

A concise treatise on the disorders of the human foot, corns, bunions, and diseased nails / by Louis J. Adolphus.

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L.J. ADOLPHUS
ON
CORN. BUNIONS &c

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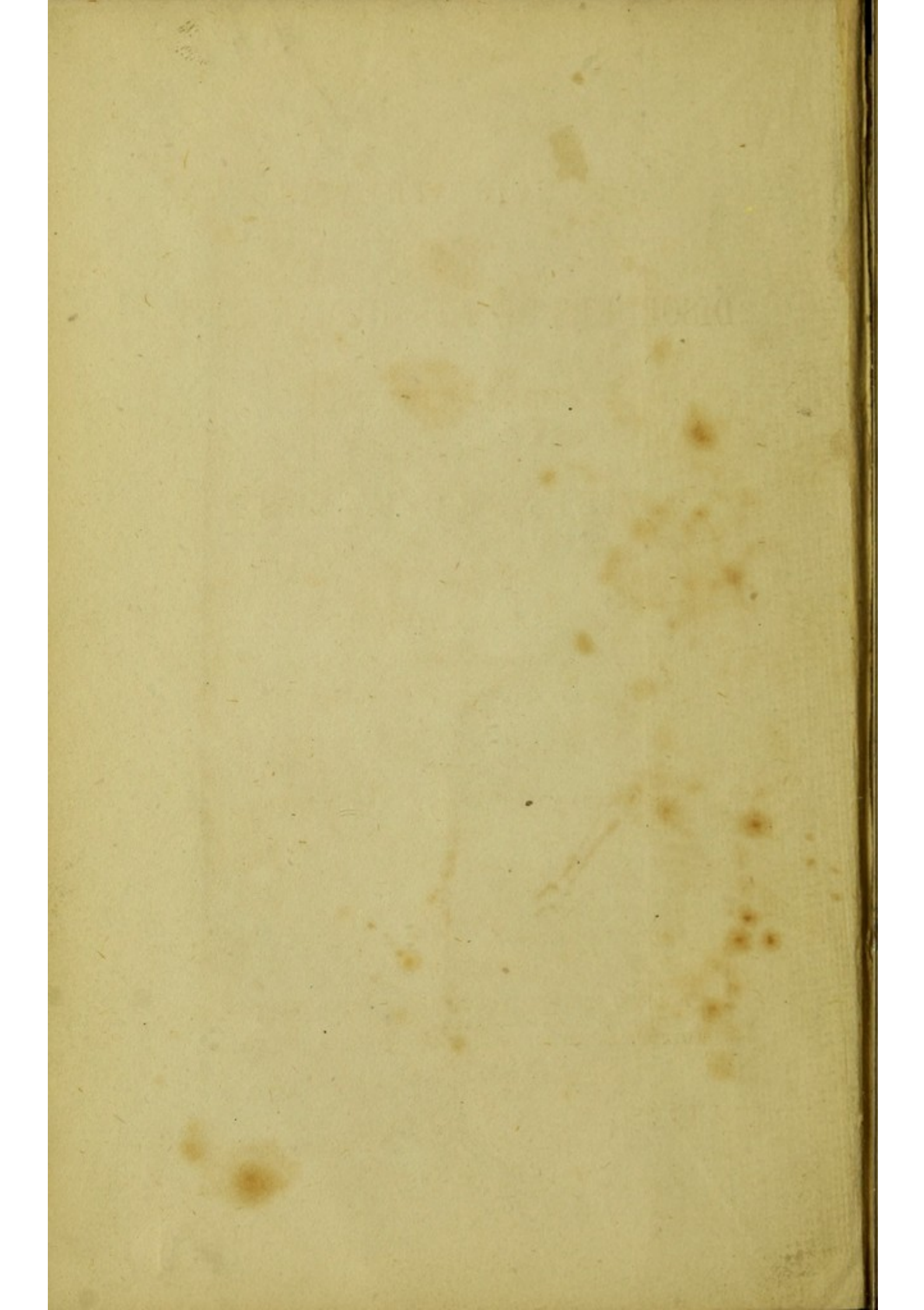
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A CONCISE TREATISE
ON THE
DISORDERS OF THE HUMAN FOOT,
CORNS, BUNIONS,
AND
DISEASED NAILS.

BY
LOUIS J. ADOLPHUS,
Surgeon-Chiropodist, &c.
21, LATE 55, PICCADILLY.

[ENTERED AT STATIONERS' HALL.]

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P R E F A C E.

He who neglects his feet, neglects his health, but, after years, he will find it out when it is too late.

L. J. A.

To trouble the reader with a treatise on the Feet, or, with minute details which arises from neglecting them, is of the greatest importance. I, as a man of many years practical experience, can point out to the reader the great benefit obtained in keeping the feet clean,—thoroughly washed every morning,—as will be seen by the conversation of

two friends. One asked the other, "My friend are you very particular in washing yourself?" Of course, the reply was, "very particular." "But I suppose," remarked his friend, "you wash the face." The reply was, "certainly." "But," says his friend, "I wash my feet particularly, before washing my face. As regards my face, I can wash that at any time during the day, where I cannot wash my feet." His friend replied, "Now I see the reason why you look so healthy."

The reader will see from this that it is of the greatest importance to keep the feet clean, for in doing so you will derive great comfort and benefit in body and health.

INTRODUCTION.

As a Treatise on the feet, and also giving local advice to individual treatment, I cannot refrain from remarking the result, when people think so little of a corn, as it is termed by every individual. Let me inform you everything is not a corn which grows on the foot; however, I will not delay you with much preamble, but will come to the point at once. A few years ago a gentleman of the name of JAMES CAMPBELL, Esq., Gloucester Terrace, Hyde Park, had been recommended

to me. I inquired what was the matter with his foot? He told me that he called on a Chiropodist in Edinburgh, who used to cut his corn; he was partially relieved for a short time, but after a few years he found an abscess had formed in the exact place where the corn was, which was extremely painful, and for which he could find no remedy. I examined it through a powerful microscope, and found a hole in the centre, as large as a small pin-head. He asked my opinion as to the cause of its appearance there, my reply was at once, which I will shortly explain to the reader. As I remarked before, people take everything to be a corn which

grows on the foot, and are not at all particular in cutting it, or as to what they may apply, such as caustic, aromatic vinegar, &c. &c. Even when they go to a Chiropodist, whose sole knowledge consists in cutting corns, the more he cuts, the more it grows. The little spicelli in the centre, which is commonly termed a corn, is never properly removed, and consequently grows deeper and deeper till it approaches the bone, when it breaks, and becomes an abscess.

Now the question is, what is to be done? One will say burn it with caustic, but then you may bring on mortification of the bone. Another will say, apply black lotion; but there

being no surface to apply it to, it would be absolutely useless. But what is to be done? I tell my readers I cured it, and am happy to say the gentleman is alive, and walks erect and comfortable. But I would advise my readers to stick to the English Motto,—“Prevention is better than Cure.”

“One grain of advice in need is worth a pound of gold.” I have hundreds of various cases which I can bring to your notice, but as I wish to proceed with my humble work, I will only confine myself to a few essential remarks. There are various cases, too numerous to mention, which the feet are liable to. I will give you an outline of a case which happened to a lady a few years ago. Ladies, as a

rule, have an objection to their names being mentioned in such cases, therefore I will omit her name here ; but as to the fact, I shall be prepared to answer the question when required. The lady was kindly recommended to me by Dr. BRYANT, of No. 7, Bathurst Street, Hyde Park. When she alighted from her carriage, she was obliged to lean on her husband and servant for support, being unable to put her feet to the ground. She exclaimed, " Oh, Mr. Adolphus, I am in such pain in my foot ; I cannot describe it to you." And when she showed it to me, I found she was suffering from what is generally termed a bunion, but in a very inflamed state. I asked the lady how long she had it? She replied, " Within the last

few days." I asked her if she had not been wearing tight boots. She answered, "Not that I am aware of." I examined it very carefully, and saw it was in a state of great inflammation, but could not find any spec, so as to form an idea where the seat of pain was ; but when I had applied a refrigerent lotion, I could distinctly perceive a little object in the centre. Now, my readers, what do you imagine it was ? You will be astonished when I tell you what it was. It was a woollen hair. You will ask how it came there ? I will, therefore, explain it to you. I will not occupy your time with idle talk, but when you hear the case you will find it is of the greatest importance to ladies as well as gentle-

men. Scotch woollen stockings are generally worn by both ladies and gentlemen, the wool of which is extremely sharp, and to those with tender skin it frequently works its way into the pores of the feet, which was the case with the lady I have described. On opening the pore, I took out the hair or wool, and she walked out of my room without pain. But the question is, how are those with tender feet to protect them? My advice is to wear cotton socks underneath the woollen ones, which will be found extremely beneficial.

