

Medical Matters.

MODERN TREATMENT OF FRACTURES.



Dr. Carl Beck in the *Medical Record*, sums up his views on this subject as follows: The Röntgen method, in combination with the usual methods of examination, determines the character of a suspected bone injury. If there be no bone injury, the proper treatment consists in massage followed by immobilization, a movable splint being preferable for the latter purpose. If there is a fissure or fracture, followed by no displacement, manipulations of the injured area must be avoided, and immobilisation in the most comfortable position should be instituted. As a rule, plaster of paris dressing answers the purpose best. After two or three weeks it must be removed, and at this time massage should be begun. In about two weeks a splint of plaster of paris is applied, which the patient can take off and reapply. If there is any displacement, reduction must be tried at once. This can be done under the control of the fluoroscope on a translucent table, a plaster of paris dressing being applied after reposition is perfect. This is a simple, short and cheap method. A more tedious and safer way is to reduce the displacement under the guidance of a skiagraph. After a plaster of paris dressing, padded by cotton layers at its ends only, is applied, the skiagraph is taken through it, in order to ascertain whether reposition be complete. If it does not seem to be, the dressing must be removed and another attempt at reposition must be made. Anæsthesia is sometimes necessary.

In those cases in which, on account of extensive splinter formation or similar complications reposition cannot be accomplished, the fragments must be exposed by the scalpel and brought into apposition. If there be no tendency to displacement, a plaster of paris dressing will ensure immobilisation, but if the fragments slip out easily, it is safer to unite them with catgut, provided there is enough periosteum to be utilised for that purpose. Otherwise it is best, especially if large bones are involved, to keep them close with a bronze wire suture. The sooner this is done, the better it will be, because of the smaller changes taking place in the soft tissues.

A SURGICAL FEAT.

One of the most remarkable examples of American surgery has, says a contemporary, been presented at the New York Academy of Medicine, where an Italian girl, who had been shot

through the spine, abdomen and liver, was exhibited as nearly cured. The operation consisted in the removal of the eleventh and twelfth dorsal vertebræ. The ends of the backbone were then joined by gold wire. The operation was undertaken in order to eliminate paralysis of the lower part of the girl's body. When the paralysis began to disappear the surgeons began to teach the patient to walk. They placed her into a steel framework, modelled like a baby's jumper. The girl pushed herself around in this until she had regained her strength. She is now able to walk, and has almost completely regained her health.

HEAD JERKING IN BASEDOW'S DISEASE.

A number of authors have recently published observations on a symptom in Basedow's disease, consisting in rhythmical jerks of the head, sometimes anteroposterially and at other times laterally. The explanation for this symptom, as given by Dr. Bocciano (*Gazetta Degli Ospedali e Delle Cliniche, N. Y. Med. Jour.*) is as follows: The vertebral arteries describe two curves before entering the cranium through the occipital foramen. These curves, under the influence of the wave of blood that passes through the arteries at each systole, tend to straighten out and transmit an impulse from below upward to the occiput, very close to the fulcrum represented by the vertebral column. During each systole, therefore, the head is moved from behind forward. As regards the movement from left to right, the probable cause of this is a diminished pressure in the right carotid, owing to the greater development of the right thyroid to be observed in the cases in which lateral jerks occur. This asymmetrical development of one lobe is frequently noted in exophthalmic goitre. When the two factors exist together there is an oscillation of the head from right to left and from before backwards. The symptom in question is undoubtedly useful in the diagnosis of Basedow's disease.

GASTRIC STASIS.

Dr. McPhedran states, says the *Dietetic and Hygienic Gazette*, that the time usually required for the chymification of an ordinary dinner and its discharge into the duodenum is six hours, and never more than seven. The retention of food in the stomach beyond that time shows that either or both of two conditions exist: (1) Deficiency in the expelling power of the stomach; (2) abnormal difficulty in the passage of food through the pylorus. Actual weakness of the muscular wall of the stomach is of very frequent occurrence, following acute illness, anæmia, fatigue, etc. The most frequent cause of relative deficiency is the overloading of the stomach with unsuitable and ill prepared food.

[previous page](#)

[next page](#)