THE TREATMENT OF GUNSHOT FRACTURES OF THE LEG WITH POSTERIOR WOUNDS.

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IN the BRITISH MEDICAL JOURNAL for July 10th there is a description by Captain Barber of a splint for use in cases of compound fracture of the leg with posterior wounds, which induces me to place on record another form of splint I have been using for a case of this kind.

The difficulty, as Captain Barber says, is to fix the fracture and yet not to block wounds on the posterior aspect of the leg. In a case of gunshot fracture, with perhaps great comminution and a flail-like limb, the splint which Captain Barber describes would not, I think, give adequate support to the leg. The slings which he uses, he says are supplementary, and he relies mainly on extension. Extension from around the lower part of the leg, just above the ankle, is a very painful thing. I had a fracture of my own leg with great displacement, and although I knew the value which such extension would have, I was not able to bear the pressure over the malleoli. I doubt if the extension as used in Captain Barber's splint is really continuous extension; it seems to me only fixation. Unless the traction is made with an elastic band, or weight extension, it is not continuous extension. Moreover, the extension at the upper part of the leg is not required; the patient's body, if the foot of the bed is raised, is always sufficient counter-extension. But the "extension" in Captain Barber's splint does not seem to me to provide adequate support for the fracture. The fractured ends would tend to fall down into the space beneath the leg, and the support of the leg here with slings seems to be the really essential thing. Another objection to Captain Barber's splint seems to me to be the piece of wood under the bed. Rarely will a heel stand any pressure.

When, at the end of May, a patient was admitted to the military hospital under my care with a flail-like leg, profusely suppurating, the result of great comminution of both bones about their middle from gunshot wound, with several wounds not only on the anterior but also on the

Fig. 1.

posterior surface in the lower half of the leg, I planned the splint for its support which I will now describe (Fig. 1).

It consists of a back splint of wood covered with some waterproof material, with a foot-piece. At the two upper corners of the back splint two pieces of wood are fixed, and from these to the foot-piece a rod of metal passes on each

side, and from these rods the leg is suspended as shown in Fig. 2, the knee being fixed by a bandage. I find it a great advantage to have small metal loops along the bar to fix the slings to and prevent their slipping up or down the bar. The slings are, I think, best made of battiste, which is better than jaconet for the purpose, as it is waterproof on both sides. In some parts of the leg the sling may be carried straight across, but when the leg is somewhat round in form, as at the upper and lower parts of the calf, they should lie obliquely, so as to fit the convex surface. If injurious pressure seems to be exercised by any sling a pneumatic pad may be placed between it and the limb, and for this purpose I have found Barnes's bags, which were at one time used by obstetricians for dilating the cervix, very useful. When there is great oedema of the leg, the narrower slings will sink into the oedema, or rather, they prevent the oedema from forming where they press, and it occurs above and below, and the sling seems to be cutting into the leg, but this is only apparent. When treating ordinary Pott's fracture in civil practice, in cases with great displacement of the foot backwards, I have sometimes tried to prevent the dropping

Fig. 2.

back of the heel by a sling arrangement supported by an attachment to the top of the foot-piece. In some cases I have found this answer very well, but I have seen it cause sloughing of the heel, just as pressure with a pad under it is apt to do. When I put up this gunshot fracture on the special splint, I tried a sling under the heel, but it caused sloughing and had to be abandoned. Possibly a sling with a pneumatic pad on it might not cause any injurious pressure there. On this special form of splint the leg is quite firmly fixed, and yet free drainage from the posterior wounds can be secured. For continuous irrigation such a splint would be particularly useful, as a shallow metal receptacle with an outlet pipe could be so conveniently placed beneath the suspended limb. In my case such continuous irrigation has not been required, as by frequent syringing of lotion through the wound, from front to back of the leg, free drainage has been maintained. There has not been any serious pyrexia. But the arrangement has been very convenient for this process, as a shallow receptacle could so readily be placed beneath the leg. In a case of compound fracture of the leg requiring continuous irrigation, even though this form of splint may not be required because there are posterior wounds, yet it may be found more convenient than the usual arrangement of mackintoshes to carry off the fluid.

THE American Medical Association will hold its sixty-seventh annual session at Detroit, June 12th to 16th, 1916.

THE Mansion House Committee of the Captain Scott Memorial Fund is about to erect a bronze bas-relief in St. Paul's Cathedral, bearing the following inscription, written by Earl Curzon of Kedleston: "In memory of Captain Robert Falcon Scott, C.V.O., R.N., Dr. Edward Adrian Wilson, Captain Lawrence E. G. Oates, Lieutenant Henry R. Bowers, and Petty Officer Edgar Evans, who died on their return journey from the South Pole in February and March, 1912. Inflexible of purpose, steadfast in courage, resolute in endurance in the face of unparalleled misfortune. Their bodies are lost in the Antarctic ice. But the memory of their deeds is an everlasting monument."