SAYRE

CLINICAL LECTURE.

FRACTURE OF THE CLAVICLE.

BY

LEWIS A. SAYRE, M. D.,

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WILLIAM C. WILE, M. D.,

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WILLIAM C. WILE, M. D.,

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CLINICAL LECTURE.

THIS lecture was delivered by Professor Lewis A. Sayre, at Bellevue Medical College, and reported in the *Medical and Surgical Reporter*, of Philadelphia. We consider the subject of such importance that we reproduce it in full.—ED. N. E. M. MONTHLY.

FRACTURE OF THE CLAVICLE IN ITS OUTER THIRD.—Gentlemen: I here present to you a case which is of considerable interest (the patient was now placed before the class and his upper garments removed), although it hardly comes under the Chair of Orthopedic Surgery, unless considered as a prevention of deformity.

This young man informs me that a few days ago he fell from a wagon, striking upon his shoulder, and which, has resulted in a fracture at the outer third of the clavicle; you note how my finger drops into the depression at this point, and how extensive the discoloration of the tissues. Now in these cases the shoulder drops downward, forward and inward, the pectoralis major drawing it downward and forward, while the sterno-mastoid drawing the sternal end of the clavicle upwards, results in the deformity you see here. I suppose there have been more instruments devised for treating fracture of this little bone than all the instruments for other fractures put together. I cannot take time to enumerate them; but two or three years ago Dr. Frank Hamilton, occupied three consecutive lectures in applying these various methods (before the class) upon patients admitted into the hospital for fracture of the clavicle, and then concluded his exhibition by informing the class that all these methods were of no avail, and he would not advise their use, but stated that the patient should be placed in bed, with a pillow between the shoulders so as to bring them well back, the patient to remain perfectly quiet; this treatment he considered all that was necessary and termed it postural treatment.

If a man can lie absolutely still for six weeks, a union might be effected in this manner: but the deltoid muscles and the muscles of the shoulders would probably move and prevent union of the bone.

My plan of treatment is simply this: I take two strips of adhesive plaster two and one-half inches wide, then passing one strip of adhesive plaster around the arm at the junction of the lower and middle third, I make a loop, leaving an open space at the posterior part of the arm, as you see:

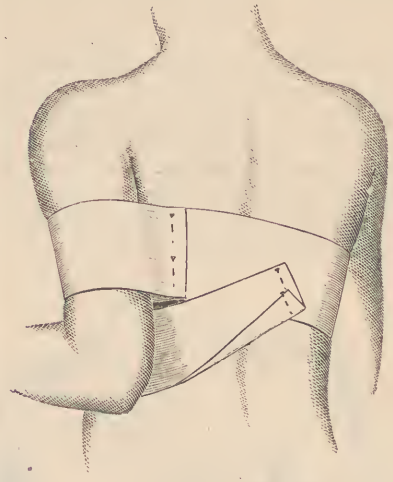

FIG. 1.

this prevents strangulation. Then drawing the arm back, I bring the pectoralis major upon the stretch, but the acromial end of the clavicle still rides under the sternal fragment; I now secure the arm back by passing the strip of adhesive plaster around the body, bringing it under the arm of the opposite side, across the thorax, and fasten it to itself on the back. See FIG. 1.

Care must be taken not to draw the arm too far back, but just sufficient to put the pectoralis major upon the stretch. I now take this other strip of adhesive plaster, and make a slight longitudinal cut in the centre to admit the point of the elbow: you

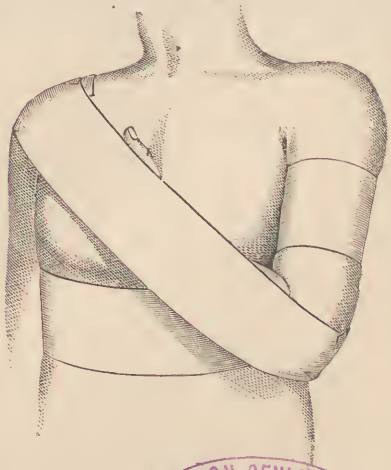

FIG. 2.

now flex the arm at an acute angle over the chest, drawing it upward, forward, and inward, and in this manner you reduce your fracture, as you see that I have done in this case. See Fig. 2. Bringing both fragments of the bone into a perfect line, you now secure the arm in this position by passing the strip of adhesive plaster over the elbow across the back diagonally to the opposite shoulder, then bring the anterior end of the strip up along the hand and arm over the chest, and fasten it to itself at the shoulder. See Fig. 3.

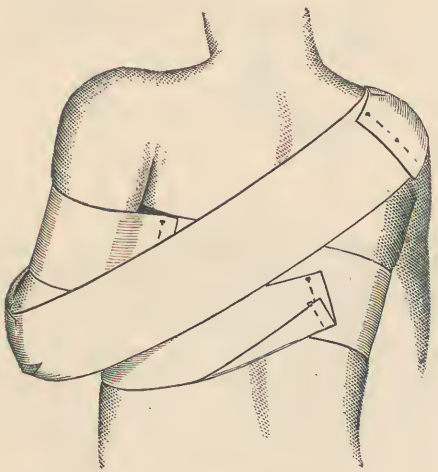

Fig. 3.

I desire you to note this carefully, as it is the most simple method of treating the fracture of the clavicle that I have ever seen, and is the only plan of treatment which will yield a perfect result without deformity.

One advantage of this plan of treatment is this: it is absolutely impossible to dress a fracture of the clavicle in a child with any complex bandage satisfactorily, whereas in this your bandage is perfectly secure, and there is no possibility of its becoming displaced. Never use an axilary pad, as the pressure by this means often stops the circulation of the arm and the pain following this occurrence is something terrible.

It is impossible now to displace those fragments as I have dressed this man's injury, and he can go to work with his other hand. If you were to dress that fracture in such a manner as to render that man unable to use his other hand to earn his living, you ought to be compelled to pay for the loss of time which would follow such treatment. I have treated numbers of fractures in this manner with the most perfect results, and I defy any one to detect the point of fracture when cured; I say that a fractured clavicle can be cured without deformity. Excuse me for my warmth upon this subject, but I have been censured so recently by our own surgeons upon this point, that I feel compelled to reiterate my statement somewhat forcibly, and will demonstrate the fact before you in the case now before us, as I intend that you shall see this man when he is cured.

[The following week the man appeared before the class; the bandage was found to be in the same condition as when applied, the fracture was immovable, and the line of the clavicle perfect. Two weeks later the bandage was removed, perfect union having been secured; nor was there any deformity perceptible, the fragments having united in a perfect line.]