

may be administered, and later, sterilized, partially digested milk may be used. Stimulants are generally required, the best form of stimulant being whiskey, and it might be given as soon as signs of exhaustion show themselves, and in sufficient quantities to relieve these.

THE AMERICAN HIP-SPLINT.*

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In the present Congress, the first held in America, it will not be thought inappropriate to devote a short paper, chiefly historical in its character, to the American splint for the treatment of hip disease.

This apparatus was first described by Dr. Henry G. Davis and Dr. Lewis A. Sayre, in the April number of the *American Medical Monthly*, published in 1860. These two surgeons wrote independently, but by a curious coincidence they both described a new splint which was recognized as an important invention, not only in this country, but especially in England and France, where it was known as the American splint. Under this name it has been described and discussed by Edwards Barwell, Holmes, Marsh, Adams, and many other eminent European surgeons.

It will be interesting to inquire whether the name American has been rightly given to this apparatus? As first described, in 1860, it has two important features. (1) A perineal strap or ischiatic crutch-head, for the purpose of keeping the weight of the body from resting on the affected limb, the patient being thus enabled to engage actively in ordinary pursuits while wearing the splint and (2) adhesive plaster applied with the view of making traction on the limb.

In regard to these two features, ischiatic support and traction by the use of adhesive plaster, the first was not an American invention, nor was it a novelty. Support of this kind has been used for a long time in the construction of artificial limbs, and even in the treatment of hip disease the possibility of so supporting the body had occurred to M. Ferdinand Martin, a wood-cut of whose splint is found in Bonnet's "Treatise on the Diseases of the Joints," published in 1853.

But when we come to consider the other remark-

able feature of this splint, we recognize a real advance in mechanical surgery, and one which may rightly be called American. The use of adhesive plaster for prehension of the limb, in the treatment of fracture of the long bones, was an American invention, and the transfer of this device from the treatment of fractures to that of hip disease was first effected in the new splint. For many years it had been a common practice in the treatment of hip disease to make traction with the long splint for fracture of the femur, prehension of the limb being made by a gaiter, or fillet or handkerchief

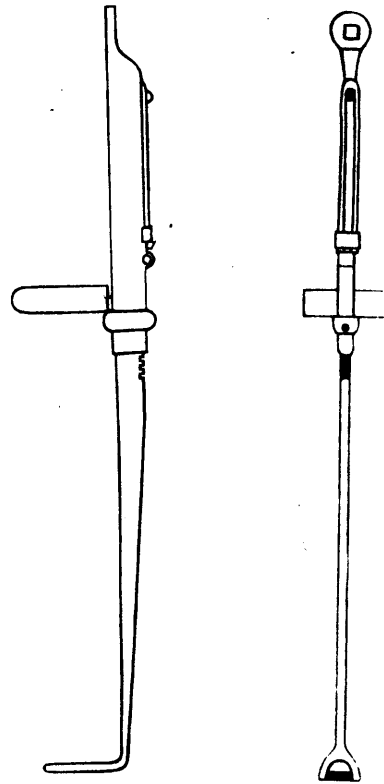


Fig. 1.—Front view.

Fig. 2.—Side view.

placed around the ankle. These instruments of torture were supplanted in the new hip splint by the absolutely comfortable and convenient adhesive plasters. Thus we see that the new splint was a combination of an old device, ischiatic support, with an American invention, traction by adhesive plaster, and as the happy combination was made in America, it is not strange that the courteous attitude of European surgeons toward the surgery of a comparatively new country, led them to call the new method the American method, and the new splint the American splint.

*Read before the Ninth International Medical Congress, Washington.