

Correspondence.

"Audi alteram partem."

"TENOTOMY AND RAPID REDUCTION OF DEFORMITY."

To the Editors of THE LANCET.

SIRS,—Dr. Marshall, in your last issue, gathered¹ that I still divide the tendons in equino-varus "from before backwards," as usually practised. This statement produced a momentary sensation almost of giddiness,—the operation had such a puzzling sound. But on recovering I found that he was alluding to a matter of considerable importance, by raising the question whether in equino-varus the tibial tendons are not sometimes divided when not they, but the tendo Achillis only, should be cut. He is certainly right, but I would venture to put the matter in a rather different way. Many cases in which the foot is in a position of equino-varus, and some even of varus without any apparent equinus, are really cases of pure equinus in disguise. They are cases in which the foot, owing chiefly to the traction of the tendo Achillis upon it when it is inverted—as it often is, in the position of "greatest ease"—has at length become strongly turned in. In all cases of apparent equino-varus, or simple varus, the following examination ought to be, and doubtless is, habitually made by many operators, in order to determine what tendons require division. The surgeon, holding the leg just above the ankle in one hand, with the other hand—having first fully extended the foot on the leg so as to relax the tendo Achillis—ascertains whether the foot can be carried outwards till its long axis corresponds with the long axis of the leg, so that the varus is removed and the foot is brought into a position of simple equinus. If the foot can be brought, without marked resistance, into this position, there is no occasion to divide the tibial tendons. The varus is, in fact, only apparent. But it will now be found that the true deformity is equinus, and that the tendo Achillis is so tight that the foot cannot be brought up to anything like a right angle with the leg. If the tendo Achillis be now divided, it will be found that the foot can be brought into the normal posture, so that the varus as well as the equinus has disappeared. This is true not only in the case of infants, as mentioned by Dr. Marshall, but in that of older patients. Some of the most marked cases are those in which equino-varus has followed essential or infantile paralysis. I will not trespass further on your space than to add that there are, of course, many cases in which both the tibial tendons and the plantar fascia must be divided.

I am, Sirs, faithfully yours,

Bruton-street, W., March, 1888. HOWARD MARSH.

To the Editors of THE LANCET.

SIRS,—Mr. Noble Smith's criticism on Mr. Howard Marsh's paper, published in THE LANCET of Feb. 18th, is an interesting example of what I would propose to call the difference between doctrine and practice. Mr. Smith, in his book on "The Surgery of Deformities," published in 1882, p. 65, says, "The foot and leg are then bandaged so that the position is slightly rectified. . . . This process is repeated again and again until the foot is brought into a straight position with the leg." On p. 69 we read, "Gently and gradually, and day by day, must the foot be drawn outwards until it is in a straight line with the leg." This practice is so totally opposed to what is implied by his statement in your issue of last week—viz., "As I have practised the 'immediate method' for the last seven or eight years, I am able to form an opinion upon its merits,"—that I cannot refrain from noticing it. Nor, as far as my memory serves me, did Mr. Smith advocate this line of practice so late as March, 1885, in the discussion on Tarsectomy, at the Medico-Chirurgical Society.

Mr. Marsh's paper appeared to me a very useful and suggestive contribution, and as coming from a surgeon

¹ In the notes you published on Feb. 18th, I referred to an instance of equino-varus in which the tibial tendons and the tendo Achillis had been divided, but which had relapsed. This statement led Dr. Marshall to think that I had myself divided the tendons in the first place. I had, however, not seen the child till after the relapse had occurred.

having every-day experience of the subject under discussion. Though one who both preaches and practises immediate rectification in these cases, I feel that Mr. Marsh's description is better than Mr. Smith's, as being truer to nature. Mr. Marsh applies three plaster dressings, gaining at each application a certain amount of rectification. Unless Mr. Smith at once cuts several tendons (a practice he entirely discountenanced at the Medico-Chirurgical Society), and in severe cases some of the tarsal ligaments also, I cannot accept immediate rectification as possible on anatomical grounds, backed by a considerable clinical experience.

After having practised multiple tenotomy and syndesmotomy (division of ligaments) for a long period with nothing but the most satisfactory results, in consequence of much discussion with friends and colleagues I determined to test the subject experimentally, and for this purpose enlisted the assistance of Mr. Horsley at the Brown Institution. We demonstrated as the result of many experiments that union takes place just as rapidly and just as certainly after a wide separation of the extremities of cut tendons and ligaments as when the separation is made gradually.

I am, Sirs, yours faithfully,

Feb. 27th, 1888.

R. W. PARKER.

REGINA v. HITCHENS.

To the Editors of THE LANCET.

SIRS,—In this case, to which you called attention in a leading article last week, I think the executive is very much to blame. When the Home Secretary had the opinion of two medical men upon the mental condition of the prisoner, he might, under the second section of the Criminal Lunatics Act, 1884 (47 and 48 Vict., Chap. 64), have ordered the prisoner to be confined under treatment in an asylum, instead of exposing him to all the worry and excitement of a public trial. Or, if he still considered it a case where the public good demanded a trial by jury, surely it was his duty to produce for the consideration of the jury every scrap of evidence bearing on the case of which he had a knowledge. It is, indeed, a new experience to find the Crown in a capital case suppressing evidence of its own finding because such evidence happens to favour the prisoner. The present executive has undoubtedly had great experience in getting up Crown prosecutions, but many will think that what might be called sharp practice is rather out of place when a poor insane, epileptic, would-be suicide, born in a lunatic asylum of an insane mother, is being tried for his life.

As to Mr. Justice Field's use of the old yardstick, "Knowledge of right and wrong," in the measurement of the responsibility of the insane, little can be said that has not been said already; but I would give the following case as bearing on the point, and likely to make an interesting study for the learned judge. A man stabbed his brother two years ago and was sent to prison, the act not being recognised as the outcome of mental disease. When under observation in gaol it was soon seen that the man was mad, and he was sent to an asylum. This man is, to the casual observer, a sensible, clear-headed man, but he has several delusions—that his food is poisoned, that the doctor takes away his appetite, that he will get out of the asylum within six weeks by his brother (whom he stabbed) having a question asked in Parliament, that they put a strange liquor in his tea to make his head ache, &c. Ten days ago this man told an attendant that he intended knocking my brains out with a chair on the first opportunity. The attendant remonstrated with him, told him men were punished for such acts, and that it was wrong even to talk of such things. The patient answered that he was quite aware it was wrong to threaten the lives of people, and that men were hanged for murder. "But," he continued calmly, "you can't hang a madman. The worst they could do to me would be to send me to Broadmoor, and from all I have heard it is a better place than this." On the following day I had a long conversation with the patient, when he reiterated his statement, and insisted on the soundness of his argument as to the impossibility of hanging him for murder. This man is insane—insane to the tips of his toes,—yet he is able to reason logically and coherently as to what would be the outcome of any overt act on his part. He would not tell me the reason of his desire to kill me. He may have thought that I "put stuff in his tea to make his head ache," or he may