CASES

OF

RARE DISLOCATION.

By ROBERT STORRS, Esq., Surgeon, Doncaster.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As there are few circumstances in professional life which are productive of more anxiety than obscure or uncommon accidents to joints, from the almost inevitable injury that a mistake as to their nature will cause to the reputation of the surgeon, and the comfort and condition of the patient, I shall not probably here make much apology for troubling you with the following cases illustrative of the subject. They will, doubtless, be of some use to those for whose perusal they are intended—viz., country practitioners who, like myself, have not more of this description of practice than what a country town affords, and are, therefore, not likely to be equally conversant with such matters as their more fortunate brethren of metropolitan or provincial hospitals.

Of the first kind of case I shall record, Sir Astley Cooper states that he only saw two during a practice of thirty-eight years. He only relates four cases of it altogether in his work on dislocations. It is the dislocation of the humerus backwards upon the scapula, and it differs from those related by Sir Astley in the amount of muscular injury attending it, as well as in difficulty of reduction. And it seems to me, *prima facie*, extremely probable that more muscular injury must necessarily take place in dislocation backwards of this bone than in any other of its dislocations, as more muscle must be torn through to allow the head of the bone to rest on the dorsum of the scapula, where it is surrounded by large muscles, than into the axilla, into which it enters between them. But I will proceed to the relation of the case.

On November 28, 1842, at midnight, Captain Ramsden, R.N., of Henthorne, brought his butler, Reuben Robinson, a stout man, aged fifty-five, to me in a carriage; he had met with the following accident:—They were returning home from a dinner party in a hired fly, when the horse took fright, and precipitated them down a steep bank into a field; the carriage was capsized, and the butler thrown upon his shoulder. On examination, I found him suffering from intense pain, especially behind the acromion, where the head of the bone could be distinctly felt lying below the spine of the scapula. There was very little appearance of deformity of the shoulder, in part owing to his being stout, but the acromion could be felt overhanging a hollow space, into which the fingers sank. The direction of the elbow was forwards, and somewhat inwards, but the humerus admitted of a considerable degree of motion in every direction. The shoulder appeared larger, flatter, and somewhat lower than natural. The head of the bone could not be felt in the axilla. I attempted reduction by the heel in the axilla, but was soon obliged to desist, partly from the pain it produced, and partly from inability to make the least impression on the situation of the bone. In the morning early I again attempted reduction, with the assistance of three strong men, and my pupil, Mr. Jenkinson; but was

again foiled. I then sent for the pullies, and with these, and the kind assistance of my friend, Mr. Kerrey, succeeded in disengaging the head of the bone from its new situation; but there was no very perceptible noise when extension was suddenly left off, and the head of the bone raised, at the same time that the elbow was drawn backwards. There was considerable inflammation about the muscles of the shoulder, and for some time an appearance as if something intervened to prevent the head of the bone from resting immediately on the surface of the glenoid cavity; but all appearance of the kind has now subsided, the shoulder is perfectly natural to the eye, but its motions are much less free, and he still suffers from occasional pain.

The next case is one of injury to the hip-joint—of fracture of the neck of the bone within the capsular ligament, or of the acetabulum, or perhaps both—in a boy only thirteen years of age, and is, I think, remarkable, both from the age of the patient, and the complex and obscure nature of the symptoms.

