

FIG. 5.

can walk about and have the advantages of sunlight, fresh air and exercise. The splint shown in Fig. 8 (same patient as in Fig. 1) represents a

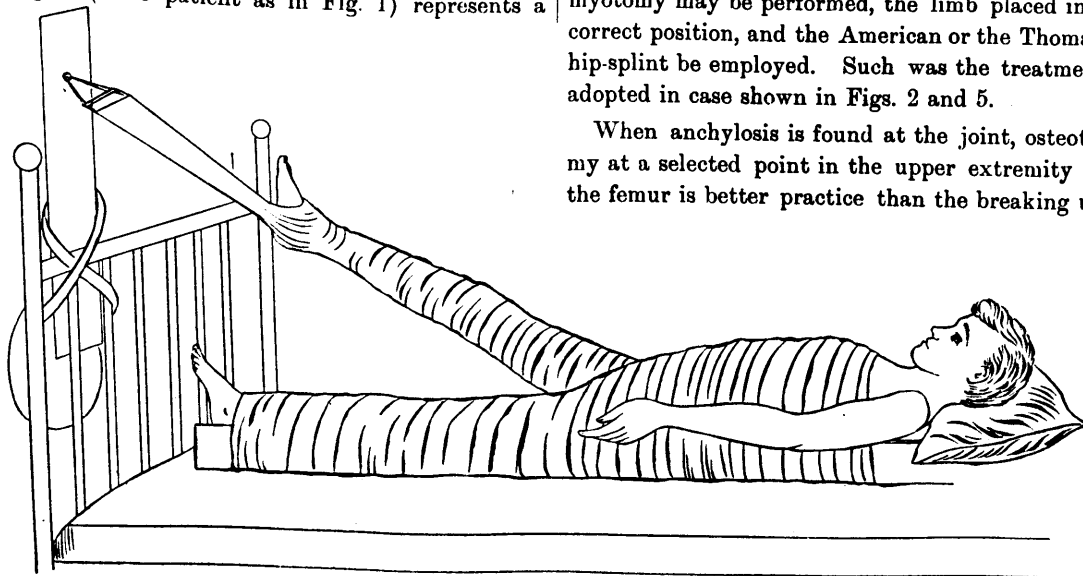


FIG. 7.

form of traction splint which has been largely used in the United States. It consists of a rigid horseshoe shaped band about the pelvis, and a steel stern attached immovably to this band, which extends below the foot two or three inches. The straps attached to the foot-piece in which this stern terminates, are buckled to straps secured to the leg by adhesive plaster and bandages. Thus extension is made upon the limb, while counter-extension is made by padded straps passing under the perineum and attached to the pelvic band. It is thus seen that the splint may be made powerful, to prevent and correct adduction, as the knee is not permitted to bear the whole weight of the limb and its splint is exerted to prevent or correct flexion also.

The Thomas' hip-splint (Figs. 5 and 6) secures immobilization and may be used to correct flexion. If the splint be applied so as to fit the limb in its flexed position, after a few days or weeks of immobilization thus secured to the joint, the stern of the splint may be made straighter by several degrees, and the muscles having become relaxed, owing to the rest which the joint has enjoyed, the limb easily permits of extension to the same extent.

There are some cases in which contracture of the flexor and adductor muscles has occurred, which do not readily yield to any of the methods of treatment described. In such, tenotomy or myotomy may be performed, the limb placed in a correct position, and the American or the Thomas' hip-splint be employed. Such was the treatment adopted in case shown in Figs. 2 and 5.

When ankylosis is found at the joint, osteotomy at a selected point in the upper extremity of the femur is better practice than the breaking up