Five Cases of Artificial Osteotomy for Deformity of the Lower Extremity.

Gentlemen,

For the above five cases, I have to thank the Honorary Medical Officers of the Infirmary, who have kindly allowed me to operate these patients under my care. Having read the papers by Michael Barronpool F.R.S. I determined to follow out this method.

Firstly, was the operation justifiable in each case?

Yes, for in one case, I believe that Vichard had produced the deformity, if such had been the case, I think the treatment at the age of four of the case would have been to wait. As good food, fresh air, etc., etc., to be certainly often bring curve, & deformities in young children is a highly satisfactory answer. The children with the exception of one child had pain head and arm. To not believe "Vichard" or Medical Treatment would have been a much easier.

Lastly, what are the advantages gained by artificial osteotomy over the subcutaneous method without?

I believe by means of artificial osteotomy, almost all danger to life is avoided, whilst by the subcutaneous method without there is often great danger to life as well exemplified in Case 3 (right leg). Here a small incision was made, then divided around placed with carbolic oil not to be seen again for some days, in the meantime, subcutaneous takes place, the incision now conjugate being small the pus to lay on itself to escape through patent now grievous all the dangers of a bad compound fracture. The next is an almost instantaneous bad having seen it two or three times, think it should be avoided. Then again supposing the same except as in Case 3, you


Edward Evans F.R.S. 1877. District Infirmary. Author of

The five for the M.D. Edin 1879
may find it impossible to extract the broken piece without
enlarging your incision or allowing air to enter both
wounds that would not be a serious complication.

In one case I had a slight fever produced, having
performed the operation with a small incision. Generally
subcutaneous, I found the wound to heal very quickly.
In every case I may say the patient left his or her bed
perfectly healthy the next day when they returned.

What are the advantages of the Church of Rome?
The Church does not leave any debater nor does it
force him to hear the person he loves. At the same time
I believe it forms the perfect society, and I have never
been mentioned it to the public; but I consider it has deserved the
attention it is due.

The case may break up a serious complication, this
will be antiseptic would be dangerous.

Should a Lister of Paris be applied at once?
I think not for long Means of uplift and shade. I think you
may be a slight Overload. Straining the final move, after
straightened by section of the bone, this applies only
to young children.

I must apologize for the careless manner in which this
appears to have been written, but unfortunately had not any
temperature chart with some useful facts, so have not been
able to insert many facts. I should have liked to have had
some been far from well of late. Which has made me
send this out to you until the end of March.

Edward Lane, M.B., C. B. 1877
The District Surgeon.
Ashton-under-Lyne
Lancashire
Clara Ann Money at 5 her leg was straight until she was two years of age. She had always been a delicate child. Mother sucked her up to 8 months when she had the measles, when two she had sucked even from this time her leg appears to have become crooked. It probably became stronger but her leg became more

family history. Father Strong & Healthy. Brother Robert had always worked as a weaver in Hills.

see Photograph A

Pawwight leg divided (i.e. tibia) on May 8th 18 (by me) of the saw subcutaneously. The small wound did not leak by first intention. A. The surgeon (Dr. Speak) had always found it to do in gunshot case & I believe at one time was in a very crooked condition.

From the above I concluded that even when the operation was performed subcutaneously that without antiseptic measure, the patient ran a great risk. So having received permission to operate upon the left leg I did so with every success.

The leg was very crooked (see unt and Photograph previous to operation) I made a small opening incision under the tibia and tibial nerve cut through the periosteum on the inner surface of tibia about two inches above the ankle joint. I then introduced small saw teeth almost through tibia where I saw it as a sharp twist to fractured the remaining bone. The leg could at once be straightened & after putting on a bony arch & doctor dressing over wound, I put the leg up on a break splint with two pillows. It was removed second day. I gave on the tenth day when the wound was healed. The leg was now shot up in plasters of Paris. Removed for six weeks, which was taken off. The leg found perfectly firm and
A. Clara Ann Thorne after operation
B. Ellen Castlne before operation
C. 
D. ——— after ———

Case I
Case II
Case III
During the whole time there was no constipated disturbance, the little girl gaining flesh. The time she was in bed showing thoroughly happy tenor. They suffered at every aspect to the time she was suffering from the effect of division of the right leg. She now walks almost with perfect care and comfort, very few seeing her would never suspect the leg suffered from any deformity.

Case II. Photographs B, T, B.

Ellen Castle at 5 admitted into the Infirmary June 10th to see if something could not be done to strengthen her legs, as she walked with great difficulty. It always on the outside of her feet. On examination it was found that there was a considerable bow in the legs, her knees being forced to half together instead when her ankles were together. There was likewise a twist in an external pectoral muscle. She was a strong healthy child with a good family. Social history. Her mother thinks that she was 8-9 heavy for her age so her legs gave way.

Photograph B.

June 25th. Right leg operated upon by means of kitten's knife subcutaneous saw with antisepctic preparation. Incision about 14 inch through skin, knife passed subcutaneously down to the skin where it was divided in the inner surface of the bone divided through through the hard remaining non-easily Brent. The leg was gradually straightened, dressing (wood frame and apparatus to prevent) this side overlap applied.

June 26th. Dressing had looked well, very little oozing had taken place.

July 4th. Dress. Wound was healed in Plaster of Paris.
was used the leg put up.
August 22. Plaster of Paris removed. They found as the child had no opportunity of putting the leg down it was not thought necessary to again apply plaster.
August 25. Left leg operated upon in same manner.
— 13. Plaster of Paris used.
— 15. Patient got up.
— 25. Removed cured.

