

1881. She has enlarged epiphyses, and gives a clear history of rickets.

Macewen's supra-condyloid operation was performed on both femora March 17, 1881. The limbs were immediately put up in a plaster-of-Paris bandage. A fenestra was cut over the seat of the wounds on the 19th, at which time they were found to have closed, the point of incision being represented by a fine line only. On April 16th the splints were removed. Union firm.

Fig. 28 is from a photograph taken at time of admission; Fig. 29 at date of discharge.

CASE II.—George R., colored, aged six years, came

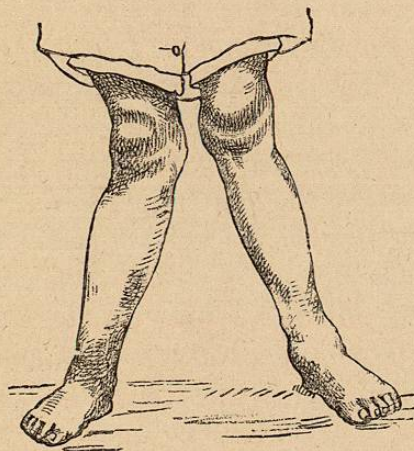


FIG. 28.

under my care in April, 1882. He shows marked rachitic changes in all the long bones. The femurs have an anterior curvature, both internal condyles are much depressed, and there is an acute bend outward just below the epiphysis of the tibia. There

is also an anterior curvature of the bones of the legs. Figs. 30 and 31 are from photographs, and are a good illustration of a marked case of rachitic curvature. Walking is very difficult. There is considerable relaxation of the ligaments.

On May 1, 1882, I performed Macewen's operation upon the right femur, and a linear osteotomy on

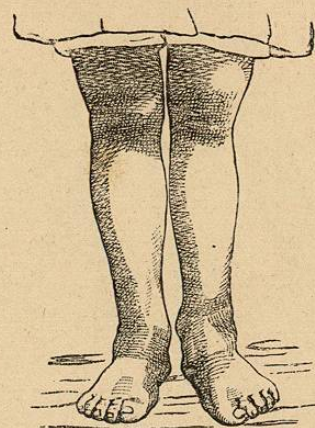


FIG. 29.

the left tibia just below the tubercle. The femoral wound closed, but from the tibial there was some slight suppuration. By these operations considerable improvement was obtained. In October, 1882, the same operation was done on the left femur, and a linear osteotomy on the right tibia and fibula. The limbs were apparently brought into good position. The bones were neither hard nor soft. There was an abscess in connection with the femoral wound which burrowed up under the splint, and was opened on the lateral aspect of the thigh above the plaster-

of-Paris bandage. The operation-wound had closed. After evacuating the matter, the abscess cavity con-



FIG. 30.

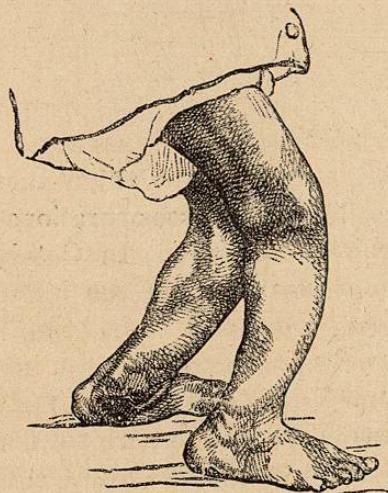


FIG. 31.

tracted down and the discharge ceased. On removing the splints, the deformity was found to still persist, but in a much less degree. During the winter and spring an attempt was made to correct what remained of the deformity with splints, but, owing to the relaxed condition of the ligaments, it was impossible to gain any improvement. During the past summer he was down at the sea-side, where he greatly improved in every respect except the curvature of the bones.

In October, 1883, I made a cuneiform osteotomy

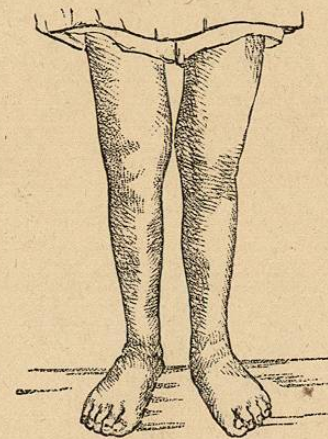


FIG. 32.

of both tibiae from the inside, just below the level of the tubercle. Sufficient bone was removed to allow the tibia to be brought into a straight line with the femur. The wounds were treated in the usual manner, and horse-hair drainage used. The following day it was removed. There has not been a particle of suppuration. In November, 1883, the splints were removed. Fig. 32 shows his present condition.

There is still a marked anterior curvature of the shaft of the tibia.