As this is a treatise on Corns and Bunions, I think it advisable, before I enter into any observations, to give a few

testimonials, out of a large number, so as to convince you that I have been most successful in every case that has come under my care.

The following is a copy of the original testimonial :

London, *Sept.* 3, 1864.

I have much pleasure in stating that Mr. Adolphus entirely cured me of a very painful soft corn, and can confidently recommend him to any who may require his services.

J. R. SELWYN,
Trin. Coll., Cambridge.

The above is a testimonial for soft corns. This also is a testimonial for hard corns.

London, *Sept.* 2, 1864.

Mr. Adolphus has just extracted three very troublesome corns for me, of long standing, without giving

the slightest pain whatever, and shown great skill ; and at present I do not feel any sort of inconvenience.

CHARLES BOWSHIRE,
Lieut.-Col. Rifle Brigade.

The following is another very flattering testimonial :

21, Chesham Place, Belgrave Square,
18th August, 1856.

This is to certify that Dr. Adolphus operated upon both our feet, with great success, and without pain whatever.

DIAMOND MARK ARBUTHNOT,
ESTHER JANE ARBUTHNOT.

The following is another testimonial received for extracting a bunion :

29, Ludgate Street, City,
December 19th, 1855.

MR. ADOLPHUS,

I beg to return you my most sincere thanks for the skilful manner in which you operated on my

foot in extracting a bunion, from which I have suffered for the last 15 years. I am happy to say now that my foot is entirely free from pain.

I am,

Yours very gratefully,

JAMES HAIRE.

The following is a testimonial for the cure of Toe Nails :

39, Great George Street,

August 14th, 1855.

It affords me much pleasure to state that the bearer, Dr. ADOLPHUS, in my opinion, is a very skilful Chiropodist. He operated most successfully on the nails of my large toes, which had previously given me much pain and trouble. He seems to understand his business thoroughly, and will discharge, I have no doubt, with similar ability and kindness, every case that he undertakes. I am persuaded that a single trial will satisfy any party requiring his professional assistance.

W. M. FISHER, LL.D., F.R.A.S.

The following is the last testimonial I shall give :

5, Broughton Terrace,

Lower Broughton, Manchester,

August 22nd, 1855.

This is to certify that I was troubled with a bad vouscellar at the bottom of my foot, which gave me great pain when I walked. It now gives me great pleasure to state that Dr. ADOLPHUS, the Chiropodist, after operating upon it three or four times, has made a perfect cure, so that I am now enabled to walk as free from pain as ever.

(Signed) JAMES JONES.

These few testimonials, out of an immense number, will, I trust, convince my readers that I have it in my power to cure all these complaints; and also, that I am thoroughly conversant with every branch of my profession.

Follow your advice, and you will be

wise ; but when you find your advice of no avail, seek for proper advice, and follow it.

It will be seen that every word contained in this humble work is directed to its object, by telling you to follow your own advice first. From this you will perceive that I do not wish you to trouble any one for advice when you can advise yourselves.

L. J. ADOLPHUS.

A TREATISE
ON
CORN S, BUNIONS,
ETC.

~~~~~  
He who pays no attention to his feet in his youthful days, when they are his best friend in carrying him to every pleasure which his heart desires, will find them enemies in his old age.—EXPERIENCE.

~~~~~  
CHAPTER I.

CORNS—THEIR CAUSE AND GROWTH—HARD CORNS
—CALLOSITIES—SOFT CORNS—NEURO-VASCULAR
CORN—VASCULAR EXCRESCENCE.

THE term corn has been indiscriminately applied to every thickening of skin, or excrescence, incidental to the feet; the name is derived from the horny structure

of the external skin, but is not strictly applicable to every induration.

Although all corns are essentially similar in structure, they present varieties, according to the parts upon which they are formed, or the tissue that becomes involved. I have therefore classed them under the following heads :—Hard, soft, festered, and neuro-vascular corns ; callosities, and vascular excrescence.

Pressure and friction are unquestionably the exciting causes of corns. Improperly made shoes invariably produce pressure upon the integuments of the toes and prominent parts of the feet, to which is opposed a corresponding resistance from the bone immediately beneath ; in consequence of this, the secreting vessels are compressed, they become injured and congested, and a larger

quantity of lymph is thrown out than is required for the formation of the new skin ; the layers are generated considerably sooner than the outer surface is worn off, thus forming layer upon layer, which become interwoven, and adhere together.

If the cause be removed, the inflammatory action ceases, and the result is simply an external induration of superficial irregular scales or laminæ ; if continued, the irritation keeps up the increased action of the secreting vessels of the already thickened skin, producing bulbs or projections, generally of a conical shape, descending into depressions of irregular depths, according to the injury caused upon the immediate parts where the external pressure is most severe.

These bulbs are composed of layers,

decreasing more and more in size as they approach the secreting point in the sensitive skin, where they become condensed, and are visible as white or yellowish specks, according to the colouring matter of the skin, when the outer portion of the induration has been removed.

These irregularities, or projections, are what have been incorrectly called stems, or roots.

The descending point of the corn will frequently press on, and rupture some minute blood-vessel, producing extravasation of a red, brown, or black colour, the depth of tint depending on the length of time the blood has been effused. These discolorations are visible through the thickened skin, although they very seldom rise to the surface.

If the pressure should be very severe,

and the point of the corn descends near the articulation of a joint, inflammation will ensue in the surrounding parts.

The pains caused by corns during their formation, arises from compression of the nerves by the shoe, and the congested state of the vessels, and usually ceases as soon as the shoe is removed.

The pain which is produced by a corn, when in a chronic state, is influenced by the different atmospheric changes, varying in intensity according as the barometrical pressure is exerted upon the sensitive parts surrounding, or involved with the corn. It is well understood that these atmospheric changes act more or less upon the living body without causing pain, except in diseased parts; and as the corn itself is perfectly insensible, and not at all affected by the

atmosphere, it is by the resistance it affords to the contraction or expansion of the surrounding parts that it becomes the cause of the pain which is experienced on these occasions.

It is difficult to state the precise weather that mostly produces pain; sometimes it is a cold easterly wind, which by its contractile action diminishes the calibre of the vessels, drawing the skin from the corn; at other times, extreme heat, which by increased expansion forces the sensitive skin against it. The shooting pain most commonly complained of, is certainly experienced during that state of atmospheric change from heat to humidity which causes the barometer to fall, indicating rain, or when the clouds are surcharged with electricity prior to a storm.

Hypochondriacs and delicate females are very liable to be affected by all atmospheric changes, and frequently experience pain in their corns, even from the heat of the bed. Strong and robust persons, on the contrary, seldom notice, or are affected by the weather.

I have observed a kind of epidemic in some peculiar states of the atmospheric temperature, when every patient at the same time has been complaining of more pain than usual, and at those times I have frequently found the toes inflamed, and a small quantity of fluid under each corn.

It is a general remark with persons resident in the country, that they suffer most from their corns when in town, owing probably to the flat surface of the pavement causing an equal degree of

pressure, to which they have not been previously accustomed.

