OPERATIVE TREATMENT OF RECENT FRACTURES.*

By Chas. B. Shuttleworth, M.D., C.M., F.R.C.S., Eng.
Assistant Surgeon Toronto General Hospital and Hospital for Sick Children.

There are few surgeons of experience who have not been dissatisfied with the time-honored methods in the treatment of fractures. Even when every care has been taken in the effort to correct the existing deformity and to bring the ends of the broken bone into apposition, and to immobilize them with some form of retentive apparatus, a skiagraph usually shows very imperfect coaptation of the fragments.

Before the discovery of X-rays, surgeons were justified in doing the best they could with the ordinary methods, but there is no longer any excuse for not recognizing a faulty adjustment. Patients expect that the surgeon will avail himself of every means at his command to bring about perfect results. It is difficult for the surgeon to escape censure if the results of his treatment have been unsatisfactory and disability ensues from faulty union, if an X-ray picture has not been procured immediately after the injury. It is infinitely much better to recognize the situation and explain it properly to the patient beforehand than to have matters plainly explained afterwards by the patient to the embarrassed physician when a suit for malpractice against him is in progress, for the patient will surely have had a skiagraph taken for the occasion, should any deformity exist.

In certain cases of fracture it may be a physical impossibility to properly adjust the fragments of a broken bone without operation. Not that it is invariably necessary or even desirable to replace bones exactly as they were before fracture, but it is much better to do so, provided no undue risks are taken.

A careful examination of the bones preserved in museums and from observations made in the dissecting room, show that surgeons have been very often satisfied with very imperfect adjustment after fractures and that anything approaching accurate apposition of the ends was obtained in only exceptional cases.

Alteration in the axes of the two fragments results in a modification in the mode of transmission of force through them, with a consequent change in the form of the articular surfaces of the joints both above and below the seat of fracture, giving rise

* Read at meeting of Ontario Medical Association, Toronto, June, 1909.