Congenital Synostosis of Humerus and Radius occurring in Three Children of One Family.

By **Paul Bernard Roth, F.R.C.S.**

There are five children in the family.

(1) N., a girl (the eldest), is normal.

(2) L., a girl, aged 8 years 9 months, was born with both elbows fixed at right angles. She was operated upon when 15 months old; the right elbow was excised, and put up at 125°, in that position it is now firmly ankylosed by bone. An attempt was made to get a movable joint in the left elbow, the radius being separated from the humerus and inserted in a socket cut in the anterior surface of the lower end of the latter (see radiogram, fig. 1). So far this has not been successful, and the elbow is fixed at 80°.

(3) G., a boy, aged 7 years 9 months, was born with both elbows fixed at 80° (see radiogram of left elbow, fig. 2). The medullary cavity of the humerus and radius is continuous.

(4) L., a boy, is normal.
(5) J., a boy, aged 2 years 4 months, was born with both elbows fixed at 70°. The mother is pregnant with a sixth child.

Remarks.—The radiogram of G——'s left elbow can be taken as typical of his other elbow, and of J——'s two elbows; in all the medullary cavity of the two bones is continuous.

Radiograms taken of the knees of the three affected children show that the upper end of the fibula is missing in each limb, and that there is apparently no patella.

It is proposed to operate on the left elbows of G—— and J——, so as to get ankylosis at 125°.

This condition appears to be a very unusual one.

**Case of Congenital Dislocation of Both Hips, treated by Bifurcation Operation.**

**By R. C. Elmslie, O.B.E., M.S.**

I. F., aged 10 years six months, admitted to hospital in July, 1925, suffering from congenital dislocation of both hips, untreated. There was a bad rolling gait and great lordosis. An X-ray showed the heads of both femora placed very high above the acetabulum.

A weight extension was applied to both lower limbs for two months.

October 2, 1925.—Oblique osteotomy of both femora below the level of the great trochanter, the line of section being directed upwards and inwards. The osteotomy was carried out by the open method, the lower fragment angulated on the upper, and its point pushed upwards and inwards towards the pelvis. The limbs were fixed in a long double plaster spica in wide abduction.