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Atlas of Rush Pin Technics advertisement.

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In Germany alone, more than 45,000 fracture fixations with



Atlas of Rush Pin Technics NOW IN GERMAN

From Foreword to German Edition

Translated into German by Dr. Heinz Gelbke, Professor of Surgery, Director of the Surgical Clinic of the University of Gottingen. Foreword by Dr. H. Hellner, Chief of Surgery, University Clinic, Gottingen.

"... I am convinced of the great value of this technic, as witnessed by numerous fractures which were operated upon by this method at the Surgical Clinic of the University at Gottingen. I am particularly impressed by the possibilities of exact treatment of fractures near joints which in addition to the excellent method of Kuntser, and which is founded on completely different technical basis and principles.

"I also found the explanation of Rush so original, educational and interesting that I feel it an excellent idea of Gelbke to bring this Atlas in German to German surgeons.

"Progress always breaks through. It will take a little time to learn the method. But the one who masters the method, and it is not hard to learn, will have much use for it with his injured and enjoy using it himself."

From Some German Publications —

1. Hackethal, K.H.: Küntser — Oder Rush-Nagelung? "Langenbecks Archiv und Deutsche Zeitschrift für Chirurgie", Band 287 (1957).
2. Koslowski, L.: Frakturbehandlung mit dem Rush Federstab-Möglichkeiten und Grenzen. "Der Chirurg", 29. Jahrgang, 3. Heft, März 1958, S. 108-115.
3. Koslowski, L.: Der Rush-Federstab. Deutsche Medizinische Wochenschrift, 83, Jahrgang, 2 Mai 1958.
4. Gelbke, H.: Intramedulläre Frakturfixation nach Rush. Chirurgische Praxis 1, S 43 (1958).
5. Crone-Münzebrock, A.: Zur Behandlung der Claviculafrakturen. "Der Chirurg", 30 Jahrgang, 5. Heft, Mai 1959, S. 233-235.
6. Peitsch, H.: Erfahrungen mit der intramedullären Frakturfixation nach Rush. "Monatsschrift für Unfallheilkunde", 62. Jahrgang, Heft 10, 1959 S. 368-376.
7. Fuchs, G.: Erfahrungen bei der Behandlung gelenknaher Frakturen mit dem Rush-Pin. "Der Chirurg", 32. Jahrgang, 10. Heft, Oktober 1961, S. 475-479.

THE BERIVON
Company

Meridian, Miss.

The **RUSH PIN**
BERIVON

PAT. NO. 2,579,948

Luxury without Extravagance*



*** That which gives pleasure or comfort . . .**

For the surgeon the Rush pin is certainly luxury without extravagance! The Rush pin is simple. There is one design for all long bones. Only four thicknesses of pins are required, only four small racks in orderly arrangement. With these and a few simple inexpensive tools the surgeon is prepared for the operative fixation of most fractures of all long bones, even near joints.

Insertion is simple, too. The pin is nearly always inserted from the side of the extremity of the bone. The awl-reamer instrument makes accurate direction of the pin easy, too.

At times it seems as though the pin has eyes and an intelligence of its own to help the surgeon achieve his purpose. The sled runner point sees to it that the pin glides like a toboggan down the medullary runway. The pin will build up points of pressure within each fragment to limit or control rotation. This is because it is made of type 316 stainless steel of precise temper based on many years research. This optimum temper requires the rod to be malleable enough to conform to the bone contour yet rigid enough for driving and resilient enough to exert its own dynamic force for stable fixation.

And above all, it is a comfort to know that healing need not be impeded by the distraction of a tightly impacted rod in the marrow cavity of the fractured bone. Because the Rush pin is designed not for early weight bearing or heavy work loads before healing, but to per-

mit early function of the muscles and joints. It utilizes dynamic forces to provide stable fixation without impacting the marrow cavity. The bone fragments are free to glide upon the pin so that the muscle action of the extremity can stimulate healing by compressing the bone ends.

It is a comfort to know that there is little likelihood the bone will be split in an attempt to force a thick rod that the marrow cavity will not accept. And to know that the medullary rod can be removed easily as a minor procedure.

For the patient it is a luxury to have his Colles fracture fixed in a simple two minute operation that ordinarily permits full function in one week. Or other fractures repaired with minimal use of casts or traction and with short hospitalization. It is a luxury that his fracture can usually be repaired by closed or semi-open pinning with minimal surgical trauma.

But with all its simplicity and versatility, the Rush pin is of little value without the ingenuity of the surgeon himself. The talented musician can derive much pleasure and make sweet music by playing the piano by ear provided he has a conception of the melody and knows the basic chords required. So it is with the Rush pin. One can suddenly find himself with an enlarged and beautiful surgical repertoire once he has conceived the melody and knows the chords!

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