Corns produced by friction alone are generally superficial, and are seldom very painful, or cause much inconvenience.

Persons of gouty habit have frequently a discharge of chalk stones following the extraction of a corn.

HARD CORNS.—This is the general term by which all corns are commonly known, and is applied to that chronic thickening of the outward skin which is met with upon all prominent parts of the feet. It is the common corn which persons are in the habit of arranging for themselves with the least chance of doing mischief. I shall, therefore, only notice those corns which cause the greatest pain, from the particular situations they occupy.

The little toe, from its position, is more subject to injury than any other part of the foot, and corns are constantly produced upon the whole of its outer surface. When deformed either by being bent or pressed back upon the foot so that the first joint stands higher than the others, there usually forms upon it a deep-seated corn, of a conical shape, the outer or external surface consisting of irregular scales, and the point penetrating towards the joint.

Sometimes there is a corn which is seated close to the root of the nail; it is acutely painful, and, to the unaccustomed eye, difficult to be discovered. This species of corn more frequently attacks young people, as soon as they commence wearing stout shoes, which are usually made more pointed than the foot, so that

the pressure is thrown exactly on the outer angle of the toe.

This kind of corn requires great dexterity in its removal, as it is very thin, and deeply seated, without any surrounding thickening. If a corn is not developed, part of the nail will be destroyed, leaving in its place an equally painful and thickened skin.

Sometimes one toe stands much higher than the next, causing the end of it to be exposed to pressure, and to a similar formation of corns.

A very troublesome corn is found under the great toe-nail. It is generally the result of accident, or from the nail having been allowed to grow to too great a length.

From one or other of these circumstances, the soft parts beneath the nail

are injured, the vessels pour out a small quantity of blood, over which the corn is produced. The patient is seldom aware of the period at which the injury was inflicted, as the corn is slow in its growth. When fully developed, a black or deep red spot is clearly visible through the nail, and is the seat of severe pain.

Another form of corn is produced inside the inner or fleshy flap of the great toe, extending in many cases under the edge of the nail. It is caused by the nail having been improperly cut, or by the first toe pressing against the flap and pushing it up higher than ordinary, so that the inner skin becomes thickened in layers, as a protection against the sharp edge of the nail. The corn is formed under these layers, several of which must be removed before it can be

brought into view, or extracted. These cases especially require the skill of the chiropodist, and may be attended with serious consequences if improperly treated:—

In very dry, harsh skins, corns or scales form in great numbers on the soles of the feet, in the hollow or arch, and on the under part of the heel.

They arise from constitutional disease of the skin, and produce little inconvenience unless they are allowed to grow higher than the surrounding integuments; they then become troublesome, by producing irritation.

Cases occasionally come under notice, where the patient complains of considerable pain and tenderness on some of the toes, generally the little one, but no appearance of a corn can be detected.

The toe, on examination, is found to be red and inflamed, and presents that state of irritability which precedes the formation of a corn.

In elderly people a small tuft or cuticular excrescence frequently forms in the centre of the apex of the toes, under the nail, to which it adheres. It is generally unattended with pain or any other inconvenience, except to be incised when the nail is cut. It then becomes acutely painful, and bleeds freely.

CALLOSITIES.—This term is applied to the thickening of the skin which occurs in large layers upon the soles of the feet. These formations are principally situated over the projecting parts of the bones, upon the ball of the great toe, around

the edge of the heels, and on all broad prominent surfaces of the feet.

No material alteration takes place beyond the thickening, for the numerous lines and furrows of the skin can be seen in continuation with those of the normal integuments.

In very dry skins the whole of the callosity appears rugged, and covered with irregular scales, having in various parts small corns, frequently rising in single points or small clusters, which on being cut sometimes bleed, without giving pain or producing any inconvenience.

These indurations are more frequently caused by long-continued friction than pressure, although they are occasionally produced by the latter only. When they are the result of friction, they arise from

wearing an improperly made shoe, which allows the foot too much expansion, or room to move about, and rubs upon some irregularity or prominence on its inner sole. In this case they are generally very large, extending all over the part subjected to friction.

When they are produced by pressure alone, a corn, corresponding in situation to the projection in the shoe, forms about the centre of the induration.

In most feet subject to this complaint, the bones, at the articulations of the great and little toes, are very prominent, and the integuments covering them form thick projections, so much so, that the intermediate space constitutes an arch. In flat feet, thinly covered with flesh, the bones are distinctly felt, so that the finger can be placed between each. In

this case, callosities not unfrequently form on their under surface.

When the callosities are situated upon the ball of the great toe, they require particular attention, for if neglected, and the pressure continued, a troublesome corn forms upon the articulation of the joint. A callosity is often produced in this situation in consequence of the toe being distorted and retracted, either from original deformity, injury, or the change produced by rheumatism.

The first indication of a callosity is a slight redness of the part, which remains for some time unnoticed ; but if the friction is continued, by wearing the same description of shoe, the irritation produces a larger quantity of new skin than is thrown off, so that layers form pro-

gressively one upon another, until the induration is fully formed.

When it is allowed to become of such a thickness—for it sometimes grows very rapidly—as by its pressure upon the sensitive skin to produce effusion into the tissue beneath, the extravasation can be seen through the skin in large patches, adhering to its under surface.

When improperly treated, inflammation followed by suppuration is the result; the matter causes the skin to crack, leaving deep fissures, with thickened edges, and often a dry, unhealthy ulceration. This is very frequently the case when, from malformation of the foot, the diseased parts cannot be sufficiently protected. I have seen many such cases of very serious inconvenience to the patient.

In simple cases, all that is requisite is to have the thickened skin removed with care, and apply a piece of soap plaster. In the more severe instances, where callosity has given rise to ulceration, considerable care is required in the treatment.

It is of course absolutely necessary to remove the cause by which the induration has been produced; and when it arises from malformation or distortion of the feet, to have boots so made as to avoid pressure upon the diseased parts. Where the complaint is upon the first or fourth bone, it will be of great service to have a hollow made in the sole of the shoe opposite to it, so that the pressure may be thrown more upon the centre of the foot.

SOFT CORNS.—These are always situated between the toes; they are of the same structure as all others, and derive their name from being constantly in a state of moisture, occasioned by the perspiration or exhalation which collects in these parts.

Soft corns are not deep seated, and do not project much above the surface, on account of the structure of the parts, and the compression they are subject to.

They are generally caused by the bone of one toe being pressed against the opposite joint, or by the little toe being forced down upon the bone of the next toe. All prominent parts on the inner side of the toes are liable to this formation.

Compression, which is unquestionably the primary cause of the corn, is com-

monly produced by wearing very narrow-soled shoes, by which the toes are closely pressed together; so great is the pressure on the little toe, that it is often wedged down into the space against the lower part of the next, and causes the most painful species of soft corn.

These corns commence with a burning sensation between the toes, as if the parts were scalded, frequently followed by the formation of a blister, which is seldom observed until the serous fluid irritates the inner layer of the skin, and occasions pains. If the fluid is not evacuated or absorbed, a gelatinous concretion forms, which ultimately becomes a corn; or if it is discharged, and the new skin is not healthily reproduced, it thickens into layers, and a corn is generated.

Another indication is, a sensation as if gravel or small stone was between the toes, attended by itching and smarting pain, and sometimes by a slight cracking of the skin.

In severe cases, the symptoms commence by inflammation, the skin being but slightly thickened on some prominent point of articulation, and a corn is soon developed in the centre of the induration. It is recognised by being of a circular form, and of a yellowish brown or dirty red colour.

If it be not soon extracted, ulceration will probably take place, the foot become swollen, and the inflammation extend up the leg. Great pain is experienced in the part affected during the formation of matter.

The corn, when situated on the web

between the third and little toes, shows itself as a white, spongy, and moist thickening of the skin; it arises in many instances from want of sufficient care in keeping the parts properly cleansed and dry. It will sometimes fill up the whole space or surface of the web, between the toes; in other cases, the skin will be simply thickened, tough, and moist, with a corn fully developed in the centre.

