THE TREATMENT OF FRACTURES OF THE LOWER EXTREMIT Y.

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The anterior suspending splint invented by Professor Smith, of Maryland University, U.S.A., was brought from America and introduced in France by Dr. Moffitt, through the medium of Dr. Gantillon, who presented it to the Société de Chirurgie de Paris July 15th, 1864. On the 31st of the same month I had occasion to apply this splint in a case of compound comminuted fracture of the leg, and was enabled by this means to bring the patient safely, per rail, without any displacement of the fracture, and without any pain or suffering, from the fall of the Rhine to Paris—a distance of 200 leagues. This case, with an accompanying print, was published in the Gazette Médicale de Paris Aug. 5th, 1865.

Professor Smith published, I believe, the first description of this splint in a monograph of 1864, an account of which I was enabled by the honour to give a prominent place to the case just mentioned. I had the pleasure of making Professor Smith's personal acquaintance in Paris shortly after the publication of this monograph, in which he described the new splint and its modifications, under the influence of which I was enabled by the kindness of his friends to introduce it into France, and, as far as I know, to use it first, besides making some changes in its form and application.

The anterior suspending splint, invented by Professor Smith, is of great utility in the treatment of fractures of the lower extremity, and has been applied with great success in cases of compound comminuted fractures, where it has enabled patients to travel without any pain or suffering, and without any displacement of the fracture.
Rose Cormack dressed the wounds and applied a temporary apparatus to the fractured limb. The wounded man was a French soldier of the 117th Regiment of French Infantry, received a gunshot wound of the left leg during the siege of Paris. Cure of great nervous excitement, and complained of great pain in the region of the wound. The ball had passed through the anterior suspending splint. This was a case of gunshot fracture of the left leg, entering on the inside a little below the insertion of the ligamentum patellae, passing obliquely down the thigh, and ordered irrigation. In the afternoon of that day, about seven-six hours after the wound was received, Sir John showed me the case, and asked me to apply the anterior suspending splint.

I found the limb much swollen. The man was in a state of great nervous excitement, and complained of great pain in the region of the wound. The ball had passed through the left leg, entering on the inside a little below the insertion of the ligamentum patellae, passing obliquely down the thigh, and ordered irrigation. In the afternoon of that day, about seven-six hours after the wound was received, Sir John showed me the case, and asked me to apply the anterior suspending splint.

The following case illustrates the advantages to be derived from the anterior suspending splint. This was a case of gunshot fracture of the left leg, just below the insertion of the ligamentum patellae. The subject of it was a French soldier wounded during the siege of Paris. Cure of great nervous excitement, and complained of great pain in the region of the wound. The ball had passed through the anterior suspending splint. This was a case of gunshot fracture of the left leg, entering on the inside a little below the insertion of the ligamentum patellae, passing obliquely down the thigh, and ordered irrigation. In the afternoon of that day, about seven-six hours after the wound was received, Sir John showed me the case, and asked me to apply the anterior suspending splint.

The anterior suspending splint was readily applied, and the patient felt great relief as soon as the limb was aban- doned to its own weight. He could move himself freely in his bed, raise himself by the aid of the hand-cord to allow the bed-pan to be placed under him, to have his sheets changed, &c., without the least fear of disturbing the frac-tured limb. The two wounds, the entrance and exit of the bullet, were left perfectly free for the daily dressings, the application of poultices, &c. This system of suspension was found very convenient in giving every facility to the surgeon to examine every part of the limb without disturbing.
the fracture, and without giving any pain to the patient. The bandages were removed and renewed frequently with the greatest ease, and giving great comfort to the patient. Several abscesses formed and were opened in different parts of the limb. With this exception the patient progressed favourably.

Feb. 18th, 1871.—The ambulance in which he had hitherto been treated was about to be closed. The patient had to be moved to the ambulance, 16, Rue d'Agnesseau, maintained by Sir Richard Wallace. The suspending splint was of great service on this occasion in protecting the limb from the effects of any shock or commotion during the transit. A few inches of a large piece of necrosed bone, which had formed part of the internal surface of the tibia, was extracted. This piece of bone was at least an inch square, so that the loss of substance, the other fragments of the comminution considered, involved at least an inch of the entire thickness of the tibia. The consolidation of the fracture was, however, found to be sufficient at this time to allow the suspending apparatus to be applied only at night, leaving the limb free during the day, so that the muscles might gradually recover their power, and the joints their flexibility. Two other pieces of necrosed bone were extracted about this time.

The apparatus was entirely removed on the 15th March, and the patient, after walking only for a fortnight or three weeks, was enabled gradually to make use of his limb. One other piece of necrosed bone was removed after he was able to walk. He has now recovered the use of his limb after being confined for about twelve months. There is no shortening of the limb, only a slight indentation, caused by the injury, which had been fractured, and a very small fistulous opening still remains, indicating the process of elimination of some other portion of necrosed bone. The limb is not otherwise deformed, and the man walks as well as he ever did. His left leg is almost as strong as the other; the muscles are developed, and the poor man has been in great distress fearing he may be called on to continue his military service.

I have already hinted at—viz., that we cannot so easily de-