

REMARKS ON THE TREATMENT OF CLUB-FOOT, BASED ON THE PERSONAL EXPERIENCE OF THREE HUNDRED CASES.*

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It is said that about one case of congenital talipes occurs in every one thousand children born, and that acquired club-foot is more common than the congenital variety. This deformity is one which causes much anxiety to parents, and when left uncorrected presents a very objectionable appearance, and is the cause of marked disability. It is a bar in society and in business. Its treatment has well-nigh reached perfection, and surgical art, under favorable conditions, can obtain such results as practically to annihilate the continuance of the deformity and secure perfect functional results.

This paper is based on the treatment of three hundred club-feet, occurring in more than two hundred patients, 40 per cent. of whom had deformity of both feet, and 27 per cent. of whom had traumatism or paralysis or other disease as the cause of the deformity. More than two hundred of the individual feet dealt with were instances of ordinary club-foot—congenital equino-varus. No reference is made in this paper to flat-foot, nor to cases of any kind not requiring operative treatment. Cases of foot deformity come to the surgeon at all ages, and those referred to here varied from forty-three years down to infancy.

There is an ideal time and an ideal plan of treatment if the surgeon can make his own conditions. In earliest infancy and for eight or nine months, the mother or nurse should be taught to manipulate the foot so as to stretch the structures on the inner border and increase its mobility. There are many advantages in this method over any plan of treatment which contemplates a fixed dressing, whether that fixed dressing be plaster-of-Paris, plastic fibre, or any form of club-foot shoe. The deformed foot and leg are always defective in size and general development when compared with the normal leg and foot. After correction of the deformity there is liable to be but a limited degree of motion and imperfect function at the affected joints. The plan of treatment here advocated presents this advantage, that the manipulation of the foot and leg during the rapidly growing months of infancy tends to increase development, growth and motion, whereas a plan which keeps the foot and leg at rest and submits it to a fixed dressing or appliance, partially exsanguinates the foot and leg and causes needless atrophy in a limb which already lags behind its fellow or behind the normal limb of a child of similar age and development.

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