etc., which are at present allowed to take their chance of strengthening under the not always satisfactory plan of ordinary walking exercise, the regulation of which is left very much to the patient's feelings and temperament. If, before any ordinary exercise were allowed, a course of Schott treatment could be carried out, it seems reasonable to hope that the heart would be better prepared to endure the less easily regulated strain of walking.

From my small experience I would suggest that the effect of the baths should be tried first, and that afterwards when the exercises are introduced their influence upon the pulse-rate and tension should be carefully watched, as they do not always suit irritable, nervous hearts. Dr. Sturge's case is an instance in point, and the patient in the General Hospital with Graves's disease, whose heart slowed and improved in the bath, was not benefited by the exercises—that is, the pulse was not slower or improved in character or rhythm.

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[The discussion on this paper will be found on p. 1129.]

ON THE TREATMENT OF DISLOCATION OF THE PERONEUS LONGUS TENDON.

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DISLOCATION of the peroneus longus, though perhaps not very common, is a well-recognised condition. The dislocation may occur suddenly, as the result of a twist of the foot; or the displacement may take place slowly through the gradual yielding of the fibrous sheath. In either case it is found that the tendon during certain movements of the foot slips from its groove from behind the external malleolus on to the external surface of that process. The displacement gives rise to much lameness, pain, and inconvenience, and the treatment hitherto recommended has not, as far as I know, proved very efficacious.

When the dislocation occurs suddenly, pain is experienced at the moment of the accident, and the tendon can be felt crossing the outer surface of the malleolus, or slipping in and out of its groove on moving the foot. Subsequently the tendon is liable from time to time to be spasmodically jerked out of its groove with a smart snap, which can be felt by the patient and heard by the observer.

No pressure with the fingers or with any apparatus with which I am acquainted is sufficient to resist the force with which the tendon is thrown forward during the spasm of the muscle on to the outer surface of the malleolus. The spasmodic displacement gives rise to considerable pain, often rendering walking without a stick almost impossible, and of course putting active exercise, such as dancing, tennis playing, etc., out of the question.

The apparatus usually advised in our works on surgery, namely, a crescent shaped, graduated pad placed over the tendon and fixed by a lacing ankle-piece, is, in my experience, of little service. Either the pressure is insufficient to confine the tendon to its groove, and it slips out occasionally in spite of the pad, or if the pressure is increased sufficiently to confine the tendon, a pressure sore soon forms. The division of the tendon with or without twisting of its proximal end for the purpose of causing it to inflame and so adhere to its sheath, though recommended by some surgeons, seems at the best to have little to be said in its favour. The spasmodic jerking of the tendon over the malleolus is no doubt prevented, but the function of the tendon is lost, and the patient in the future subjected to the many evils attending paralysis of the peroneus longus.

In a case recently seen with my friend Dr. Cooper Key, we conceived that it would be possible to make a new sheath for the dislocated tendon, a procedure as far as I know that has not hitherto been done or proposed. The operation consisted in making an incision about three inches in length over the tendon as it lies behind the external malleolus, exposing the malleolus and lower end of the fibula, and turning down from it a flap composed of the thickened fascia and underlying periosteum. The flap was then carried over the tendon and sutured to the fibrous tissues lying at the back of its normal groove. In the case in which this operation was performed, although—and notwithstanding strict antiseptic precaution—some suppuration occurred, the result was eminently satisfactory; the patient who for four years previously had been lame and compelled to walk with a stick, and had been debarred from all active exercise, when last heard of was able to walk quite naturally and well. The tendon remained in its groove and could be felt sliding in it freely on the various movements of the foot. A brief note of the case is appended:

A young lady, aged 22, four years ago whilst skating caught her foot in a hole in the ice, sustaining a severe sprain of the ankle. Ever since she has been lame, and from to time during walking the peroneus springs forward with a distinct and audible snap, giving rise to a sharp and momentary attack of sickening pain. She has worn various kinds of bandages, anklets, and specially made boots, but they have been of little or no service. She has also worn a night instrument for fixing the tendon. Of late she has used a boot with outer and inner leg irons, with T-strap and specially shaped pad lacing over the tendon. At the present time she has a pressure sore from the use of the pad, which has now, under Dr. Cooper Key's care, almost healed. On January 17th, the pressure sore having quite healed, the operation above described was performed, and the tendon having been satisfactorily fixed by the new sheath in its groove, the skin wound was completely closed and the foot placed in plaster-of-paris. Some slight suppuration occurred. On March 6th, the note states: The wound soundly healed; the tendon moves freely behind the malleolus, and shows no tendency to displacement. The patient walks well and has no pain, but the ankle feels a little stiff after sitting any length of time. Ordered massage. May 17th, excellent result in every way. The tendon moves freely, it does not come out of groove. She can walk five or six miles without any lameness or inconvenience.

At the meeting of the International Congress of Zoologists a communication which excited a great deal of interest was one from M. Dubois, a surgeon in the Dutch army, who has discovered a large number of fossil remains in Java, including fragments which indicate the existence of a creature, it is claimed, nearer to the "missing link" than anything yet discovered. A discussion followed, in which Professor Virchow took the principal part. During the Congress it was announced that the Senate of the University of Utrecht had conferred the degree of Doctor in Zoology and Botany upon Sir William Flower.