

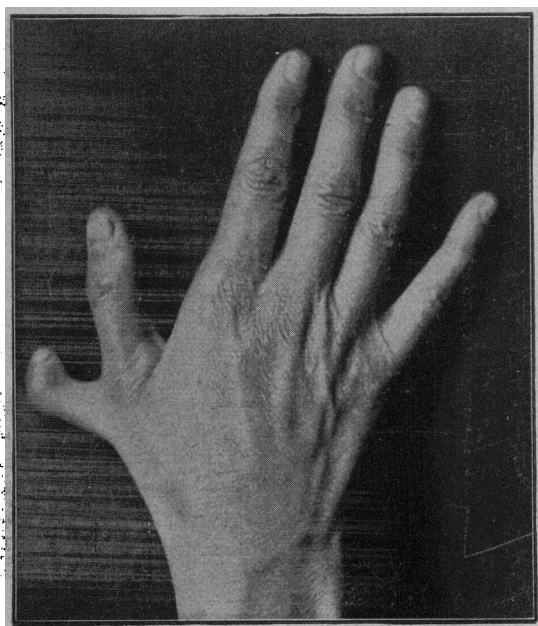
## A CASE OF POLYDACTYLISM

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The accompanying illustration shows an interesting case of polydactylism. The patient is a white woman, 35 years of age. She says that, so far as she knows, there is no history of polydactylism in her family. She has five children, all of whom are normal in this respect.

The supernumerary thumb here shown is well developed and shows a well-defined metacarpo-phalangeal joint, which is capable of flexion and extension to a slight degree. The phalangeal joint is also well defined and exhibits some degree of flexion and extension.



A case of polydactylism.

A supernumerary thumb on the other hand was stitched to the normal thumb in infancy, and the result of the union presents the appearance of a very wide thumb with a single wide nail.

## IMPROVED METHODS OF APPLYING PLASTER SPICAS AND JACKETS

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My attention has been called many times (1) to awkward methods of applying spica bandages to patients relaxed by an anesthetic, after operating on an inguinal hernia, for instance; (2) to awkward methods of supporting the shoulders, head and feet while applying plaster-of-Paris bandages, as for coxitis, to adults and children when not under an anesthetic; and (3) to the frequency of threatened syncope in adult patients when suspended by Sayre's apparatus for the application of plaster-of-Paris jackets.

The following methods have been of much service to me in my practice and are presented in the hope that they may be helpful to others in solving these problems: The first is simple and the necessary accessories can be found in any hospital. The second is more complicated, but will find numerous uses in any hospital where much bone work is done (which means every hospital).

The device for applying a plaster-of-Paris spica to an anesthetized patient may be arranged as follows: At the foot of the operating table place a small table whose top is about eight inches below the level of the operating table. If tables of different height are not at hand the operating table can be raised on blocks. When ready to apply the spica bandage place the hip support on the low table in position and draw the patient down over

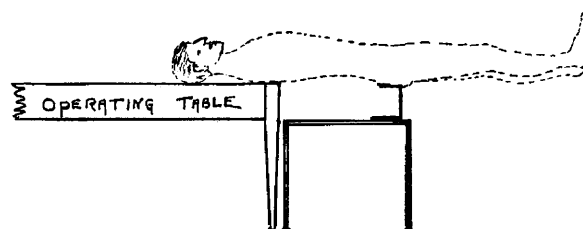


Fig. 1.—Improved method of supporting patient while applying a plaster-of-Paris spica bandage to secure immobility of the ulcerated and diseased bony surfaces.

the end of the operating table until his shoulders and head alone are supported on the operating table and his hips rest on the hip support, his legs being supported by an assistant.

The device for applying plaster-of-Paris spicas or jackets to conscious patients was suggested by the need

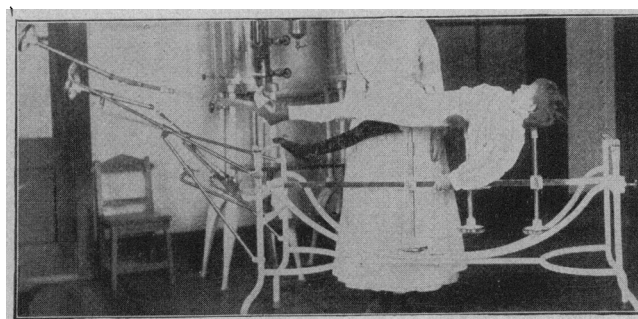


Fig. 2.—Stein apparatus.

of overcoming two difficulties. Adults commonly "faint" when a jacket is being applied by the Sayre suspension method. To avoid this syncope the extension is often relaxed to the detriment of the jacket. The difficulty with the Goldthwaite frame is lack of extension. It occurred to me that a modified Sayre's

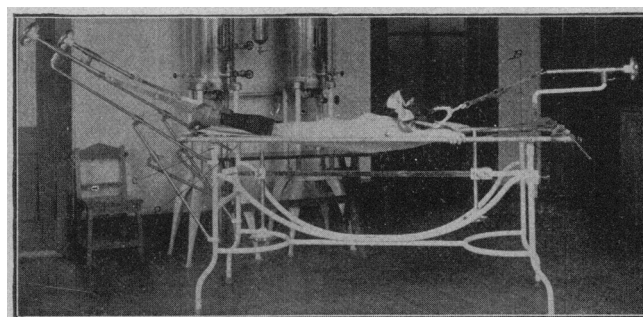


Fig. 3.—Improved method of supporting patient while applying a plaster-of-Paris spinal jacket to secure immobility of the diseased vertebra. This device combines the advantages of the Goldthwaite frame and the Sayre suspension methods. It obviates the discomfort of vertical suspension by head and arms. This advantage is particularly noticed in treating adult patients. Note that child is lying on a muslin stretcher support.

extension applied to a Goldthwaite frame would solve both difficulties. Just at this time I became acquainted with Stein's extension apparatus. With a few modifi-