TREATMENT OF FRACTURE OF HUMERUS
AT BIRTH.

BY

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A MALE infant, 3 days old, was brought to the casualty room of the Royal Infirmary, Sheffield, on August 1st, 1923, by its godmother, who said that it cried whenever its left arm was handled. Examination revealed a transverse fracture in the middle third of the humerus, but no inability to use the

wrist, or other indication of damage to nerves.

The child's other arm was measured, and a splint made from poroplastic felt, according to the diagram, the A portion

FIG. 1.—Plan of poroplastic.

FIG. 2.

being cut a quarter of an inch longer than the child's humerus, so that by suitable bandaging with a crêpe bandage a degree of elastic extension could be exerted on the lower fragment of the humerus. The arm was thus carried in a position of right-angled flexion at the elbow, with horizontal abduction at the shoulder, the B portion of the splint being fixed by a crêpe bandage passing round the thorax.

FIG. 3.

The arm was inspected from day to day, and at the end of three weeks was taken down and an x-ray print obtained (Fig. 3). The arm was now massaged three times a week

and bandaged to the child's side by a crêpe bandage to prevent further injury at home. On September 6th the function of the arm was perfect, but a bulge of callus could be felt, increasing its diameter by half at that point.

FIG. 4.

Another skiagram showed very good union with re-formation of the medullary canal (Fig. 4).

The child was discharged after another week's massage, and at Christmas, 1923, it was impossible clinically to detect any abnormality in the arm.

AN APPARATUS FOR DISLOCATION OF THE
ACROMIAL END OF THE CLAVICLE.

BY

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DISLOCATION of the acromial end of the clavicle, resulting from a fall on the "point" of the shoulder, is a somewhat rare injury, and although the reduction of the dislocation is easy and the functional result usually good, yet the appearance of the shoulder is often very unsatisfactory. This in most cases is due to the prominence of the outer end of the clavicle, and can only be avoided by correct and prolonged retention of the two bones constituting the joint in apposition. Treatment should be commenced at once, and the partial redislocation of the joint during manipulation and readjustment of the apparatus studiously avoided.

The simple apparatus shown in the diagrams is made from two buckled webbing straps, which are cut and sewn together as illustrated. The shoulder strap, A, passes over

a pad of strapping, placed over the acromio-clavicular joint, and passes down in front and behind the shoulder and round the padded flexed elbow (which is retained, flexed at right angles, in a sling). The chest strap, B, is fastened to the shoulder strap, as shown, in front and behind the "point" of the shoulder. Its function is to retain the shoulder strap in its correct position and prevent it from slipping outwards off the point of the clavicle and so increasing the deformity.

FIG. 1.—Apparatus for dislocated clavicle (acromial end).

FIG. 2.—Apparatus in position.

In order to obtain the best cosmetic result the apparatus should be worn night and day for a month or longer, the arm muscles being massaged to retain their nutrition and tone. The shoulder should be well supported from the elbow whenever the apparatus is removed for massage or adjustment.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

PITUITRIN IN ASPHYXIA PALLIDA NEONATORUM.

I HAVE recently had striking results from the use of pituitrin injection in two cases of asphyxia pallida in newly born children.

In the first case the mother, a Chinese, had been in labour for two and a half days when I was called to her; the head of the child was presenting. The child was delivered by low forceps operation. It was exceedingly pale and limp and made no attempt to breathe beyond one slight retraction of the abdomen. I used the various methods of artificial respiration with the child bathed in hot water, and also tried breathing into its mouth through two layers of gauze, but without any result. These measures had occupied about fifteen or twenty minutes, and the friends regarded the child as quite dead and advised me not to trouble further. However, as I could just detect a little heart flutter, I injected about 0.3 c.cm. of pituitrin into the muscle of the buttock, and within less than a minute the child gave a deep sigh, its skin began to flush, and before five minutes it was crying and breathing quite normally. The friends rather regarded the case as one of raising the dead.

The second case was also a Chinese; the mother had a perfectly normal labour without aid of any kind. The cord was round the neck rather tightly when the head was born, but was immediately released. The babe gave a few gasps, but it was quite evident that no expansion of the lung had taken place, for with the retraction of the abdomen the intercostal muscles seemed also to be drawn in and the whole body was pale, flaccid, and lifeless. I used the usual methods of artificial respiration and kept the child in warm water while doing so until the placenta was expelled, before I cut the cord, and continued these efforts for quite a quarter of an hour. As I felt the heart was still beating I gave about 0.3 c.cm. of pituitrin. The result was most striking—the child gave a deep sigh, the lungs expanded, and in a minute or so the body, which had been so pale, became deeply flushed, while the stump of cord, which a moment before was lying limp, flat, and bloodless on the abdomen of the child, began to expand and throb quite strongly.

The explanation that occurred to me was that the pale asphyxia was due probably to something of the nature of "shock," and the action of the pituitrin in contracting the arteries and raising the blood pressure forced a bigger supply to the lungs and at the same time stimulated the intercostal and abdominal muscles to contract. I confess that when I first used pituitrin in this manner it was largely in the hope that something might come from a stimulant that could act quickly. I intend to repeat this method again in like circumstances.

Peking.

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