FRACTURES OF THE LOWER EXTREMITY OR BASE OF THE RADIUS

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Fractures of the Lower Extremity or Base of the Radius by Lewis Stephen Pilcher

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132 ILLUSTRATIONS



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FRACTURES OF THE LOWER EXTREMITY OR BASE OF THE RADIUS

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FRACTURE of the lower extremity or base of the radius is one of the most frequent surgical conditions that the medical practitioner has to treat. The writer had his own interest first awakened in it as a boy when one of his playmates fell upon his outstretched hand and was picked up with a "broken and crooked wrist." When immediately after graduation he spent some months in a country district looking for practice, he found it when one of his neighbors fell out of an apple tree and sustained a wrist fracture. Again, when some years later, he essayed his fortune in a city he was helped mightily by a friend who had the misfortune to fall down a flight of icy steps one wintry day, and fractured the base of his radius, and by a boy in his neighborhood who, while flying a kite from the roof of a shed, forgot himself, walked off the roof, fell to the ground and wrenched off the lower epiphysis of his radius with extreme displacement. (The condition of this wrist twenty years later is shown in Fig. 110, q.v.)

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FRACTURES OF THE LOWER EXTREMITY OF THE RADIUS

In a service as attending surgeon in the Outdoor Department of a large hospital, which I enjoyed for a period of ten years, 1873-1883, fractures of the base of the radius formed a constant item. The interest thus awakened in that particular injury led me to give to its observation and study much care. Beside a perusal of the literature of the subject, many dissections and experiments on the cadaver were made; specimens in the museums of various hospitals were freely placed at my disposition by their curators for study. In particular a visit to the collection made many years before by Robert William Smith in Dublin, on which was based the treatise of that surgeon on "Fractures in the Vicinity of Joints," was instructive. In the early part of 1878 I published my first paper (Reason vs. Tradition in Treatment of Certain Injuries to the Wrist-joint) on the subject in the Proceedings of the Medical Society of the County of Kings, and in May of that year had the opportunity of reading a paper on the same subject, and making an experimental demonstration on the cadaver before the New York Academy of Medicine. In May, 1880, I published a "Further Contribution to the Study of Fractures of the Inferior Extremity of the Radius, etc. (Proceedings of the Medical Society of the County of Kings, 1880).



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FIG, 1.-The base of the radius and the bones of the wrist-skiagraph of normal bones, anteroposterior view.

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Fig. z.—Transverse view of the normal base of the radius (skiagraph).

In the period which has passed since these publications, more than thirty-six years, my interest in the subject has continued, although in the nature of things other departments of surgical work have engaged more of my attention. I am now returning once more to this subject to make a final contribution to it. in which I hope to embody the mature conclusions of these later years. During this period the Röntgen ray has been added as a source of surgical diagnosis and of observation. Upon no subject has it shed a clearer or greater light than upon wristjoint injuries. It has been a matter of very great satisfaction to me

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to find that its revelations have been so markedly confirmatory of the conclusions reached before its assistance was en-

joyed. As will be seen in the following pages, I have made full use of the wealth of information which the Xray skiagrams have produced. Many of these were taken by Doctors Cole and Eastmond and by them freely placed at my disposal. The late Carl Beck was an enthusiast both in the matter of X-ray and in the study of fractures of the

> FIG. 3.—Showing relation of the elements of the wrist-joint when the hand is in moderate dorsal flexion (i.e., extension).

lower extremity of the radius, and his valuable material was also generously given to me before