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PES EQUINO-VARUS PSYCHOGENICA

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Two patients with pes equino-varus of psychogenic origin were reported. A woman of 37 years of age gradually developed this deformity over a period of several years. She could not walk without crutches and only touched the ground with the lateral part of her foot. The foot could not be redressed, except in narcosis, when the foot resumed a normal position and had totally free passive movements of all the joints.

A 16-year-old girl developed the deformity in a year. It started with seizures resembling epileptic fits. They proved to be of hysteric nature. Thereafter the foot gradually became twisted in equino-varus-position. This position became impossible to redress, even in narcosis.

RUPTURE OF THE ROTATOR CUFF

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The clinical diagnosis of injuries of the rotator cuff is often difficult. Arthrography of the shoulder joint is a simple and reliable aid in diagnosing this condition. Three cases with the clinical diagnosis of rupture of the rotator cuff were reported. They all had positive X-ray findings by arthrography. While waiting for operation, in the course of a few weeks they all had spontaneous remission of pain, and operation was postponed. The question of which patients should be operated and at what time to operate for rupture of the rotator cuff was discussed.

VARUS-DEROTATION SUBTROCHANTERIC OSTEOTOMY IN CALVÉ-LEGG-PERTHES DISEASE

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Seven patients, four boys and three girls, average age 6 years, operated on with varus-derotation subtrochanteric osteotomy for Calvé-Legg-Perthes disease were reported.

At follow-up examination with average observation time of 6 years and 5 months, three patients had shortening of the operated extremity and needed epiphysiodesis. Three patients had an increased external rotation of the hip and one needed corrective derotation osteotomy.

X-rays of hips at follow-up showed correlation with the clinical observation.

More accurate measurements of preoperative rotation deficiency and not removing the medial bone peg during the operation might improve the results.

DWYER'S OSTEOTOMY OF CALCANEUS

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Thirteen patients operated with Dwyer's osteotomy of calcaneus between 1967 and 1979 were reported. Ten patients had a varus heel deformity, in one case marked and in the other nine moderate. Three patients had a relapsed congenital club foot deformity; one of these was severely and bilaterally affected.

The varus position of the heel was corrected in all 13 patients, resulting in a normalization of the gait. The cavus deformity was reduced even if a high arch persisted. Shoe wear was reduced. Pain was relieved, in some cases entirely. Altogether the results were good in all patients except the one with severely affected clubfeet.

THE SNAPPING KNEE OF INFANCY

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Two children with the typical picture of "snapping knee" were admitted to the Orthopaedic Department, Sentral Hospital in Rogaland in 1978. Both patients were approximately 6 months old and had typical "jumping joints" as described by Rodney & Beals (*Bone Joint Surg.* (1978) **60**-A). In both patients, the symptoms and signs disappeared in the course of 1 year without specific treatment.

Our third patient began with "popping of the knee" at 6 months of age. Examination at 3 years of age, showed the patient's ability to subluxate the knee joint at will. X-ray showed typical lateral displacement of the tibia. According to the above mentioned article, this condition will correct itself at 5–6 years of age, and we will keep this patient's progress under observation.

SYME AMPUTATIONS

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This is a retrospective study of 23 Syme amputations during the period from 1970 to 1980. Determination of amputation level was made only on clinical grounds. The technique was the classical one stage Syme. One amputation was done because of trauma, eight for arteriosclerotic reasons and 14 because of diabetes. Thirteen amputations healed and the patients received prostheses, a success rate of 57 per cent. The diabetics had a significantly higher success rate than the patients with arteriosclerosis.

ARTHROSCOPIC SURGERY

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Experience from our first 50 attempts at arthroscopic surgery is presented. The procedures in the 42 male and eight female patients were performed for the following diagnoses: meniscus lesions – 33 (11 bucket handles), medial shelf – 8, loose bodies – 5, chronic synovitis (biopsia) – 4, chondromalacia patellae – 1, foreign body (screw) – 1. Mean operating time for successful removal of a bucket handle fragment was 1 hour, while an unsuccessful attempt plus redraping and arthrotomy took 2 hours, including diagnostic arthroscopy. The other operations took from 20 to 100 minutes. No complications were registered; long term results, however, remain to be evaluated. The mean hospital stay for meniscus operations performed under arthroscopy was 2.24 days, and 5.25 when an additional arthrotomy had to be performed. We feel that arthroscopic surgery definitely has a place in the treatment of knee lesions, and even in the initial stages of skill little time is lost in the operating theatre, considering that most knees will undergo arthroscopy before even an ordinary arthrotomy.