

Progress of Science.

FRACTURES AND DISLOCATIONS IN COUNTRY PRACTICE.*

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The surgeon not only wants a steady hand, but a clean hand. He not only needs a clear head, but finger nails clear of dirt. The good surgeon must be a good anatomist. The mistakes of the surgeon are much more easily discovered by the laity, than the mistakes of the physician. The physician may stuff drugs, that he knows little of, into an organism that he knows less of, and the patient may recover, and the doctor get the credit of curing him; or, if he dies, the community will attribute his death to the disease. In a new and sparsely settled country like ours we cannot make a specialty of surgery. We have to be physician, surgeon and obstetrician, and out of all we do not much more than make a living. It behooves us to study that class of surgical cases closest, that we are oftenest called upon to treat. Observation and experience teaches me that fractures and dislocations largely comprise this class. The splints and appliances for fractures recommended in works of surgery are legion. But who wants to haul a car load of splints around the country with him, even if he has the money to buy them. What we want is something cheap and efficient, and something of this kind can be found in every household.

Suppose you have a fracture of the leg, and you are ten miles in the country without splints, and no boards to make any. This was my condition on a certain occasion. What I did was this: I asked the lady of the house to make me a pint of starch, just as she made to starch clothes, to give me an old sheet and a paper box. From the sheet I made bandages, and from the paper box I cut me two splints long enough to reach from near the knee to about two inches below the sole of the foot, made tapering so as to correspond with the taper of the leg, and wide enough to cover the limb, with the exception of about three-fourths of an inch behind and in front. These splints I reinforced by two other much narrower. I placed my splints in the warm starch until they were soft and pliable. I then ran a bandage on the leg, adjusting the fracture at the same time, and applied my paste board splints to either side of the leg, moulding them to fit all the inequalities of the limb and lapping the ends upon each other in the hollow of the foot. Then I ran a bandage over the whole using the starch on every turn of the bandage, and placed the limb in proper position till it was dry. I found when dry that I had

the lightest and best fitting dressing that I had ever seen, and one that was firm and solid. I have never used anything else as a dressing since, in fractures of the leg, and that was twenty-five years ago. Starch, paper boxes and muslin you will find in every household.

The first bandage I have long since discontinued, and in its stead I wrap the leg in cotton batting. If the limb swells and your dressing gets too tight split it down in front and let it gap and run a bandage over it; if it gets too loose split it in the same way and lap the edges, running a bandage in the same way. This dressing I also use in fractures of the humerus, and have used it with good results in fractures of the femur in children.

In fractures of the clavicle, which are very common, we have a number of dressings recommended in works on surgery. For the past three years I have discarded all dressings I had been using prior to that time for Prof. Moore's, of Rochester, New York. I first saw it applied by Prof. Gunn in the Presbyterian Hospital at Chicago. I have had better results from this dressing than any other I have ever used. I use a strip of muslin eight or ten inches wide and about three yards long. All that you need to remember in order to apply this bandage correctly, is the figure of 8, embracing the elbow of the injured side and the opposite shoulder. They did not get the cut exactly correct which you will readily discover by looking at it. In all fractures of the femur where the bones can be properly adjusted with the limb extended I proceed to dress as follows: I take an ordinary lounge and make a solid board bottom for my mattress, placing my patient upon the mattress. If I have no pulley with me, and I do not often have, I improvise one by getting an empty spool, running a piece of fence iron through it and fastening the ends of the wire to the post at the foot of the lounge. I then take two long strips of adhesive plaster (male skin preferred) wide enough to reach one third the way around the leg, and long enough to reach from near the fracture to a few inches below the foot. After washing and shaving the limb, I carefully apply them to the sides of the limb sewing the ends together below the foot; in the loop thus made I tie a small cord bringing it over my spool and hang a weight to it sufficiently heavy to bring the limb to its proper length. I make my counter extension by elevating the foot of the lounge. For adults, as a rule, your extension weight should be eighteen pounds, for children, one pound for each year. The dressing is completed by filling two long bags with sand and placing one on each side of the limb to steady it. This dressing I have used for the past two years in every case of fracture of the femur under my care with good results. Colles's fracture is another that we often meet with. I have tried nearly every plan of treatment recommended in

*Read before the Golden Belt District Medical Society.