

BIRTH FRACTURES AND EPIPHYSEAL DISLOCATIONS

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EDWARD D. TRUESDELL, M.D.

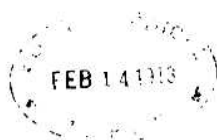
ASSISTANT ATTENDING SURGEON AND ROENTGENOLOGIST THE LYING-IN
HOSPITAL, ASSOCIATE SURGEON THE ST. MARY'S FREE
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FOREWORD

A review of the standard American text-books on Obstetrics will disclose the meagerness of the information available upon an important obstetrical complication, fractures in the new-born. Either these injuries are of such comparative infrequency as to merit no more than the brief comment with which they are ordinarily dismissed, or they have not received the attention they reasonably deserve. Furthermore such information as is available is often misleading in creating the impression that dislocation of the epiphyses is more common than fracture of the shafts of the long bones, and that fracture, when it does occur, is usually of the green-stick variety. These presumptions are not borne out by the facts now presented. No green-stick fracture, in the sense of an injury to a long bone in which the bone is partly broken through and partly bent, has been discovered among the several hundred infants referred for roentgen examination because of possible birth injury. All fractures have been found not only to be complete, when studied in the roentgenogram, but have been associated with considerable displacement of the fragments, indicating a more or less extensive laceration of the periosteum. While the possibility of dislocation of the cartilaginous epiphyses has been held constantly in mind, evidence of the presence of this injury has been rarely obtained, even when the method of proving its existence has been understood and applied. That more is not definitely known concerning birth fractures and dislocations is probably due to the frequent inadequacy of roentgen facilities in the care of these injuries. Mention might be made in passing of the rather general opinion that some obscure risk of injury to the pregnant woman or the new-born child is entailed in exposing them to the influence of the roentgen ray. During several years' experience with these patients in the roentgen laboratory there has not been a single incident to lend any support whatsoever to this belief, and roentgen examinations have been freely resorted to for purposes of diagnosis and investigation very much to the benefit of both classes of patients. The difficulty of obtaining satisfactory pictures of infants has, in fact, necessitated more numerous exposures

in many instances than would corresponding conditions in adults, and entirely without detrimental consequences.

The material composing this book has been derived almost exclusively from the various divisions of The Lying-In Hospital. During the past six years it has been the writer's privilege to treat, with unlimited roentgen resources, practically all of the fractures and bony birth injuries that have occurred at the hospital. As a natural consequence of the difficulties encountered in the treatment of these diminutive patients, whose displacements and deformities so often frustrated the most persistent attempts at their correction, much attention has been devoted to the subsequent course of these injuries. For this reason much space is devoted to serial roentgenograms of individual cases often extending over months or even years. The interest in these observations at long intervals has fully compensated for the difficulties and discouragements met with in obtaining them. Several of the most interesting cases unfortunately could not be found after their departure from the hospital. Certainly any enthusiastic cooperation on the part of the parents has been rare. Ignorance, suspicion, sickness, home conditions, the weather, the tender age of the patients and a shifting population have all combined to cause breaks in some series of pictures and to effect the elimination of others altogether.

A few words of explanation may anticipate undue criticism. The number of birth fractures might seem large were it not appreciated that these were incidental to more than thirty-three thousand deliveries. Some of the roentgenograms reproduced are such as might be excusably omitted by the author of a similar book upon fractures in adults, their sensational appearance certainly not reflecting the effort expended upon their treatment. The examples of fracture of the humerus have been intentionally chosen from the cases presenting the greatest deformity. Twelve of the thirteen cases of birth fracture of the femur are represented, regardless of the unfavorable appearance of some, in the belief that they will suffer most in comparison with these injuries treated by others which have escaped thorough roentgen examination. Several of these patients were attended in their homes, which increased the difficulty in maintaining the dressings in the condition desired, and at the same time limited the opportunities for roentgen examination. Others were more or less tardy in making their initial appearance. The early part of the investigation of birth fractures sought to determine the efficiency of the methods of treatment then prevalent, with not a little prejudice in favor

of the opinion commonly held that these injuries took good care of themselves however treated. With increasing experience it became evident that these fractures required more particular attention, and various methods of treatment were experimented with in the endeavor to obtain more satisfactory reduction and immobilization. These were too numerous to present individually, and too unsatisfactory for continued employment. The need of efficient treatment is more apparent than is the manner in which this may be obtained.

It is hoped that this book may offer an introduction to a group of interesting fractures, hitherto relatively unfamiliar, and that it may claim a place for itself, however small, if it do no more than direct attention to something of the appearance, tendencies, and course of birth fractures.

The work done upon the birth dislocations of the cartilaginous epiphyses may prove to be somewhat new. The study of this lesion has been limited by the infrequency of its occurrence. Since the existence of this injury can be proven by its distinctive appearance in the roentgenogram, a definite diagnosis can be made when desired and the number of merely suspected birth dislocations largely reduced.

The present opportunity is welcomed to express my sincere gratitude to Dr. James W. Markoe and to Dr. Asa B. Davis, whose unfailing generosity and constant interest have made possible this book. Nor have the other attending surgeons of The Lying-In Hospital been less liberal in contributing such cases as were at their disposal while on service from time to time.

For timely aid in the matter of publication and for many courtesies shown, I am indebted to Mr. Paul B. Hoerber.

EDWARD D. TRUESDELL.

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