

Medical Matters.

THE TREATMENT OF FRACTURES.

Discussing the treatment of fractures, in the *American Journal of Surgery*, Dr. Walter M. Brickner, the Editor, writes:—

For the management of fractures of the long bones three general plans exist: First, open operation; second, the method of Lucas Champonnière, which consists in the daily employment, from the very outset, of massage, soon followed by passive and then active movements—to accomplish which the splint or support is removed each day; third, the time-honoured treatment which, variously modified, consists essentially in immobilisation until union is secured. In all three systems reduction of the fragments is, of course, an essential part.

That proper reduction is often not accomplished by external manipulation furnishes the chief *raison d'être* of the open operative plan. That prolonged splinting is provocative of stiff joints, atrophied muscles and nerve injuries has developed the employment of Lucas Champonnière's treatment by massage and movement. While this treatment is not generally understood and is by but few surgeons carried out in detail, it has, at least, hastened the recognition of the vices of prolonged immobilisation, and encouraged frequent change of dressings and early movements. And, too, the excellent results accomplished by open operation have led surgeons to be less content in difficult cases with "the best they could do" in "setting" the limb.

But the most earnest advocates of open operation and of the "massage and movements" plan of treatment have, it appears, allowed their enthusiasm to carry them too far. In urging the more or less general treatment of fractures by operation, one of the chief arguments has been that the X-ray shows how seldom complete reduction is effected by bloodless manipulation. But the interpretation of the X-ray by those more conservative is, quite logically, that perfect reduction is usually not necessary to a good functional, and even cosmetic, result.

Sir William H. Bennett, than whom there has been no more enthusiastic advocate of Lucas Champonnière's method, has been especially active in developing and teaching this treatment. In the fourth (revised) edition of his *Lectures on the Use of Massage and Early Movements in Recent Fractures, etc.* (1909), we read (pages 80-82): "There is one injury in which the effect of the use of this plan from the beginning is most remarkable—viz., intracapsular fracture of the neck of the thigh bone.

In such a fracture it is unnecessary to trouble about the adjustment of the fragments. Bony union, you know, rarely occurs.

The object in view should be to get a movable and painless limb with the muscles as strong as possible. No splints should be used. . . . They do no good. . . . Let these cases be treated by smooth rubbing at once and passive movement in twenty-four hours." Such statements were essentially if not altogether true when Bennett's lecture was first published, in 1900. But how can he square them with the teachings of Whitman, promulgated in 1904 and 1905, and quite ignored in this "revised" issue of this lecture! Whitman has shown that the fragments *can* be adjusted, and that bony union *can* be secured; and his method of reduction and fixation is accepted by progressive surgeons as the proper treatment of fracture of the neck of the femur. This being so, we would take the very opposite view from Sir William and say, "there is one injury in which massage and movements cannot be employed except after Whitman's cast is no longer needed—viz., fracture of the neck of the thigh bone"; for the reduction is not a simple procedure, and it must be performed under narcosis; and, in the nature of the condition, the plaster dressing, reaching from chest to toes, must not be removed for several weeks.

There are other cases—e.g., some instances of oblique fracture of the tibia and fibula, in which so much force and manipulation are required to effect reduction that the removal of the splint or cast the next day, however carefully done, would invite prompt recurrence of the deformity.

A rational statement of the management of fractures might be thus formulated in general terms: Open operation is indicated in a few forms of recent fracture, and as a secondary procedure when non-union or malunion has resulted from the treatment of an old fracture. Massage and movements should be inaugurated early, preferably at once, in all cases in which the careful removal of the splint does not threaten displacement, and it should be performed daily, if possible, and according to the definite system taught by Champonnière and Bennett. In those cases in which the splint may not be so early removed, the joints adjacent to the injury should be released as soon as expedient, and massage should be begun when there is sufficient union to retain the fragments in position. In every case the limb should be inspected within twenty-four hours, if possible, after the "setting" or operation, to determine that there is no undue pressure, which might cause ischemic paralysis."

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