

DR. EDWARD BORCK'S

SLEEVE BANDAGE FOR FRACTURE OF THE CLAVICLE.

Out of the two hundred and ninety-five cases of fractures and dislocations treated by me at my late private surgical home, from April 1, 1885, to June 1, 1893 (see report in *Medical Mirror*, October number, 1894), thirty-three cases were fractures of the clavicle; nine of these cases were adult males, of which eight were on the right side, and one upon the left side, twenty-four were children, of whom fifteen were boys, right side eleven, left side four; nine were girls, right side seven, left side two.

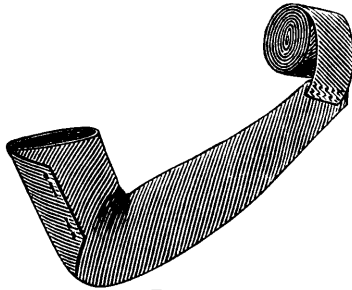


FIG. I.

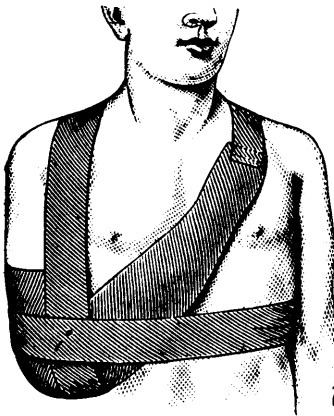


Fig. II Front.

shoulder, obliquely down the back to the left and around the chest again towards the right elbow and fastened in place. From here the bandage goes completely around the body, and pinned in front of the right arm near the elbow. Now you can see if your fracture is in correct apposition. You can pull the arm up or let it down, bring the arm to or from the body, push it forward or backward just as required. You may need a pad over the fracture or in the axilla, or you may not, as the case may be, and as your judgment dictates. With a little patience you will succeed. After everything

The diagnosis presents no difficulty if one is acquainted with the structure and development of that bone, and has accurately in mind the articulation and the action of the attached muscles.

I first adjust the fractured pieces in position by manipulation. (For instance the right arm.) I then lay the forearm of the injured side in the sleeve, then bring the hand towards the sound left shoulder as far up as required to keep the fragments in place, then I fasten the sleeve around the upper arm with pins; now the bandage is brought over the sound left shoulder, obliquely down the back toward the right elbow, then under the elbow, and up in front of the right arm over the fractured right clavicle and right

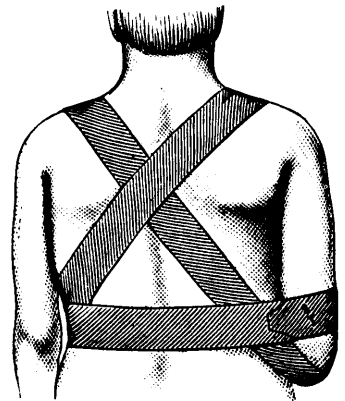


Fig. III Back