A soft corn will sometimes appear as a circular white spot only, like a split pea: it is then generally situated on the middle joint, with a corresponding corn on the opposite toe.

It also commences as a small circular white thickening of the skin, rising similar to a pustule, having an orifice not bigger than a pin's point in the

centre, and which is frequently concealed by a thin layer of skin, the removal of which permits the exudation of a small quantity of fluid. This corn is easily separated. It is painful when the toes are pressed together, and its formation is always preceded by slight inflammation.

A very troublesome corn forms on the inner side of the great toe, with a corresponding one on the opposite toe. It is usually broad and flat, and the centre is bruised, with extravasated blood occupying either its entire extent, or else effused partially in small spots only.

In elderly persons whose feet do not freely perspire, and who have suffered for a length of time from this complaint, the corn is more strongly developed than in recent cases; the centre is

harder, and appears of a darker colour ; the layers are flat, much broader than in the ordinary corn, and surrounded by a whitish thick ridge or fringe of skin.

The treatment of soft corns varies in accordance with their position and symptoms. They require, in all cases, to be very carefully removed, and frequently it is necessary to apply a caustic ; but the treatment must always depend upon the state of the corn. It is, however, desirable that the toes should at all times be kept apart as much as possible.

It is requisite to caution persons suffering from these complaints to avoid applying violent remedies,—such as nitric acid, aromatic vinegar, &c.,—as they may do themselves serious mischief.

When the disease has been of long standing, although relief may be afforded from time to time, its complete eradication is exceedingly difficult, as the spongy skin is very liable to become a regular growth.

I have met with a peculiar form of soft corn, where chalk has been secreted beneath it. This disease is of rare occurrence, and attacks those persons only who are subject to gout; it is attended with considerable pain and annoyance.

There is another disease affecting these parts of the toes, which, although not absolutely a soft corn, should be noticed here, as it may be mistaken for that complaint by persons who are subject to it. It is a kind of neuralgia seated between the toes, but which fortunately is not very common. It

constitutes a most troublesome and severe complaint, and one very difficult of removal.

The patient complains of a severe pain between two of the toes, along the inside of one or the other, generally the second and third, he can seldom tell which; it extends up the leg, and is increased when the toes are pressed together, more particularly after walking. Notwithstanding the most careful examination of the part, no obvious cause can be discovered for the pain, and like all similar affections of the nerves, there is not any remedy to be depended upon, as it appears to defy all medical treatment.

There is, however, sometimes a little redness and swelling apparent, or perhaps the bones forming the middle joint

project in a slight degree, but not so much as to be noticed, unless the attention be especially drawn to them.

The disease is not permanent, but continues for a time, and then either ceases altogether, or disappears for a longer or shorter period. It is in all probability connected with some constitutional derangement. The only remedies which I have found to be beneficial are counter-irritants, and the elevation or depression of one of the toes by mechanical means, to take off pressure from the affected nerve.

Another form of neuralgic affection occasionally attacks the nerve on the sole of the foot, below the third and fourth toes, but nearest to the third. The spot, where the pain is experienced, can at all times be exactly covered by

the finger. The pain, which cannot be produced by the mere pressure of the finger, becomes very severe whilst walking, or whenever the foot is put to the ground.

The complaint appears to me to be very similar to that which I have just described, and I cannot assign any cause for its occurrence. Relief can only be afforded by the application of lateral compression ; this acts by drawing the bones closer together, and thus affording protection to the affected nerve, which, when the parts are capable of expansion, is more exposed to pressure.

FESTERED CORNS.—In many cases of deformity, where the toes are by contraction drawn from their normal posi-

tion, the middle joints become very prominent, and the skin covering them thin and tightly stretched. Whenever severe pressure or friction is exerted on these projecting points, a very painful and troublesome corn is produced.

In some cases inflammation supervenes, and matter forms under the whole extent of its circumference.

As the inflammation increases, a corn is fully developed about the centre of the induration, seldom exceeding in size the head of a large pin, and decreasing inwardly to a thin thread-like point. This excites vascular irritability, and rapidly causes suppuration to take place in the bursa* beneath, which has been

* This word is used to designate a small bag containing fluid, which serves to lubricate the tendons in the neighbourhood of joints.

inflamed by the pressure of the point of the corn, which, when extracted, has generally a part of the sac adhering to it. Sometimes the bursa is diseased without any thickening of the outer skin, and the only external appearance is the redness and swelling of the toe, with a very small white spot having a minute speck in the centre, usually situated upon the most prominent part of the joint.

When the corn is in this state, and not properly attended to, the serous fluid which is effused will cause great irritation, with excruciating pain and violent inflammation, not only in the toe but over the whole foot.

NEURO-VASCULAR CORNS.—This peculiar and painful species of corn is

frequently met with in persons of fair complexion, with very fine and moist skins, in whom the true skin is consequently more than usually vascular, and more likely to take an inflammatory action from pressure.

It forms upon the projecting parts of the toes, according to their position or deformity.

When fully developed, the skin covering the affected part is slightly thickened and semi-transparent, having villi or nervous fibres clearly visible, running in zigzag whitish lines within the induration, and small corns appearing between them, like white specks, corresponding in form to the cells or depressions they occupy.

Although the outer skin of these corns is as insensible as any other

thickening, the intermingled nervous filaments are so exceedingly sensitive to pressure, that the softest leather of any shoe can scarcely be borne, and the least touch in attempting to remove any part by an operation gives the most excruciating pain.

The peculiar character of this corn is the result of a more severe degree of pressure on the part than that by which the ordinary thickening is produced, and consequently a more intense inflammation is caused, so that the whole of the portion of true skin subject to compression participates, and its vascular structure, together with the nervous fibres, becomes enlarged, to such an extent that when the inflammation has been partly subdued by the removal of the shoe, by poultices, or by any other

means which have been employed by the patient himself, the enlarged structures do not return to their normal condition, but constitute a network, within whose meshes is deposited the adventitious matter produced by the thickening of the skin that is continually going on, and which, becoming condensed, forms the small corns situated between the nervous fibres.

By the time the inflammatory action has entirely ceased, the nervous filaments are completely matted, as it were, within the outer skin.

Persons seldom apply for professional assistance in the acute stage of the complaint, for, when first attacked, the pain indicates the necessity of removing the pressure, and the inflammation is generally allayed by poultices or some simple application, which gives relief for a time,

but does not remove the corn. When the same kind of shoe is again attempted to be worn, the severity of the pain produced obliges the sufferer to seek professional assistance.

I am fully of opinion that this is the species of corn which, when cut unskillfully, or improperly treated in persons of inflammatory constitution, and particularly in aged people, has been productive of very serious consequences, and even in some instances of death, mortification resulting therefrom. This latter termination occurs more especially with persons advanced in life, in whom the lower extremities have already less vitality than other parts of the enfeebled frame, and, consequently, are unable to resist the effects of the additional irritation caused by an unskilful operation.

VASCULAR EXCRESCENCE.—A very painful vascular excrescence is occasionally met with, situated on the soles of the feet, or under the heel; also on the little toe, and sometimes on the sides of the great toe, close under the nail. It is easily distinguished from a common corn, as it has more the appearance and character of a wart, but cannot be so considered, as they come principally on the hands and fingers, and on parts where there is no pressure; are seldom painful, and grow without any apparent cause: but this excrescence is always painful, and is never produced without previous pressure.

This disease is a deep-seated spongy or vascular substance, forming a circumscribed tumour, not projecting much beyond the level of the thickened skin;

when fully developed, the whole of the surface is studded with red and black specks, and the surrounding integuments are inflamed and swollen.

In some cases the minute extravasations are not distinctly defined; the excrescence then appears as a softened tuft, the vascular fibres composing which seem to be of unequal length. When an attempt at extirpation is made with the knife, hæmorrhage to a considerable extent immediately follows, all the minute vessels pouring forth their contents very profusely.