This case illustrates one of the worst deformities

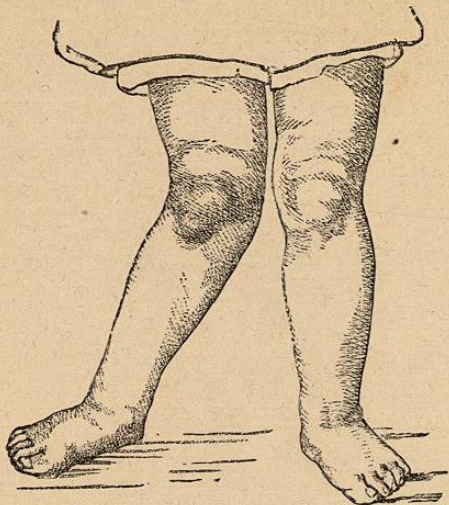


FIG. 33.

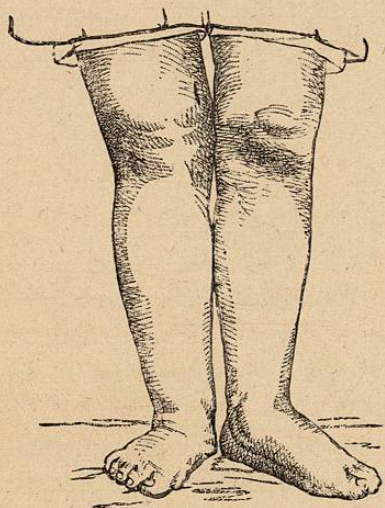


FIG. 34.

I have ever attempted to treat, and is used not so much to exhibit a perfect correction as to show what may be accomplished in so unpromising a case.

CASE III.—Lillie B., four years of age, has genu valgum of rachitic origin in right limb, due to a depression of the plane of the internal condyle and

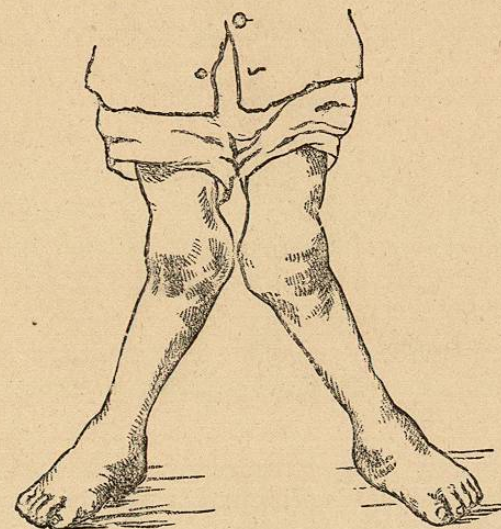


FIG. 35.

some elevation of the inner head of the tibia. Fig. 33 is from a photograph, and shows the extent of the deformity.

On March 14, 1881, a supra-condyloid operation was performed. On examination of the wound on the seventh day, it was found to be represented by a fine line. April 15th the plaster-of-Paris splint was removed, and correction was found to be perfect. Fig. 34 shows the condition of the limb at time of discharge from the hospital.

CASE IV.—W. S., fourteen years of age, was admitted into St. Mary's Hospital in February, 1881. He is very small for his age, has misshapen chest and



FIG. 36.

other rachitic deformities, together with genu valgum. The ligaments of the knee joint are relaxed.

Fig. 35 is from a photograph taken shortly after admission, and shows the amount of the deformity.

On February 25, 1881, Macewen's supra-condyloid osteotomy was performed upon both limbs, and immediately put in plaster-of-Paris splints. The wounds were found closed on the 27th, and the splints were removed on the 7th of April, at which time consolidation between the fragments was firm. Fig. 36 is from a photograph taken after he left the hospital.

CHAPTER VI.

GENU VARUM.

GENU VARUM has been described by some writers on deformities as the reverse of genu valgum, and that the pathological changes found in the former are similar to those met with in the latter, except that they occupy the opposite side of the limb. This is an error, at least in the vast majority of cases. The deformity in genu varum seldom has that angular appearance so characteristic of knock knee. The whole limb from the trochanter to just above the malleolus forms a long curve, the femur and tibia apparently being equally involved, whose greatest convexity is at the knee joint. There are, however, a few cases that present an angular appearance at the knee joint. I have met one case in which the deformity was due to a lengthening of the external condyle, resembling the condition often found in knock knee. Reeves¹ reports a case of hypertrophy of the external condyle. Genu varum of a marked degree is not as common a deformity as genu valgum, nor are all cases of apparent bowing outward of the limb to be classed as cases of this deformity. Many examples of uncomplicated curvature of the tibia present an appearance of genu

¹ "Trans. Clin. Soc.," London, 1879, p. 32.