

# CLINICAL MEDICINE

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**1**

**Fracture of the Humerus.** On Nov. 2, 1951, a Cocker Spaniel was admitted to Stange Memorial Clinic with a fracture of the distal end of the right humerus. The patient was 4 years of age and in good physical condition. The leg was extremely swollen and painful to palpation. Several days were allowed to elapse to allow the swelling to subside before fixation was attempted.

The leg was x-rayed November 5th to determine the extent of the fracture. It was found that the distal end of the humerus was completely separated from the shaft by an oblique fracture. The



**Radiogram showing fractured humerus and traction wire in place.**

distal segment was fractured into lateral and medial portions so that the condyles on the end of the bone were not in proper position. This fracture of the distal end prevented the use of medullary pin, because there was no way of holding the medial and lateral segments together. Traction was decided to offer the best means of reducing the fracture.

On November 6, the right elbow was clipped and the area was prepared for surgery. A Thomas splint was fashioned to the leg in its normal resting position. A stainless steel wire was driven through the olecranon from medial to lateral. The ends of this wire were bent down and fastened to the posterior bar of the splint. Traction was applied and the fracture was forced into apposition. A sponge rubber pad was taped to the anterior aspect of the elbow and anchored to the posterior bar, to assist in maintaining apposition.

The splint was left on until December 10. At the time it was removed a fairly hard callus had formed. The patient had limited use of the leg when discharged three days later.

**E. M. Freeman '52**