

resorted to in the treatment of these cases, viz., the plaster of paris spica. See Fig. 1. This may be applied as a temporary brace at any time when another brace is not available. It gives immobilization and protection to the joint, but little if any extension, and when the patient walks upon this spica, even when it has been most carefully applied, there is with every step taken a slight jarring of the joint, transmitted from the foot to the hip. Cases allowed to walk upon these spicas for any length of time not infrequently result in abscess.

But there are times, as I have said, that we are unable for various reasons to supply a brace and when it is particularly desirable to have our patient up and out of bed. Then the plaster of paris spica is particularly useful.

The mode of its application is as follows:—The patient is slightly elevated from the table. This can be most conveniently accomplished by using what is commonly known as the “spica rest,” which is in its simplest form, a board of a couple of feet in length and almost a foot wide. From one end of this board, and projecting at right angles to it, is an “arm” of iron five to six inches long, which terminates in a flattened hand or support parallel to the board. On this support the sacrum of the patient rests. The shoulders and head are elevated and supported by pillows. The patient steadies himself with the other leg, the knee being flexed and the foot upon the table. The leg on the side of the diseased hip is extended to any angle desired, being brought down as straight as possible. The patient is then held firmly in position by an assistant.

The body, thigh, leg and foot are enveloped in a thin layer of cotton which is bandaged smoothly on. Over this the plaster of paris bandages are applied. It is well to carry the cotton well up on the thorax, leaving about two inches extending beyond the plaster of paris, so that having taken several turns of the plaster bandages round the body, the free edge of cotton may be turned down over the plaster already applied and be included in the next few turns of the plaster, by so doing, a collar of cotton surrounds the upper edge of the spica, which prevents any possibility of excoriation from the sharp cutting edge of the plaster. The spica should extend from the eighth rib down to the foot which it includes.

It will be found advantageous to strengthen the spica at the hip and knee joints with splints interwoven between the layers of plaster. Care should be taken to carefully pad the ends of these reinforcing splints.

But a plaster of paris spica as I have said can only be used efficiently