

SUB-SPINOUS DISLOCATION OF  
THE RIGHT FEMUR, OCCURRING  
TWICE IN THE SAME PERSON  
WITH DEFORMITY OF KNEE OF  
LONG STANDING; REDUCTION.

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Sub-spinous dislocation of the femur is not an accident of such rarity as to call for publication of a single example, yet, in the instance herewith recorded, a deformity of the knee existed and offered an exceptional complication. In reducing a hip dislocation it is usual to flex the leg upon the thigh to a right angle about, and thus obtain very great leverage the better to direct the head of the bone toward the cotyloid cavity; this manipulation was, however, denied me in the case under consideration, and for the following reason: when W. K.— (patient), was aged two years, disease of the right knee commenced and continued for many months; abscesses formed in the thigh and leg, not only in the immediate vicinity of the diseased articulation, but also at a distance; bone in quantity was discharged at different times; finally, recovery took place, and W. K.—'s health became excellent. There existed the following condition, when examined after the dislocation: several deeply depressed cicatrices in the thigh, which was smaller and shorter than its fellow; several depressed cicatrices in the leg which also was shorter and smaller than its fellow of the left side, a connection of cicatricial tissue uniting tibia to femur, very lax, permitting a flail like motion in all directions; pressure on the sole of the foot (right) caused the head of the tibia to move up behind the femur whence it would emerge on traction; the femoral condyles were small and to the touch smooth. Notwithstanding the very loose joining between the tibia and femur the limb could bear weight, provided it were kept vertically beneath the trunk, in any other position it at once gave way. It will be thus seen that the usual manipulation for restoring the bone to its proper position was not possible of accomplishment in the ordinary way, for a change of position of the foot was not followed by

a corresponding change of position in the head of the femur, and it became necessary to replace the lost rigidity of the knee by some device. The tissue uniting femur and tibia was so lax and feeble that I feared lest an attempt to use the leg in rotation might twist it quite away from the femur, so a plaster splint was put on the thigh embracing it tightly. Although this was well applied it did not produce rotation of the femur, but itself, the splint, turned around the thigh. It was, therefore, removed, and another one applied as follows:

A very thin stocking from which the foot had been removed, was put on and pulled up as high as the middle of the thigh; a plaster splint was then put on very tightly, strips of iron wire gauze being interwoven with the bandage. I thus obtained a splint of great strength but also elastic. As soon as the plaster had set, a strip an inch wide was cut from the whole thickness of the splint along the upper surface, and the patient left for twenty-four hours. The next day, after anæsthesia had been induced, with a bandage twisted like a rope, I wrapped the splint as strongly as I was able, almost entirely closing the gap left by the removal of the strip. The pressure was so great as to interfere with the circulation of the foot and leg, but the head of the femur could be rotated almost as well as though the knee was of normal form, and I was in condition to attempt reduction without fear of injuring a limb of which both the hip and knee joints were in a very unserviceable condition.

The case, in detail, is as follows:

March, 1883.—W. K.—, strong and vigorous, female, aged 22 years, by occupation a teacher, slipped and fell, dislocating the right thigh. She thinks that her right leg, in falling, passed behind the left; she struck the ground with the right hip. The malformation of the limb has already been described. I saw the case twenty-four hours after the hurt. The head of the femur both to sight and touch was very evident; it laid between the superior and inferior spinous processes of the ilium, covered by skin and subcutaneous tissue; the thigh was everted, abducted, shortened somewhat, and the trochanter was absent from its usual situation. Two days later when the tightly-fitting splint was adjusted, I attempted to effect reduction by flexion and rotation inwards but did not succeed; the

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head of the bone would not pass over the edge of the pelvis; a towel was then placed around the upper part of the thigh, and the bone drawn strongly outwards and downwards, but equally without result.

I then made traction upon the right thigh (splint) upwards slightly and outwards at an angle of about 60° with the long axis of the body. Within a few moments the thigh elongated perceptibly, the head of the bone moved from its position upon the pelvis, and the femur being rotated inward, reduction was at once effected. Recovery was rapid and without drawback.

I directed a sole-leather splint for the relaxed knee and its use gave assistance, en-

abling W. K—— to walk with comparative comfort.

In July, 1883, in consequence of the warmth of the weather, W. K—— laid aside the splint, and in attempting to walk rapidly, fell, producing a dislocation in all respects similar to the previous one. She also thought that in falling the right leg was carried across the body behind the left. A splint of wire gauze and plaster was applied and reduction effected at once by extension and rotation inwards, as had proved so successful in March. Recovery took place without noteworthy circumstance.

The case in detail is as follows:—  
March, 1883.—W. K——, strong and vigorous female, aged 22 years, by occupation a teacher, slipped and fell, dislocating the right femur. She thinks that her right leg in falling passed behind the left; she struck the ground with the right hip. The dislocation of the hip has already been described. I saw the case twenty-four hours after the hurt. The head of the femur felt to eight and touch was very evident; it laid between the superior and inferior spinous processes of the third, fourth, fifth and sixth lumbar vertebrae. It was elevated about an inch above the level of the acetabulum. Two days later when in usual position. The right thigh splint was applied. I attempted to effect reduction by extension and rotation inwards but did not succeed; the femur was rotated inwards, reduction was at once effected. Recovery was rapid and without drawback. I directed a sole-leather splint for the relaxed knee and its use gave assistance, enabling W. K—— to walk with comparative comfort.