New Instruments.

A NEW HIP SPLINT.

BY A. T. CABOT, M. D.

THE splint which I shall describe has been in pretty constant use at the Boston Children's Hospital for several years. It is easily made, is very efficient, can be adapted to a variety of conditions, and costs but little.

The foundation material is a wire rod from three sixteenths to one fourth of an inch in diameter, which can be readily bent with wrenches or in a vise to the form shown in Fig. 1.

The free ends are then lashed together with copper wire at *a*.

The measurements required are: D E. From the axilla to a point one or two inches below the heel; or if desired the splint may be finished to reach only to just below the middle of the calf.

A D. The width of the trunk.

A B. From the axilla to a point midway between the crest of the ilium and the top of the trochanter.

F E. Two to two and a half inches, according to the size of the leg.

A D and B C are then to be bent to conform to the curve of the back; it being particularly important that B C shall be sufficiently curved to jump across the

FIG. 1.

sacrum without exerting injurious pressure upon it. Lastly, the rods running longitudinally are to be bent so as to adapt themselves accurately to the curves of the back, hip, and knee.

This frame, especially in those parts which cross the body, is to be thickly wound with strips of cotton batting, and the whole covered with Canton flannel tightly stretched across it. Lastly a swathe is to be stitched onto the body part of the splint (A B C D).

After the frame is accurately fitted to the curves of the body the patient is to be laid upon it, so that point B takes its bearing on the gluteus muscle of the well side, and C rests a little outside the sacro-iliac synchondrosis on the affected side. The pressure of the splint is thus borne by parts well padded with muscles, and if B C is sufficiently curved the sacrum and surrounding bony prominences are not pressed upon. It is, however, a good precaution to put a large sheet of cotton batting upon the splint to still further protect against the danger of a bed sore.

The frame being accurately adjusted the swathe is to be pinned firmly round the body, and the leg is banded to the leg part of the splint.

When applied as I have described, the splint fits the patient comfortably but firmly, and as it leaves a considerable interval between the anus and any part of itself, it can be kept clean, and consequently can be worn for a long time without changing.

Besides its use in hip disease, this splint is of value in the treatment of fractured thigh in children. With

coaptation splints to the sides and front of the thigh, and with a foot piece, Fig. 2, added to the splint to prevent the rolling of the foot to one side or the other, we have perfect immobility of the fractured bone, and are able

FIG. 2. to move and handle the child with entire freedom, and without causing the least pain. Another obvious application is to cases of excision of the hip. Here again we need a foot piece to prevent rotation of the leg, and the wires where they pass behind the hip are divested of padding and can then be thoroughly cleansed and included in an antiseptic dressing. The splint has been so used in several cases of excision with satisfaction. The patients were free from pain and were easily moved. One child, indeed, was carried from Boston to Nova Scotia while the wound was far from well without discomfort or apparent detriment to the joint. If it is desired to combine extension with fixation, it can be done by fastening to the outer rod D E an arm coming forward and curving round the side just below the crest of the ilium. By a buckle attached to the top of this arm, and another behind the splint, a band can be carried through the perinæum. At the end of the leg of the splint are then to be attached two buckles through which the extension straps can be drawn and held down, or if desired an arrangement with a ratchet and pinion fastened to the foot of the splint will provide for more steadiness of extension.

Lastly, this frame, if fitted to reach only to the middle of the lower leg, can be used like a Thomas' hip splint in the ambulatory treatment of hip disease, the patient walking about with a high shoe on the well foot and crutches.

It would seem at first sight that the splint would interfere with the patient's sitting down, but practically, if the body part is not made too wide, the splint is not more uncomfortable than a Thomas' splint in this respect, and it has the decided advantage that it is less likely to be displaced.

Reports of Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY.

SURGICAL SECTION.

S. J. MIXTER, M. D., SECRETARY.

NOVEMBER 7, 1883. DR. G. W. GAY reported

A FATAL CASE OF INTERNAL URETHROTOMY.¹

DR. GANNETT exhibited the specimen, consisting of the whole urinary tract of Dr. Gay's patient.

DR. A. T. CABOT asked Dr. Gay whether he did not think that a catheter left in the bladder immediately after the operation would, by providing for a free escape of the urine, have diminished the danger of death from suppression in this case. Dr. Cabot also asked if the result in this case would cause the reader to adopt some other method of operating in similar cases in future.

DR. GAY said that in such an unfavorable case for operation he should be inclined to do external urethrotomy, though it is an operation to be avoided if possible, as it often leaves the patient with urinary fistulæ, and necessitates a much longer after-treatment than the

¹ See page 2 of this number of the JOURNAL.