furnished with a support corresponding to the angle of the foot.

There is generally a good deal of this deformity, but it seldom being remedied when the foot is some of the tendons will be

The after-treatment of the foot first to be reduced to T. D.

the surgeon here, Mr. B. Broadhurst, (author of the works on club-foot and spinal curvature), on stating that cases of the kind did not appear to be very common in Canada, that it was the same here before the establishment of the hospital, but afterwards that people came from all quarters to be relieved; some even from Liverpool and other large cities in the central and northern parts of England,—there not being another in any of those places. I have been present very frequently at the treatment of the out and in-door patients, as well as at the operations. The hospital being as yet but small, can accommodate but few, the most being out-door patients. There are on an average from 40 to 45 a day,—the place is literally crammed, many not having seats.

It would be useless for me to describe the surgical operations as they are treated of in every work on surgery, and moreover, here they are not by any means considered as the most essential part to be attended to. It is the after treatment that must be depended on. I may here mention that they never operate twice even when the tendon has to be stretched two inches or more, the one being quite sufficient. Whereas, in the first hospital in London, three weeks since, I saw two or three tendons divided which had been previously operated on during last fall.

The treatment for talipes equinus is after the tendo achillès has been divided, to place the foot in the same position as it was before by curved splints, and then bandage up. The patient should keep the knees a little bent, and rest is better to be enforced. The natural heat also requires to be kept up by appropriate covering. On the fourth or fifth day after the operation Scarpa's shoe may be applied, it must be fitted to the angle at which the foot may be at the time of operation. Extension is now to be made slowly, and gradually increased until the heel is sufficiently depressed, and the foot flexed until it makes an acute angle with the leg. In children, when the muscles are healthy, three weeks will be generally sufficient to stretch the tendon. In paralytic cases longer time is necessary on account of the state of nervous energy and muscular debility. Extension should be made equally, whether slow or rapid, that the tendon may be equally strong, after five or six weeks the process will be completed, and the foot may be brought into use, the patient being furnished with a support attached to the shoe, having a stop-joint corresponding to the ankle, to prevent its being too much extended.

There is generally distortion of the toes more or less accompanying this deformity, but it seldom requires a special operation for removal. It being remedied when the foot is placed into its normal position, although some of the tendons will require at times to be divided.

The after-treatment of talipes varus does not differ much. It requires first to be reduced to T. Equinus, and then proceed as previously direct-

ed. To accomplish the first intention, on the third or fourth day the bandage and lint are to be removed, when the punctures will have healed. The foot and leg are then to be bandaged to a pliable splint placed on the outer side of the leg and foot, and by means of this moderate traction is to be kept up until the leg is not only in the median line, but a very little beyond it, which generally requires about three weeks to accomplish, it now being reduced to T. Equinus, is then treated as usual.

The distortions of adults are treated in the same manner, although it requires months with them where weeks are sufficient in infants. To form any idea of how these deformities can be relieved, you have only to walk through the wards, where you see numerous cases of double talipes varus; the sole of the foot never having been walked on, but turned towards its fellow of the opposite side; the patients having walked for years on the malleolus externus, and a very large bursa formed over that portion. Generally in cases of this kind one foot is operated on first, and in part restored, before the other one is interfered with; and, to enable the Surgeon to judge of the amount of benefit received, plaster casts are taken of all the cases, which thus give a certain knowledge of the progress of cure.

Mr. Broadhurst has lately made a great improvement in the common Scarpa's Shoe, by which every desired motion of the foot can be commanded, and most obstinate forms of varus are thus brought under the power of the Surgeon. In the common shoe, abduction and flexion are only provided for. I need not mention, that, in all the operations, subcutaneous incision is the method adopted.

Spinal curvature is also here treated on a different plan. The deformity caused by the old instruments, in place of removing the original, is now prevented by Mr. Broadhurst's improvement. The ribs are not interfered with; respiration unobstructed; and I have never heard the patients complain even when the instrument was tightly applied.

This branch of the profession is yet but in its infancy (so to speak), and no doubt a few years will greatly change its present appearance; however, in its present state, it demands attention. Even to give an outline of the treatment would require many more pages than could be here devoted to it. There are now several new works on the subject, in which all the latest information can be obtained.

London, 2nd July, 1857.

A. R.

HOSPITAL RETURN

HOSPITAL

Monthly return of Sick in the Marine Hospital
4th June to

	Men.
Remained	72
Since admitted.....	225
	297
Discharged.....	188
Died.....	7
Remaining	102

Fever	
Inflammation of lungs.....	
Inflammation of liver	
Inflammation of bowels	
Dyspepsia	
Rheumatism	
Dysentery	
Small Pox	
Dropsy.....	
Cynanche	
Diseases of skin.....	
Inflammation of testicle	
Syphilis	
Fractures.....	
Dislocation	

MP

Her Majesty Queen Victoria, in her
 or of knighthood on her chief
 however, that this distinguished
 have been elevated to the peerage
 of N. O. finds the sulphate of zinc
 in the colliquative night sweats
 the political is under Government
Hopiteaux, after having in a previous
 at full the reasons which in his
 ed in a subsequent one to announce