H. NILSONNE, STOCKHOLM:

ARTHRORISIS IN PARALYTIC DROPPED FOOT

Campbell's operation, posterior arthrorisis, which was published in 1923, was described. Reference was made to *Campbell's* series of after-examination in Journ. of Bone and Joint Surgery 1930 comprising 225 cases.

The author has performed arthrorisis in 8 cases. In a case of flaccid pes equinus it was performed as an isolated operation, the material for the bone block being taken from the anterior border of the tibia. In the other cases the operation was performed in connection with cuneiform osteotomy in pes varo-equinus paralyticus, the wedge of bone removed forming the material for the arthrorisis. In the cases reported the result was a passive stop in plantar flexion of about 15° to 20°.

The author emphasizes that arthrorisis as an isolated block operation presumably is of no great value. In connection with a tarsal cuneiform osteotomy, however, the author believes that the operation is justified, as the block material is obtained in the wedge otherwise thrown away.

DISKUSSION:

Camitz, Göteborg:

Cambell's operation can never give a satisfactory result, as no attention is paid to possible lateral deviations.

If there are any muscles I would advise a subtalus arthrodesis in which the peroneus longus et brevis and possibly the m. tibialis anticus are used for transplantation to the base of the 3rd metatarsal bone. In cases of complete paralysis triple

arthrodesis or preferably Whitman's astragalectomy should be preferred.

If the operation has been performed on a child the result can only be judged many years afterwards; the patient should be of some age. If a child is operated between the ages of 10 and 13, or when still younger the result will tell us nothing 1 or 2 years afterwards. I can see no reason why we should go on with *Campbell's* method.

Nilsonne, Stockholm:

Camitz has musunderstood my statement if he believes that I speak in favour of arthrorisis as compared with operations for stabilizing the foot of the arthrodesis type. At the congress last year in Copenhagen I emphasized *Camitz'* views of the problem of stabilizing the foot and stated that at the Cripples' Clinic at Stockholm we were satisfied with the subtalus arthrodesis formerly recommended by *Camitz.* Here I have only recommended arthrorisis as an operation completing the cuneiform osteotomy from the tarsus, which does not concern the groups of complete paralysis of the foot in which a comprehensive tarsal arthrodesis is indicated, and in which I am of exactly the same opinion as *Camitz.*