

to restore, in varying degrees, many a limb, which in the near past was unequivocally condemned to severance from the body; and more, in trying cases, when the extent of mutilation of the soft parts has been considerable, when perchance articulations have been opened, or there has been such extensive shattering of bone that all our energies are concentrated on saving the member regardless of the degree of resulting distortions or deformity, by resorting to subsequent osteoplastic procedures, we may at present very frequently succeed in restoring symmetry, joint action and muscular movement.

CONDITIONS ESSENTIAL FOR SUCCESS IN PRIMARY OSTEOPLASTIC PROCEDURE AFTER SERIOUS FRACTURES OF THE EXTREMITIES.

I want to make clear what is meant by this paragraph. When a case is brought to us for treatment, where the extent of the mutilation of the limb is great, when there co-exist serious bodily and visceral injuries, the patient in a state of shock, where we have not adequate provision for the proper treatment of the case, have not ample assistance of nurses, and environment is not such as to justify us in proceeding into putting the limb into permanent adjustment, in such cases we are bound to concentrate all our energies on the patient after we have locally dealt with the part—in what way? In the first place by cleansing it; and I mean therapeutical not chemical cleansing, because they are not the same, removing dirt and effecting complete hemostasis, embalming of the limb or pickling of the limb, and then setting it aside until the patient has reacted, when he is in a proper condition for ultimate consecutive measures. There are certain cases, particularly in children—restless children—where, having sustained a fracture of the limb and other injuries, the adjustment of the fracture at the time is impossible. I will illustrate, for example, where one has had a compound fracture of the humerus, and at the same time a fracture of six ribs—the fracture high up, in such a position that to fix it without impeding the respiration, without hampering the lung action, is impossible, and in a case of this kind where the probability or expediency of putting the limb into any kind of mechanical fixture which will immobilize it is clearly out of the question. In a case of this description, where we have a deformity, then we must resort to what is designated as “secondary osteoplasty,” that is, dealing with a deformity which results from the defect of the limb, resulting after primary treatment, that depending on various causes.

1st. The condition of the patient manifestly is first our most serious concern. Is our patient in a state of grave physical shock?

I say physical shock, because one may under-estimate the degree of great collapse which follows various serious crushes of the body, when the senses are unclouded and the unfortunate