

CUNEIFORM OSTEOTOMY FOR CONGENITAL TALIPES VARUS. REPORT OF SEVEN OPERATIONS.

By A. C. LAMOTHE RAMSAY, M.D.,

OF ST. CLOUD, MINN.

SURGEON TO ST. BENEDICT'S HOSPITAL.

THESE seven operations were on patients varying in age from 1 to 15 years; all had been tenotomized early without the least benefit, and in Case II with manifest injury, ankylosis of ankle having been the result of an erysipelas which followed tenotomy. All were congenital cases.

As to the causation of the congenital form, I think the nervous or centric origin, as advanced by Malgaigne, Ball and Delpech, is the most tenable (Enc. Dis. of Child, Keating, pp. 956). The theory of pressure is very faulty. I have noticed twice that in acephalous monsters talipes varus existed. In one I made a dissection of the feet and the deformity of the bone was very marked.

All these operations were performed in my service in St. Benedict's Hospital, with the most rigorous antiseptic precautions.

Case I.—Congenital talipes varus of right foot. Walks on side of foot.—Pius R., æt. $3\frac{1}{2}$ years, born of healthy parents, was first tenotomized and put in a plaster cast when a year old. No improvement at the time that he was sent to me by Dr. H. A. Pinault, of St. Michaels, Minn.

Operation August 29, 1889. Ether anæsthesia. Foot was washed with a solution of ether and iodoform $\frac{1}{20}$. Esmarch bandage applied and an incision from the external malleolus to the middle of the fifth metatarsal bone was carried down to the bone. The periosteum was reflected and a V shaped piece of the tarsus, including the anterior portion of the astragalus, was cut out with a sharp chisel. The cavity

was cleaned of loose spicula with a pair of dressing forceps, and the bones were sewed together with strong chromic catgut. No irrigation. Pieces of bichloride gauze were used for sponges. The external wound was closed with interrupted catgut sutures; no drainage; a plaster cast over an iodoform gauze dressing completed the operation. There was nothing of interest in the recovery. Three weeks after, the dressing was removed; union had taken place by first intention. A year after the operation the child walked on the sole of his foot, no apparatus having been used at any time.

Case II.—Double congenital talipes varus. Walks on back of feet.—Anthony C., æt. 15 years, born of healthy parents, is the only child of a large family that has any deformity; has always been healthy; has been treated from his youth with club-foot shoes; was tenotomized, but never derived any benefit therefrom. There is a heavy callus covering skin on sides and back of feet.

Operation September 14, 1889. Ether anæsthesia. Foot treated as in Case I. Bone was harder, which necessitated the use of the hammer. Soft parts protected by straightened Parker's retractors. The V-shaped piece of bone removed was larger than in Case I. The bones were united with double strong chromic catgut, and the external incision closed with the same material.

There was slight suppuration in the right foot, but it only necessitated a change of dressing twice. A year afterward one of the finest results one can hope for was found to have been secured. Both feet were operated at the same time.

Case III.—Double congenital talipes varus. Stands on sides of feet.—Elzear P., a healthy boy, æt. 3 years, was kindly sent to me for operation by the Hon. Dr. Fischt, M P., of Rimouski, P. F., Canada.

Operation April 7, 1890. Chloroform and alcohol one-fifth anæsthesia. Same antiseptic precautions as in the other cases. Both feet operated at one sitting; bones soft; same dressings. Dressings removed on 18th day, parents going back home the next day. The father writes in sending photo that the child walks on the soles of his feet, toeing in, like an Indian.

Case IV.—Double congenital talipes varus.—Baby S., æt. 7 months; tenotomised when a few weeks old, without any improvement.

Operation May 31, 1890. Same anæsthetic as Case III; same precautions. Both feet operated upon; bones united with medium-sized catgut; same dressings as in other cases. No disturbance after operation. Dressings removed in three weeks. A recent inspection of the case shows a perfect result.