This disease has been noticed as connected with a cancerous diathesis, but I am perfectly convinced that there is nothing malignant in its character, never having met with a case which did not yield to proper treatment, and in which

an effectual cure was not obtained in a very short time; it is likewise satisfactory to know that the disease never returns.

In the generality of cases the patients are young, have what is usually called fleshy feet, moist and clammy tissue, and a skin thin. It is seldom met with in children under ten years of age, nor in aged persons; women are less liable to it than men.

The principal symptoms are a burning sensation in the part affected, which is very sensitive to the touch, attended with aching and throbbing pain, particularly after walking, when the shoe has been removed, and on lifting the foot from the ground. I have never been able to ascertain satisfactorily the cause of this complaint. None of the patients could

assign any reason for the sore coming on that part of the foot; it generally comes beneath the great toe, or in the middle of the sole of the foot; again, it sometimes comes on the fleshy part beneath the heel, and is very similar in appearance to a pea, soft, spongy, and always very moist, never dry; even in the hottest foot it is very sensitive to the touch; in young people it is exactly the same as above described, but when it occurs in elderly persons it assumes a very different appearance; it looks more like a wart, sometimes rather rough on the top, and occasionally hair can be distinguished growing on it. I have previously observed that many persons are apt to call everything a corn which they see growing on the foot; many make this mistake and cut it; the

consequences are sometimes very serious, especially when it causes bleeding, as it is extremely difficult to stop the effusion of blood. In such cases inflammation frequently sets in, therefore, great attention should be paid to these remarks. Should such an excrescence make its appearance on your feet, do not wait until it becomes painful, but immediately put yourself under the care of a properly qualified chiropodist. As there are numbers of so-called chiropodists whose sole knowledge consists merely in cutting corns, I would, therefore, warn you against consulting such people. Never, under any circumstances whatever, allow these so-called chiropodists to use the knife for the first time, as it requires some half-dozen applications to prepare it before the knife can be introduced ;

and my advice is leave the room at once, as they are very difficult to remove or to cure ; but when once cured it never occurs again during a lifetime.

In reference to those who are more frequently afflicted with these abnormal formations, I have generally found that persons of a fair complexion are the greatest sufferers. It never appears before the age of ten years, but occurs from that period up till twenty years. Very seldom it occurs to old people, and when it does it is after the age of sixty. As I have annexed a testimonial in each case, I will, therefore, give you an outline of a similar case to the last. In the month of May, 1863, a gentleman of the name of Wilcox, of Cheapside, wrote to me with a request that I would attend on him, and on doing so he introduced me

to his son, a young gentleman of the age of seventeen, at the same time addressing me somewhat as follows:—
“ Mr. Adolphus, my son has something growing in the centre of the sole of his foot, which I think is not a corn, and I wish you to examine it and have your opinion on it. I do not think it is altogether a case for a chiropodist ; but having great confidence in you, I thought I should like your opinion before having the advice of a doctor.” On looking at the young gentleman’s foot, I immediately perceived what was the matter, told him that I understood the case, and that I could effect a cure ; but it would require several visits, and great patience.

Mr. Wilcox examined it himself by the aid of a magnifying glass, and exclaimed, “ What a sight ! I never saw

such a thing in my life." He also said, "Well, sir, if you can cure this you are a clever man." My readers will recollect this occurred in May, 1863, and by the end of August of the same year he was completely cured, and could use his foot as well as if he had never had anything the matter with it. I would give you to understand that during this time he was engaged in a warehouse in the city, and obliged to wear his boots, yet he never was absent from his business a single half-day. My readers may now ask me, in case such a thing should occur to us in the country, what are we to do? I will inform you what you ought to do. As I have before told you, it is generally the size of a pea, therefore, cut a hole in a corresponding part of the sole of the boot, so as to avoid pres-

sure; but in case of wet weather you will of course take the precaution to wear a pair of overshoes, and the first opportunity you have go to a professional man. On no account allow it to be cut the first time, as you will remember that I told you it required some half-dozen applications to prepare it first. I would also recommend cotton socks to be worn in preference to woollen ones.

CHAPTER II.

BUNIONS AND CHILBLAINS.

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And is not creation a work of skill, in its grand outlines, in its parts? Mind! we should mark its movements, trace its laws, observe its fine consenting harmonies, yet feel no prompt of reason to infer the being of great intelligence. We are the creation of the Almighty, and our duty is to protect His work.

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BUNION.—The word bunion, which has been almost indiscriminately applied by the public to any hard and painful tumour, or corn on the feet, should be restricted in its use to designate an enlargement over the first joint of the great or little toe, produced by pressure or by some other cause, effecting a change in the position of the joint.

The derivation of the term is somewhat obscure, nor do any of our lexicographers allude to it. It is probably a modification of the word "Oignon," which was formerly and is still, used in France to designate the disease.

Boyer says it is called "oignon," or "onion," as well from its rounded shape as from the thin scales of thickened skin which form the upper surface, and can be removed separately, like the layers of an onion.—("Traité des Maladies Chirurgicales.")

Very little information can be gathered from the works of the early writers on surgery respecting bunions. They do not mention any disease which, from the description, can be considered as the complaint in question; and even later authors have thrown but little light upon

the subject, as they have generally chosen to adopt the opinions of those who have preceded them, in preference to investigating for themselves. They speak of a bunion merely as a species of corn, without reference to the diseased condition of the joint which follows.

One of the most frequent and certain causes of a bunion is the wearing of shoes made too short, and with a narrow sole, so that the feet are subjected to an undue degree of pressure, both laterally and longitudinally, and the whole weight of the body is thrown upon the articulation of the bones of the feet with the great and little toes, there not being sufficient room for the foot to expand, nor for the great toe to extend itself, so that the proper motions of the joint and the regular action of the muscles are im-

peded, whereby excruciating pain is produced, followed by inflammation, malposition of the great toe, and the ultimate formation of a severe bunion.

When a bunion is produced by distortion, or hereditary malformation, the great toe, which should be in a straight line with the foot, lies transversely over or under the next toe, causing a projection of the joint, which is subjected to continual pressure on the most prominent parts, gradually increasing in severity as the swelling enlarges, until a bunion is fully developed.

Constitutional derangement, producing a relaxation of the system, may also act as an occasional cause of bunion in persons predisposed to that complaint, by inducing a feebleness in the joints, principally of the great toe, with pain

after walking, which frequently continues after the shoes have been removed and the feet are at rest. This cause is influenced by a peculiar state of atmospheric temperature, affecting the feet in particular constitutions.

Among the other constitutional causes may be ranked rheumatism and gout, which induce progressive deformity of the feet, distort the toes, and carry, by the contraction of the flexor tendons, the point of the great toe obliquely across the others, and thus produce that state of the foot by which the enlargement of the joint constituting a bunion is caused.

As persons advance in age, the fluids of the system are not supplied in the usual abundance; and this is especially the case with regard to the secretions lubricating the joints, which, in conse-

quence, become stiff, and may even become partly ankylosed. This is not an unfrequent occurrence in the joints of the great toe of aged persons, and of course does not admit of relief. Little inconvenience, however, is occasioned, unless from the pressure of the shoe, and the want of elasticity in walking.

A bunion, therefore, consists of an enlargement or thickening of the common integuments over the first joint of the great toe, caused either by compression, or by an unnatural obliquity of the great toe outwards, by which the position of the joint between it and the bones of the foot is changed; it seldom affects both feet at the same time. When the disease is first noticed, it is attended with trifling pain and inconvenience, but from the continued and increasing pressure, and

the non-removal of the cause that originally produced it, inflammation is set up, the skin covering the joint becomes involved, thickens in layers or scales over a considerable surface, and is studded with clusters of small superficial corns.