The child never showed a bad symptom the whole time for learning could walk about very well. I saw her six month afterward running about with the brace, and in the fittest case, with the exception of slightly turning her toes in, as one could even notice that she walked at all different to other children.

I would draw your attention to the photographs before and after operation, for before the child's foot was painful to see, afterward, almost normal.

"Case III. Photographs C + C."

Matthew Dancer 26 years admitted into hospital Aug 7 79 he was brought by his father who was most anxious that something should be done as he could not walk without taking hold of something. On examination it was found that his legs were much bowed, when his ankles were together his knees being no less than five and a half inches apart. Otherwise he was perfectly healthy. He had a good history both Social & Family.
Case III

C. Matthew Dancer (Case III) before operation

after
Case III continued.

On August 7th a small opening was made through the skin. The periosteum divided (rightibia) the bone divided by means of the small osteotome. Sawing the operation, the saw except I had some little difficulty in extracting the broken piece, this seemed me a useful process as it proved a great danger in the use of the saw, but had not to be considered until the child. What would have been the child had the skin been in a case were the operation was performed intemperately, had without any antiseptic precautions, so I found it necessary to slightly enlarge incision I had to buy several pair of forceps before I could seize the broken bit.

On trying to straighten the leg I found it rather difficult as in the case the fibula was strong, but after a time it yielded the leg became straight.

I used the Back Side Splint, published according to the requirements of the case.

Having in the case to keep the wound open (through the larger wound) I determined to fasten the plaster of Paris for some time until the wound was healed to keep an opening through plaster case. This paper would afford to be a great advantage for my means of the splint & pads I could gradually straighten the whole leg (using a long back-side splint).

August 21st. Divided the left tibia by means of chisel. I found at first some slight difficulty in the amount of force to be used, but having divided divided the bone I divided it by using a little force whilst straightening.

August 22nd. Divided wound looking well.

--- 30th Left leg found wound very quite healed, right leg wound healed they tolerably firm so I have just on plaster of Paris.
D. Alph Elshe (Case 24) before operation

D. Alph Elshe (Case 24) after operation
Case III Continued.

September 4: Dannell left leg frontward healed, sustained the use of splints for a fortnight when I applied plaster of Paris.

September 28: Boy dismissed to come in a fortnight to have plaster of Paris removed.

October 18: Plaster of Paris removed. Leg was found perfectly firm, I think considering the deformity existing previous to operation that they were also very straight. I saw the patient in December when attending school I could play tennis about with any of the schoolmates.

"Case IV. Photographic D.V.d."

Alfred Byre at 3½ Admitted October 16th 1899. Mother brought patient begging that something ought to done to his leg, as he walked with considerable difficulty. Patient was a fine, healthy, handsome little child, I saw hardly imagine a more perfect picture of a strong child.

Family Medical History: Very good. Father 85 years. Father 85 years. History. Patient could walk at two months, was sound at that time. Was a very heavy baby. Has never had a day’s illness of any description. At 14 months the mother noticed he was stumbling in his walk. Shortly after saw his legs were becoming crooked, they gradually became worse. She did not keep him out of his legs as she was fond of swimming about. Mother thinks that she allowed him to walk too soon.

October 28: Right Leg Straightened. November 15: Left Leg. The Ouch was used in both legs, & I would point out the difficulty I was with, I think these children all in poor
Case IV. Continued

condition, but the bone offered little resistance. I should
say consisted of dense connective tissue with a
small portion of cancellous tissue. It reminded
me much of pushing a section through an Elephant's
teeth. This peculiarly was very different to the next
case where in a girl fifteen years old with the same
discharge I divided her fibula with better success.
This child made an excellent recovery & only once—
mentoring him crying during the whole time he was
in hospital, the little fellow standing the dressing
without a murmur.

I saw him three days ago (four months after operation)
running about as other children.

Case V. The Photograph

Rachel Rater 18 years admitted into hospital August 4th.
Suffering from a cold in the right leg which rendered her pain
less even with a high-heeled shoe which she had to wear on account
of a refusal to be the lever used at birth thing during the
first few years of her life because more marked. Her left leg
was bowed out only to small extent. When held together
there was five inches apart, right leg an inch to the thighbone.
She had been a rather delicate girl that had received proper
nourishment.

August 26. The patient's general health having greatly improved
I decided the right fibula obliquely (thinking I could not
carry out if after having divided fibula I afterwards pro-
ceeded to divide the tibia, in this case I used the chisel
I found the bone soft. The two wounds were dressed
regularly but only healed slowly, at the end of five weeks.
Havers' Pasee was used, the leg being anything bad press.
Case V. continued.

At the end of another year, under the plaster was removed. The leg found to be firm and straight. There now only one joint apart when placed together, equal in length. This was one rather peculiar circumstance in the case, the patient complained of peculiar sensation the day after operation all down her calf and sole of her foot (as if it were peculiar to said or had had any feeling there), that at times troubled her clothes, it was away. Witnessed that for sometime after a chill was removed that the chick not see the patient, the calf very poorly or pub her foot firmly down, reaching why the said she had a kind of cramp in the chick. Ordered her left foot to be shanpood. In a few weeks it passed away.

I should fancy the posterior third nerve or other had been wounded or have justly bruised for the effort parts between the posterior surface of the bone of the operating table must be cared. While the patient is going on. Advocate of the Church never saw always mention the relief. Resolution to cancel by East with certain mention (as far as I know) this.