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ORIGINAL COMMUNICATIONS.

XXXVI.—*Memoranda connected with certain Surgical subjects.* By E. W. C. KINGDOM, M.D., Edin., L.R.C.S.E, Assist.-Surg., R.C.R.

In committing the following remarks to paper, I lay no claim to originality, as they are chiefly notes taken in the Surgical Ward of the Royal Infirmary, Edinburgh, illustrative of Professor Syme's practice, and embodying, in a concise form, some of his original ideas, not probably to be found in his work. Under the impression that they may be interesting to some of the junior members of the profession, I lay them before the public.

1. *General Remarks upon Fractures* :—

There are erroneous impressions regarding the pathology of fractures, 1st, That a fracture is always followed by inflammation. This is a very prevalent idea, and has led to the application of leeches where there was no need for them, and, consequently, to delay, in applying proper retentive apparatus. Fractures are attended by *swelling* and *pain*, and hence inflammation is *supposed* to be present, but there is neither *redness* nor *heat*, and we have merely *irritation*, far short of inflammatory action. Now, these symptoms have been erroneously treated by soothing applications, &c., but as they depend upon the misplacement of a bone, or bones, the cause is merely to be removed, *i.e.*, the fracture reduced. Should inflammation, however, have supervened, we should nevertheless, set the bones without waiting for its subsidence. The most soothing measure is the adjustment. Moreover, as the reparative process commences immediately, the more delay the more difficulty in proper adaptation.

Means of keeping parts "in situ" :—

In no case is it sufficient to trust to mere position, but measures must always be resorted to, for mechanical support. All complicated apparatus is to be avoided. There are three methods of treating fractures :

1. By bandage alone.
2. Rollers and single splint.
3. Two or more splints, and roller.