If the disease, in this advanced stage, be neglected or improperly treated, or if the patient take an unusual degree of exercise with a more than ordinarily tight shoe, the inflammatory action will be renewed or increased, the bursa beneath will become enlarged between the skin and the bone, and fluid will be effused, causing considerable swelling over the articulation, attended with exquisite pain and tenderness, which will be felt, not only in the joint itself, but also extending to all the surrounding parts.

If the disease still proceeds, the pain

and swelling continue to increase, and suppuration takes place within the cavity of the bursa, which on account of the depth of its situation and the abnormal thickening of the integuments, is very slow in bursting externally. Sometimes the fluid burrows into the adjoining cellular tissue, producing ulceration, and in other cases causes caries of the bones.

The pain and inflammation in these cases come on sometimes so suddenly, that the patient is apt to mistake the attack, and attribute it to gout, from which, however, it may easily be distinguished by the external tenderness of the joint and the persistence of the inflammation in the latter disease, whereas in bunions the part is not painful to the touch, and the inflammatory symptoms

soon subside with the removal of the shoe, and the adoption of the usual treatment.

A similar protuberance is occasionally met with on the corresponding joint of the little toe. From its position, it is not subjected to the same amount of pressure in walking, but the pain and inconvenience otherwise are not less severe than in ordinary cases in which the joint of the great toe is affected. The symptoms and appearance are precisely the same ; but in the worst cases, although attended with great irritation, the inflammation rarely does much mischief, or extends further than the bursa ; it is more amenable to proper treatment.

When this tumour is caused by the little toe being forced obliquely out of its position, and under the next, it will

sometimes enlarge to a great extent, so as to project considerably; the skin will be thickened without inflammation, and also without pain, except when pressed upon. The chief complaint in this case arises from the unsightliness of the joint.

Although a radical cure of a perfectly-formed bunion can seldom be promised, yet in most cases, if not in all, relief from the pain and other inconveniences may be afforded by proper treatment. The time required for this purpose will vary very much; in many cases palliatives must be used for a length of time before a cure can be effected, and even then the enlargement of the joint does not entirely disappear. In all cases it is advisable not to have recourse to violent modes of treatment, more especially when the

bursa is inflamed, as very serious consequences have been known to ensue.

When a bunion first forms, it appears inflamed, but is not attended with much swelling; the pain in the joint is mostly felt when the shoe is worn; it continues for a few days and then subsides, recurring, however, at intervals for many months, without increasing in severity, so as to require medical advice. If it be caused by wearing a short, badly-made shoe, it will be immediately relieved by removing it, and a cure effected by bathing the foot night and morning with a spirit lotion.

Even if the shoe should not appear afterwards to press injuriously on the foot, it ought not again to be worn, for if the patient persists in doing so, the pain and irritation will gradually increase

in proportion as the foot is used, and be felt more especially in the joint, under the ball, and along the toe. Inflammation will extend in an equal degree, and proceed over the instep; the integuments covering the joint will be thickened, the skin will form scales, or layers, and corns be generated, either on one elevated point, or else in small superficial clusters on various parts of the bunion.

Where the alteration of the joint depends upon constitutional causes, external remedies are of but little service, the disease being influenced chiefly by the state of the atmosphere, improving as the weather becomes more favourable, and getting worse with an opposite state of the temperature. As the general health is affected, so in a manner are also

the bunions which arise from symptomatic derangement.

A small tumour is occasionally found on the top of the instep, caused by the pressure of the boot. It is situated under the skin, and is hard and immovable. When the accompanying inflammation has subsided, and the pressure that produced it has been removed, the skin is occasionally found to be thickened, and a corn, which is superficial and easily removed, is the result.

In cases of rheumatic or gouty distortion of the feet, the disorders should be treated on general principles, those remedies being used which are employed for the removal of the same diseases when attacking other parts of the body.

CHILBLAINS.—Although chilblains come more directly under the notice of the surgeon than of the chiropodist, yet as they affect the integuments of the feet, it will not be considered inconsistent with the nature of this work to offer a few observations on them.

A chilblain is the result of exposure to severe cold, followed by the too sudden application of heat, and is produced by the rapid distension or congestion of the blood-vessels, which had been previously contracted. It presents the appearance of an inflammatory swelling of a lurid red or deep purple colour, and is accompanied with intense itching and pungent pain, which frequently becomes intolerable. Persons of a weakly or scrofulous constitution, and the young and aged, are much more liable to the forma-

tion of chilblains than the robust and healthy. They sometimes arise from constitutional causes, more especially such as impede or diminish the circulation, and are met with principally on the hands and feet.

When neglected or improperly treated, the colour of the affected part deepens; it vesicates, and becomes ulcerated. There is, however, but little danger to be apprehended, when proper care and attention is used.

As preventive measures, the best plan to adopt is wearing warm covering to the feet, and taking moderate exercise, walking rather briskly, being particularly careful not to approach near the fire whilst the feet are excessively cold and painful. Gentle friction with a flesh brush, or a coarse towel, may be fre-

quently used with advantage, taking care not to abrade the skin; wearing oiled silk socks to come up above the ankles has also been found useful.

The remedies recommended are innumerable, but the benefit to be derived from any of the recipes will depend upon the state of the local disease and the general health of the patient; those most in use are sea-water or brine, stimulants of every description, such as camphorated spirit, vinegar and spirits of wine, turpentine, soap liniment with cantharides, &c.

CHILBLAINS AND WEAK ANKLES. — There is another complaint which many frequently suffer from, and that is weakness in the ankle. A person may walk a short distance and then be compelled to rest for a few minutes. This more

generally happens to those who suffer from tender skin and delicate constitutions. Various remedies have been suggested for this, but of no avail. I am, however, happy to say that many years ago I discovered an "Elysium," which I prepare myself, and my patients who have used it have expressed themselves much gratified at the successful result. I can give references to a great many ladies and gentlemen who will testify to its valuable properties. Some ladies who formerly suffered so much from tender feet, and could scarcely even rest them on the ground, have received the greatest benefit from its use. I can with confidence recommend a lotion for chilblains, which I also prepare, and have found to be much approved of by those who have tried it.

CHAPTER III.

THE NAILS AND THEIR DISEASES.

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An appearance to save their only care, so things seem right, no matter what they are ; but the old saying still holds good, "Who knows whom the shoe pinches but him who wears it."

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THE NAILS are placed at the extremities of the fingers and toes, to cover and protect from injury the numerous sensitive nerves of touch. They are composed of a horny, insensible structure, arranged in laminæ or layers of longitudinal fibres, similar to whalebone, and running from the root to the apex. They adhere upon the under or concave surface by rugæ or grooves to the true skin, by which they are maintained in their situation.

Beyond the root or semilunar substance the true skin is much more vascular, and imparts a degree of redness which is visible through the transparent structure of the nails, varying in intensity according to the temperament of the individual, and also according to the existence of certain diseases.

The nails are generally fully developed at birth, and continue to grow, under various modifications, until death. Their growth is rarely obstructed by fever or disease of the skin.

THE TOE NAILS are liable to many disorders from accidents, and to peculiarities in their growth, forming different appearances according to age and altered secretions. They are somewhat thicker than those of the finger, although

similarly constructed, and, consequently, are better calculated to protect the toes from many serious injuries they might else be subject to in walking.

There are some nails, however well-formed, which after a time begin to increase in growth, and acquire in a few years such a degree of thickness and deformity as to render it exceedingly difficult to cut them with the instruments generally in use, and consequently are allowed to grow until they cause inconvenience and pain. In this state, the assistance of the chiropodist is required to cut the nails, which must be done very carefully, with a strong pair of nail nippers.

The nails are capable of being bent or curved by heat, moisture, and pressure, and very frequently, when allowed to

grow to a great length beyond the point of the toes, are compressed by the shoe into various shapes, in the same manner as heat and pressure act upon the common horn.

