PROCEEDING OF THE WINNIPEG CLINICAL SOCIETY

The Winnipeg Clinical Society met in the Medical Library, June 2nd, the president, Dr. Milroy, occupying the chair.

Dr. Hughes presented three cases in which bone injuries were present that were suffering from eczematous conditions, which were related to the injury.

Dr. Galloway—All three of these cases present many points of great surgical interest. I regard to the younger man, my opinion from the cursory examination I have made is that he suffered from a impacted fracture of the neck of the femur.

I believe an X-ray would substantiate that. The shortening which is approximately 1½ inches, is confined to the part of the limb above the trochanter. The trochanter is markedly elevated in relation to the anterior superior spine. There is considerable limitabon of movement. a great deal of which is not due to muscular spasm, but is a purely mechanical condition, due to the altered condition of the bones.

We have what might be called a case of traumatic coxovara. In regard to treatment the shortening could be made up to some extent and the limb made more useful by a wedge shaped osteotomy, performed almost opposite the small trochanter, which, if properly done would restore the angle of the neck to shaft of the femur and correct the faulty position which the limb occupies at the present time. If the X-ray evidence justifies it, it might be well to make the attempt to improve the movement of the joint by removing some of the osteophytes which perhaps are present there and interfere with the movement by coming in contact with the acetabulum.

Dr. Lehmann—I agree with Dr. Galloway, except for his remarks re impacted fracture. I would call it a traumatic coxavara. I would expect very slight changes or osteophites at the present time. The limitation of movement being due to the coxavara, namely the trochanter striking the bone surrounding the acetabulum. The symptoms are those of traumatic coxavara.

I agree with Dr. Galloway's treatment, the higher the osteotomy the better. The shorter the upper shaft of the angle which results from the corrected position of the leg the less will be the shortening. Osteotomy of the neck is the operation by choice, but is impractical in all advanced cases because the neck is so encroached upon by the head as to have very little left. An intertrochanteric linear osteotomy gives the best result and is the operation that should be done. The results are good. The shortening is reduced to the actual descent of the head which measure in inches is not great. The function is restored, except in so far as reduction of abduction and adduction. In this case, I believe, the resulting of shortening will not be more than half to three-quarter of an inch, instead of one and a half as at present.

Dr.Speechly—May I ask if the original diagnosis in the Hospital at London was not of the separation of the epipysis? If so, that would possibly modify Dr. Galloway's statement about it being impacted fracture of the neck. The young fellow himself understood the diagnose to be separation of the epiphisis in the hospital in London, where he was originally treated. My own opinion is that it is a case of coxavara of a traumatic origin.