

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, October 18th, 1889.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Dr. Bell brought before the society a boy, aged 12, with a most marked double talipes equino-varus. He had undergone several operations and spent a great part of his childhood in apparatus of some kind or other. All failed, however, to remedy the deformity, and he was able to walk so little that the leg muscles became atrophied. In this condition Dr. Bell decided to operate, and enable the boy to walk on the soles of his feet, by removing as much of the tarsus as might be necessary to secure this result. On the 26th of April last Dr. Bell operated on the left foot by removing the astragalus scaphoid, cuboid, portion of the head of the os calcis and outer cuneiform bones. In six weeks the wound was healed, and a strong boot having been secured, the patient was discharged for a few months before operating upon the other foot. Upon the 16th July last the other foot was operated upon by removal of the cuneiform bones and the cuboid, with the head of the fifth metatarsal bones. In two months he was discharged, with a well fitting boot for the right foot. He now (less than three months after the operation) walks well on the soles of his feet, and the leg muscles are increasing in size and strength.

Dr. Roddick suggested that to prevent any relapse a properly suited instrument should be worn.

Dr. Mills pointed out that the case raised many interesting questions, both physiologically and psychologically, when it is remembered that there is a "muscular sense" of the greatest importance in regulating muscular efforts and imparting a knowledge of the relations between these and the forces opposing them. When, again, every sense-impression, even of vision itself, may be said to be associated with muscular contractions, (ocular muscles) it is impossible to avoid the conclusion that the complexity of the movements of consciousness was dependent in part on the relations between movement and sensation.

The importance of recent agitation in reference to muscular training in schools became apparent. It was also comprehensible that the muscular movements carried out systematically might improve feeble intellect or aberrant moral natures, and it has been found to be the case by actual experiment. One would naturally expect in the case of the child before the society, that now, when his lower extremities with their muscles,

joints and cutaneous surfaces placed in new relations there would be added avenues of sensory impressions which would be available in building up the intellect and moral nature. The question was not whether it was so, that was beyond controversy, but whether the growth was susceptible of observation by us amid the complexities of the child's physical life. It was worth while to see what could be done in this direction, as it bore so directly on the fundamental problems of education.

Dr. Bell said his patient compared very favorably in intellect with that of other children.

Dr. Shepherd stated that he cut irrespective of the bones, and disregarded the articulations.

Dr. Trenholme cited the case of a boy ten years of age who could not sit up in any position, through spinal affection, who showed wonderful mental ability, and he thought that our most muscular men were not the most intelligent.

Dr. Mills, in replying to others, said that he had not made himself understood, judging by the character of the others' remarks. He asked consideration for the single fact that almost every skin sensation was associated with a corresponding muscular movement; that the mere retinal image would of itself go but a little way towards what is implied in "vision." The importance of the muscular sense and general cutaneous sensibility has been much underestimated as purveyors of the materials for building up the mental fabric.

Pathological Specimens.—Dr. W. Gardiner exhibited (1) Cyst of the broad ligament without involving the ovary. It lay within the layers of the broad ligament and was easily shelled out; no pedicle. The excesses of tissue of the broad ligament was ligated and excised.

(2) Small multilocular cyst of ovary, which, previous to the operation, had been mistaken for a fibroma of the uterus. It was very adherent to the retro uterine pouch and bladder.

Dr. Johnston related a case in which he had performed an autopsy in a man aged 27, very powerfully built, killed by a packing case falling on his abdomen. Left os innominatum was fractured through the acetabulum. The sacro iliac articulation and the symphysis pubis were all dislocated.

Dr. Roddick showed a vesical cystine calculus removed by lithotomy.

Dr. Ruttan did not think from the external appearance that the calculus was cystine.

Dr. Mills asked Dr. Roddick if he could discover anything in the patient's method of living to account for this formation.

Dr. Bell exhibited a specimen showing the lower end of the humerus removed in excision of the elbow ten weeks after an accident, which resulted in ankylosis, in a position of extension and pronation and partial dislocation inwards. On removal, the lesion was found to have