In early life, the fibres, or longitudinal lines, are not strongly marked; but after years they are liable to grow in different shapes, and even sometimes they vary in colour. I have seen nails of the colour of a serpent, such as yellow, white, black, and also in wrinkles of a dark colour. Some are just like the end of the horn from an animal; some are in various shapes: they grow according to the constitution. People who are liable to hot feet naturally thin nails become soft, the same as common horn does when placed before the fire; but with people with cold feet it is just the con-

trary, as they do not have so much trouble with their nails, inasmuch as they grow properly in a natural state. With regard to the ladies, the nails are very attractive. I am now about to make a few remarks on the nails of the fingers. When nature has given them their lustre, especially when they are kept clean, in the European style, long, but not too long, they should never be cut close to the apex, but a small rim should be left, then wash them occasionally with a few drops of Eau de Cologne or any other spirit. But when the horn is pale coloured, and without polish, they should be wiped over every morning with a little sweet oil; and by persevering in its use they will, in the course of fourteen or fifteen days, begin to have a beautiful polish.

As the nails on the feet are meant by nature to protect the toes, therefore they should not be trifled with. I have been consulted on hundreds of cases where I find the mischief arises from turning the nails. But if my readers will carefully peruse this page, they will find themselves quite competent to manage their own nails. First of all, never tear off a nail from the hands or feet. Secondly, do not cut them too short. Thirdly, do not cut your nails round. But you will ask, What are we to do when they are grown in? In answer to which, I will refer you to another chapter, where I purpose treating on both the nails of the fingers and toes.

Live long in this world, but not for yourself. By this, I mean to live and to be well, not to live only for existence ;

but if you will only care for your feet, and keep them clean, you will live twenty years longer than those who neglect to do so.

I am now about to treat on a very peculiar case, and this is no less than the small nail on the little toe. People will sometimes complain of great pain in the little toe nail, but are unable to point out from whence it arises. Now, I will describe its cause, its prevention, and its remedy. First of all, when the little nail is found to be painful, avoid cutting it, because the more it is cut the more it grows. This kind of nail I term a "turned-up nail."

N.B.—As I am now only remarking, I am not going to treat upon this last mentioned nail, but will mention this disorder in another page, which you will

recognize under the head of a “ Turn-up Nail.”

I have been consulted on nails, and I regret to say in many cases I could not give them relief. My readers will be curious to know what was the matter. I give you to understand that I am now alluding to finger nails. I have already told you in a previous page when they are cut too short the fingers get flattened upon the tip, but if they are kept properly cut they are naturally useful. The Almighty placed them on the fingers and toes for the purpose of protecting them.

Then, as I said before, the nails are both useful and ornamental. I have referred the ornament to the ladies, and the useful part to the gentlemen—for instance, let any one do any kind of work

which requires pressure of the tip of the fingers, and he will find them grow very flat when the nails are short ; but if he keeps them long, say one-eighth of an inch longer than the finger end, he will find them small and oval. They ought never to cut the nails on a level with the very apex.

I will here give my readers a few remarks, in conclusion. I shall point out to them this—for instance, look at the fingers of a violin player, or one who plays the guitar, or an artist who requires the action of the top of the fingers, and you will generally find his nails rather long : there I allude to professionals. But let us observe the careless state in which many workpeople keep their nails, and you find the tips of their fingers as flat as a shilling. Now, I am

going to classify the names of the nails on the toes. They are known by various nicknames, viz. :—Mixture nails, horny nails, goat nails, rocky nails, fleshy nails, diseased nails, pulp nails, curved nails, ridge nails, spotted nails, blood nails, and lastly, turned-up nails. You will find they are twelve in number.

Moral and respect is food for the soul ; but care and attention is beneficial for both. So great is the effect of cleanliness on man that it extends even to his moral character. Virtue never dwells long with filth, nor do I believe there ever was a person scrupulously attentive to cleanliness who was a consummate villain.

When a turned-up nail appears on the little toe do not cut it. It should be treated in this manner :—Take a small

piece of bees wax and lay it on the top, pressing it to the apex as close as you can ; cover it with a small piece of brown paper, and then take a strip of lint—in length about six or eight inches—and wind it round the toe several times ; let it remain so for a few weeks, till the nail grows long, and you will for the future find yourself entirely free from pain.

When the nail on the great toe grows in, do not try wild remedies; but when it grows in too deep, and the flap is painful and in an inflamed state, then you ought to have the advice of a Chiropodist. But to prevent this occurring, take the scissors and cut the top only, then scrape the middle of the nail three or four times weekly. By keeping the upper part of the nail thin, the balance will bring forward the part which has

grown in. But again, when the nails are very thin (I still refer to the nails on the feet), they should take a small piece of cork and cut it very flat, so as to correspond with the nail, and smear it over with a small piece of soft soap ; then press it close to the nail, and take a strip of Diachylon plaster and wind it round rather tightly several times : it should be changed every five days. By persevering in doing so you will find your nails grow properly. Again, when your nails grow very thick, heavy, and ridgy, you must not tear off any pieces therefrom, as I find sometimes it is of very great importance. When it is forcibly torn away the blood oozes out, and very often lays the patient up. When you have such nails, my recommendation is to go for advice to a good Chiropodist.

I will now make a few remarks upon the finger nails. The finger nails ought only to be cut once a week, rather with the scissors than with a knife. First they must be kept clean, and the rim kept a little longer than the apex. They ought to be bathed every morning with a few drops of Eau-de-Cologne. Pursue this, and you will soon find your nails assume a glossy and shining appearance.

Persons who have ridgy nails, when they occasionally split, should smear them over with a small portion of honey, the size of a pea, twice a week, which they will find of great service; but as we are not all of the same constitution, this may prove more beneficial to one than another, therefore, I would recommend you to try a small slip of soap plaster wound round each nail, and

wear gloves day and night, which you will find beneficial, and must be persevered in for a few weeks.

I am now going to impress upon mothers and nurses to be very careful in following up the subjoined remarks :—

First, I address myself to the nurse. Both the babies' and children's finger and toe nails ought to be examined night and morning. Sometimes a baby cries very much, and yet nobody can imagine what is the matter with it, but on examining its toes you will sometimes find that the little nail has penetrated the next toe, thereby giving it great pain. Now a word to mothers. Always see that the children's feet or hands are examined every morning : this will of course prevent them having either bad finger or toe nails, and thus you will find " Prevention is better than Cure."

CHAPTER IV.

MANAGEMENT OF THE FEET.

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Errors, like straws, on the surface flow; he who would find pearls must dive below. And he or she who thinks of the slightest comfort must also search below. Think of your feet!

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IN commencing the treatment of the feet I have the honour of submitting to you the proper course of their management. My readers will recollect I have said in a previous page that to keep the feet clean is of great importance to health, it is also essential to examine boots and shoes before wearing them, for sometimes the looseness of the lining is very apt to bring on disorders to the upper part of the foot. Again, many persons

neglect examining their boots and shoes before putting them on, and find, after wearing a short time, they feel pain, which in walking greatly increases, but, unfortunately, being in the street they are unable to remove the boot, and when they do remove it they sometimes find a small pebble, or a nail, or some hard substance; but if care is observed, these suggestions, however trifling they may seem, will be found extremely useful in the prevention of such annoyances.

