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A CASE OF OSTEO-PLASTIC RESECTION OF THE FOOT BY THE METHOD OF MICKULICZ.

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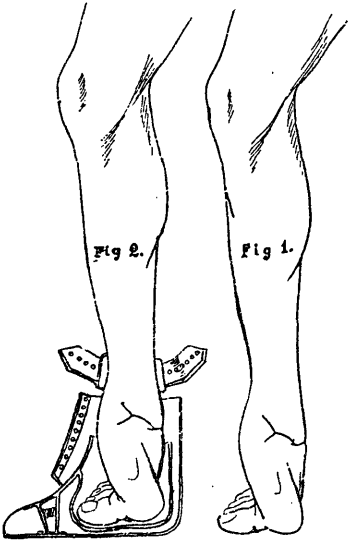

The lad whose case I wish to bring before the Society this evening is now 16 years old. On March 12th, 1887, I performed the operation introduced by Mickulicz, of Prague, and Waldimiroff, of Kasan. So far as I know it has not been previously performed in England, and as now more than a year has elapsed since the date of the operation, the Fellows of the Society will be able to estimate the amount of usefulness attained in the limb. The notes were taken by Mr. C. H. James, dresser of the case.

W. B., aged 15, a clerk, greatly emaciated, with a pasty face and dull, suffering expression, was admitted into St. Thomas's Hospital, January 29th, 1887. There is no history of phthisis, and both parents are alive and well. Six months before the boy fell down stairs and sprained his left ankle. He was treated as an out patient with strapping and plaster-of-Paris splints without improvement. One abscess had formed behind the inner malleolus, which was opened, and another in the sole of the foot. The swelling was very prominent on each side of the tendo Achilles. The sinuses led down to diseased bone, and it was evident the joint between the astragalus and os calcis was extensively diseased. Two further abscesses presently formed, and the general condition of the patient became much worse. There was now evidence that disease was beginning in the ankle-joint. The parents very reluctantly consented to an operation, stipulating, however, that the foot must not be amputated. The soft parts covering the heel were much infiltrated and riddled with sinuses, but considering the disease to be limited to the os calcis and astragalus, and involving secondarily the joints adjacent, it was decided to perform the following operation:

The patient was placed in the prone position. If it be the right foot, the knife is introduced on the inner border of the foot just in front of the scaphoid tubercle, and a transverse incision extending to the bone is made across the sole of the foot to a point a little behind the tuberosity of the fifth metatarsal bone. On the left foot the direction of this incision will, of course, be reversed.

From the inner and outer extremities of the wound incisions are prolonged up-