CONGENITAL DISLOCATION OF RIGHT FOOT WITH ALMOST COMPLETE ABSENCE OF RIGHT FIBULA.

By E. MANSEL SYMPSON, M.D., B.C.CANTAB.,
M.R.C.S.ENG.,

MAJOR R.A.M.C.(T.F.), 4TH NORTHERN GENERAL HOSPITAL;
HONORARY SURGEON, LINCOLN COUNTY HOSPITAL.

GEORGE B., a lad aged 13, was admitted to the Lincoln County Hospital on May 29th, 1915.

History.

The malformation of foot and leg was noticed at birth. The patient walked at the usual age, resting the right foot on the right great toe; he ran well, played football, etc., became a scout when 11, and did all drills and marches without difficulty.

A year ago he began to suffer from backache after long walks, due to the tilting of the pelvis from the shortness of the right leg. Last March this deformity was noticed by the medical inspector at school, and found to be very marked.

Condition.

The right foot seemed as though it had been rotated outwards for nearly a quarter of a circle, and then turned over so that its dorsal surface looked almost directly forwards and its plantar surface backwards. The power to move the foot on the ankle existed, but backwards and forwards instead of up and down. The boy walked on

the end of the tibia, which was enlarged and made a good "stump." There was 2½ in. shortening of the right tibia (measuring from patella to inner malleolus), and, of course, owing to the absence of the foot beneath the tibia there was much more difference in the total length of each limb.

A radiograph was taken on March 11th by Captain A. L. Yates, now on active service "somewhere in France or Flanders." As will be seen from the sketch of the radiograph here reproduced the hinge of the joint was between the upper and posterior portion of the articular surface of the astragalus with the outer edge of the lower end of the tibia. This bone is also seen to be much enlarged and curved, with the convexity inwards. The inner malleolus is large and turned outwards. A small piece of the lower end of the shaft of the fibula appears in the plate between the os calcis and the tibia.

Amputation.

On June 5th, 1915, a flap was formed from the dorsum of the foot, the tendons and ligaments were divided, the incision carried upwards and downwards over the os calcis, the tendo Achillis cut, the flap turned upwards and outward, making the wound like an inverted U. This healed by first intention, and the scar is well out of the way of any vertical pressure.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SOAMIN TREATMENT OF CEREBRO-SPINAL MENINGITIS.

CASE I (under the care of A. M. B.).—E. G. C., aged 29, had an attack of influenza in February. On March 10th, 1915, had acute symptoms of influenza, with vomiting and symptoms of meningitis. On March 12th the head was very retracted, pulse 48, and temperature 99°; the legs were drawn up and slightly rigid; the patient was very irritable but quite conscious and had no rash; Kernig's sign was well marked. He was given 5 grains of soamin by injection into the glutens maximus muscle, together with an injection of morphine ½ grain and atropin ⅛ grain. On March 13th he had well marked *tache cérébrale*; Kernig's sign was less marked than the day before. A peculiar patch of herpes was noticed on the right ankle, which was like a burn from a hot water bottle. This, however, did not prove to be the case, for it happened in a similar way to several other patients, and was clearly due to conglomeration of herpes; this patch, like similar ones, took six weeks to heal. Another injection of soamin (5 grains) was given; the pulse was 56 and temperature about 100°. His irritability required injections of morphine twice a day until March 17th. He required frequent catheterization. On March 16th a lumbar puncture was performed for headache and pressure signs and an injection of meningococcic serum given. On March 14th there were papules on the chest; the temperature was then 102° and pulse 108. From March 16th Kernig's sign became less marked, headaches ceased, and he made an uneventful recovery, and was discharged on March 20th quite cured and without any symptoms whatever.

CASE II (under the care of J. F. R.).—R. Y., aged 14, was quite well on March 31st, and working till 4 or 5 p.m. He felt slightly ill towards evening, and at 11 p.m. I was called to see him. His temperature was then 105.4°, the pulse 140, the face was flushed, and he was drowsy, but complained of pain in the left side of the chest in the axillary line. The blood count showed 23,700 leucocytes per cubic centimetre; 72 per cent. multinuclear; Kernig's sign was present, and also *tache cérébrale*, and stiffness and rigidity of the neck muscles; the pupils were dilated. There was a peculiar patch on the left ankle, looking like a recent bug-bite, 3 to 4 cm. in extent. Meningococci were cultivated from the posterior nares. An injection of 3 grains of soamin had a somewhat marked effect. His temperature came down shortly afterwards to 100°, and the pulse to 80, while Kernig's sign was less pronounced. After one day's interval, as the temperature again reached 103°, another 3 grains were injected, and again on the fifth day 2 more grains were injected in the gluteal region; drowsiness decreased, headaches became less, and the pulse much better. Apart from a sudden rise of temperature to 104.2° on the sixteenth day, he made steady and uneventful progress. On the fourth day there was a petechial rash on the left hip, and herpes of two square inches over the left eye, nose, and anus, and one or two rose spots on the trunk. The patch noticed on the ankle within twenty-four hours became bullous, and looked like a scald; then the scab dropped off, and left an ulcer half an inch in diameter, which took over six weeks to heal. At the end of three weeks he appeared fully recovered, and swabs taken were negative. In the fifth week, after resuming normal life, he had a sudden rise of temperature to 104°, pulse 130, coupled with violent headache and pains down spine. Bromides relieved this, and, apart from another attack a week later, he has been quite well in every way.

A. M. BARFORD, M.D., D.P.H., M.O.H.,

J. F. REY, M.R.C.S.Eng., L.R.C.P.Lond, etc.,
Chichester.
Bognor.