

FRACTURES OF THE SHAFT OF THE FEMUR.*

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MR. PRESIDENT AND GENTLEMEN,—The object of this paper is not with the idea of giving information regarding fractures of the thigh, but with the expectation of learning something regarding the best means of ensuring a good result. The medico-legal aspect is also interesting, for cases of non-union, shortening and deformity, with a constant amount of atrophy and loss of working power, sometimes result.

The first great aim is undoubtedly to get "bony union" in a "good position." Any method, no matter how crude, which obtains this result, in a reasonable length of time and with the patient's health unimpaired, is worthy of our support and confidence. These fractures tax our ingenuity, raise up visions of law courts and loss of medical prestige. No wonder we hold the greatest respect for successful results, and nothing but hatred and malice for the fracture itself when we, ourselves, happen to be the unfortunate victims called in consultation.

You will agree that most appliances contain too much mechanism and are utterly useless except to the enthusiastic inventor. Whatever method a surgeon adopts it should be as simple as possible and the one with which he possesses the most experience.

The important local signs are "shortening, eversion of the limb, and deformity." In the upper part of the shaft, the fracture is nearly always oblique; transverse lower down and in children; and quite close to the lower epiphysis, the upper fragment projects in front and forwards, the cases where it passes backward into the popliteal space being of the rarest.

Shortening is the rule. Though muscular contraction plays an important part in preventing end to end apposition of the fragments, yet it is the force which seems to be the actual factor in determining the shortening.

The deformity may be very little but during voluntary movements or when the patient is going under the anæsthetic, a well marked angular projection, in the upper half of the shaft, occurs in front and external, due to the Ileo-Psoas and Glutei muscles rotating it outwards.

Eversion is a characteristic sign due to gravitation of the leg, by being external to the line of support from the centre of the Acetabulum to the foot. In a few cases of impaction, where the fragments are caught in muscle, or where the force is peculiar, the limb may possibly be straight or even inverted.

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