Boots and shoes ought to be made about half an inch longer than the foot, so as to allow of full play, and they ought to be made tolerably wide over the fore part of the foot. I do not think a few remarks will be misplaced on the evil consequences that arise from wearing short boots or shoes. My readers

will remember I mentioned previously the fact that some persons have toes similar in appearance to birds' claws, one toe overlapping the other, and I also remarked about the family toe, which you will bear in mind has nothing to do with the present case, the former is produced entirely from wearing tight boots, but the latter is a family inheritance. To show my readers the evil results arising from the use of short and tight boots, I will here mention a case. About eight years ago Mr. G. of Porchester Terrace was recommended to me by his medical man, and on examining his foot I could not imagine what was the matter, as it was swollen and inflamed; however, on re-examining it I found the second toe was so much bent that the nail actually penetrated

the sole of the foot. I asked him how long the foot had been in that state, his answer was he supposed it was from wearing too short boots in his younger days, but latterly, for the last year or so, he suffered so much that he was obliged to consult his medical man, who, instead of examining it minutely as I did, immediately treated it as a common or ordinary swelling, until at last he could not walk at all; he had also been recommended to a homœopathic doctor, who caused to be made for him a gutta-percha sole more than half an inch in thickness, but with a hole cut through so as to allow the bent toe to rest in it. Under these circumstances he was obliged to have a boot made expressly, notwithstanding which he experienced great pain; at last, on the recommend-

ation of his medical man, he sent for me, and I found him suffering from what I have already stated : I found the toe had never been examined properly, consequently, the chief source of pain had been overlooked, viz., the growing in of the nail ; but to give my readers all the minute details of this case would occupy several pages, so I must simply tell you that I discovered the toe was not naturally bent, and on straightening it the nail extracted itself from the sole of the foot ; I removed the nail, dressed the toe, and afterwards bound it up with the next toe to bring it in its natural position ; in the course of ten minutes the work was done, which will surprise my readers after so many remedies being tried which were of no avail whatever, and I sum it up in these words, "veni, vidi vici."

As the above remarks allude to the evils from wearing short shoes, I will now proceed to give you the outlines of another case, which, in my opinion, arose from wearing too strong shoes, or from the heat of the foot, viz., a corn underneath the toe nail. Mr. LEAF, of Old Change, in May last, called my attention to a corn he had growing beneath his great toe nail. This good and benevolent gentleman, who I have no doubt many of my readers know, told me his great toe was extremely painful, and when I examined it I found a corn growing right under the toe nail; I took away the middle part of the nail about the size of a threepenny piece, and removed the corn without giving the slightest pain. I then bandaged up and dressed it, and the work was

complete. This good gentleman was enabled to walk directly afterwards without pain, as well as ever he did; and now I am happy to be able to state that when I afterwards attended Mr. LEAF several times I entirely cured him, and brought the nail to its original and natural state.

Another gentleman, of the name of Mr. ANDORDON, of Stanhope Street, Sussex Square, was recommended to me by his medical man. It was a similar case to the last, I treated it in the same manner, and am happy to say with successful issue.

In the beginning of this chapter I impressed upon you to be very careful in examining your boots and shoes before putting them on, and repeat that they should always be a little longer than the

feet, so that every toe may have room to extend itself.

Children in the nursery should have their feet examined at all times when the socks are removed.

The feet should be washed morning and evening, the same as the hands, and wiped thoroughly dry, particularly between the toes ; the nails should not be cut too often, nor at any time shorter than to be on a level with the tops of the toes. It is also advisable that the shoes be a size larger than the foot, and made of soft kid leather.

When there is a tendency to hereditary malformation, it generally begins to show itself in the toes of one foot, but sometimes in both, from the age of four to seven years. The deformity commences particularly in the first toe,

which lies over or under the second, or the upper part of it is confined between the great toe and the second, so that when they are all pressed together, the middle joint of the first toe is elevated higher than the others. This hereditary development or malformation is very remarkable, and I have had many opportunities of observing it.

If the malformation is very considerable, it may be advisable at this early age to endeavour to straighten the toes by mechanical means.

About this period of life—from four to seven years of age, and in some instances earlier—corns which are easily removed are apt to form superficially upon the projecting joints, and should be picked out as soon as the thickening is visible. If the corn soon returns, and

gives pain, it should be submitted to a competent practitioner; for by proper management and attention, many years of suffering and inconvenience may be prevented. It matters not whether they are caused by hereditary or constitutional predisposition, or mere friction; they cannot be too soon attended to.

From the age of seven years and upwards, in consequence of the child taking more exercise and wearing stronger shoes, corns are of more frequent occurrence; and the soft species which forms between the toes is the one most frequently developed, occasioning great pain, which the child endeavours to ease by walking on the inside of the foot, and throwing the weight of the body on the edge of the great toe and inner side of the heel, thus causing the ankle to turn outwards,

inducing great weakness in the feet, and producing an unseemly roll in walking.

Nurses should watch children, when at play or walking, to see that they place their feet firmly on the ground; and if any irregularity is perceivable in either or both feet, such as rolling from side to side, or walking on the inside of the foot, the toes should be carefully examined, as most probably a soft corn will be found on the web between the third and little toes, and frequently in a state of suppuration, for many children have a dread of anything being done to their feet, and endeavour to relieve the pain in all manner of ways, rather than complain.

If the inner ankle appear much larger than natural, and in walking presses much inwards, as if the child had not

any support for the foot, it generally proceeds from relaxation of the ligaments, produced by delicacy of constitution. Under these circumstances medical advice should be taken, because, if neglected, and allowed to proceed for a length of time, a confirmed awkward gait will be the consequence.

If resulting from corns, they should be carefully and properly removed, and every means adopted to make the child, when walking, bear on the outside of the foot, the nurse being first assured no cause of pain remains. If it be produced by weakness of the ankles, well-adapted laced boots should be worn, with an extra thickness of sole on the inner side, so that the ankles may be supported, and at the same time kept in a natural position.

These complaints must not be confounded with the diseases of weak and sickly children, for weakness of the ankles is often produced by constitutional debility, and may also be caused by an affection of either the loins or knees, which requires proper surgical treatment.

Young persons should be strictly cautioned not to tear off the toe nails, which they are very apt to do to save trouble, from the facility with which it is effected. Much mischief, however, may be caused by such a practice, especially with the great toe nails, which, being formed of longitudinal fibres, the laceration is more likely to be continued laterally towards the glands or root, than completely across.

Children when sent to school, should

be instructed to have their nails cut in a proper manner, and impressed with the evil consequences of tearing them. They should be taught that cleanliness is essential to health, and directed either to sponge their feet, or wipe them with the end of a wet towel, every morning, rubbing them afterwards thoroughly dry, particularly between the toes.

They should not have more than two pairs of shoes in wear, as otherwise they would become too small, and then be the source of much mischief, and prevent the exercise so essential to their health and pursuits. If the shoes are too short, the toes are pressed back towards the instep, or otherwise deformed, and are subject to corns; and if too narrow, the toes are pressed

together, become painful and inflamed, producing soft corns, and also give rise to that malformation of the foot which is called bunion.

When shoes need repairs, because they are burst at the sides, or require soleing, the school shoemaker not unfrequently takes in the upper leather, or lays a new piece badly sewn on the broken part, so that the seams are likely to bruise the toes. When such is the case, and the boy experiences pain or difficulty in walking, or the feet are chafed and bruised, they should be no longer worn.

The employment of foot baths, either hot or cold, must depend greatly on the difference of constitution and habit. For persons advanced in age, the tepid bath is preferable, particularly if they

are subject to gout or rheumatism. Any sudden change of temperature in such cases might do harm, and the feet ought not to be put into water of any kind, while the patient is actually suffering from either of those disorders, except by express direction of the medical attendant.

In advanced age, persons do not generally bathe the feet so frequently as in early life; they would, however, derive great comfort from sponging them once or twice a week, or oftener, with soap and warm water, wiping them thoroughly dry immediately afterwards, then using the flesh brush, and rubbing off the loose cuticle or scales with a coarse towel. When there is any accumulation between the toes, a fine cloth, wetted with Eau de Cologne or

any other spirit, may be drawn backwards over it; but I find it sometimes very serviceable to use the following simple remedy.

Every morning cover a foot-pan, containing hot water, with a cloth or blanket, and in about five minutes remove the cloth quickly, and cover the feet with it. This should be done in a warm room, to prevent catching cold. I have frequently found this remedy to be of great service, and, on some persons, it has had such an effect that the following morning they have found themselves much exhilarated, and not, as previously, dull and heavy.

In conclusion, I trust that those into whose hands this little brochure may fall, may be benefited by its contents, and I am confident, that, if the sug-

gestions contained be adopted by any one who is at present suffering from the complaints treated on, relief will speedily follow.

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