Henry Brown, a healthy, active boy, of irritable temperament, whilst in my employ, was ascending a ladder, which gave way and fell with him, precipitating him into the flagged stable-yard upon his left hip. When he was raised he was in most excruciating pain, and unable to stand; he said he had no power over the limb, which seemed loose to him; but there was no alteration in its appearance. When I came home I found him in the following state:—The pain was so severe that he could scarcely bear any examination, the least approach to motion being accompanied by severe spasm. He was laid on a couch on the side opposite to the injury, the knee of the injured limb resting on a pillow, and at that time rather turning inwards. There was considerable swelling from extravasation of blood over the trochanter major, the thigh across the groin appearing rather wider than the other, with a slight fullness there; the limbs were at that time of equal length. Leeches and fomentations were ordered, and a strong opiate. This plan was continued for a few days without any abatement of the pain. I then got him to allow me to make a further examination of the kind, and, on placing him in a sitting position on the side of the couch, I found that the affected limb was about an inch longer than the other. When left to itself, the limb rotated outwards. The knees could be brought together, and there was considerable mobility of the joint. The appearances were those which would be compounded of dislocation into the foramen ovale and of fracture of the neck of the os femoris. Lengthening of the limb on the one hand; mobility, falling outwards of the limb, and its being able to be laid parallel with the other limb, on the other hand. In this state he remained a few days more, except that he could be scarcely persuaded to lie down; indeed, he sat up so long that the leg of that side became considerably oedematous. A distinct crepitus could now be felt when the hand was placed over the trochanter or groin, on rotating the os femoris. As the swelling and inflammation had now subsided considerably, bandages and the long splint were applied, and he was kept in bed in the straight position; this plan was commenced October 7.

14. The limbs are now of equal length, but there is

great difficulty in preventing the affected one from falling outwards. He has no pain except when moved.

Nov. 24. The splints were removed a few days ago, and passive motion allowed.

Dec. 1. He can now come down stairs, and, by the help of crutches, can walk pretty well; the limbs are of equal length, and there is no difference in the appearance of them, except that the affected one is rather wider in front across the groin, and the trochanter is a little more prominent.

April, 1843. The limb is now an inch shorter than the other; the trochanter projects, and the buttock is wider on that side. My impression was that there was fracture of the acetabulum as well as of the os femoris.

I had another case of fracture of the neck of the os femoris, in rather a young subject for this accident. He was forty-nine years of age. He was a horse-breaker, and about two years ago was thrown out of a gig upon his right hip, and brought home. I saw him a very short time after the accident; the chief symptom then was a slight eversion of the foot. He had no other symptom of either fracture or dislocation, except the pain on motion. He was kept in bed; leeches, fomentations, &c., were applied to the swollen and painful part, and, in a few days, I observed the leg to be somewhat shorter, and the foot more everted, but the limbs could be easily made of equal length by extension of the injured one. On bringing down the limb, a crepitus could be felt, and there could be then no doubt of the case being one of fracture within the capsular ligament. When he had quite recovered from the injury, the limb was full two inches shorter than the other.

I should not have mentioned this case but as a sequel to the other, and as illustrative of the early age at which fracture of the os femoris within the capsular ligament may occasionally take place.

I will not, however, at present extend my communication by further remarks. I merely wish to place the facts themselves on record, trusting they may prove useful to some one or other of your readers when under circumstances of doubt and difficulty of a similar nature. As a whole, they would teach us to be careful of giving an opinion of the exact nature of an accident to a joint, until the symptoms have had time to develop themselves.

I am, Gentlemen,

Your obedient servant,

Doncaster, Oct. 4, 1843.

ROBERT STORRS.

CASE OF CARIES OF THE OS CALCIS, SUCCESSFULLY REMOVED BY OPERATION.

By SIR JOHN FIFE, Newcastle-upon-Tyne.

Robert Clark, aged twenty-four, Sunderland, shoemaker, of a sallow complexion, and presenting altogether an appearance of cachexia, was admitted into the Newcastle Infirmary on the 24th of August, 1843, under Sir John Fife, with an extensive sinus over the os calcis of twelve months' duration, with livid discoloration of the surrounding integuments; it commenced in the form of chronic abscess.

He suffered severely from the primary effects of syphilis five years ago, and at that period was mercurialised. About four months afterwards he had secondary symptoms, which, after a long period, yielded to the usual treatment, but he has never enjoyed perfect health since.

On his admission he was put under a tonic and alterative plan of treatment for one month, and, at the end of that period, his health being much improved, he consented to have an operation performed for the removal of the diseased bone, which was accordingly done, and a portion of bone in a highly diseased state was removed without difficulty. After this the part assumed a more healthy appearance, and gradually healed.

Operation.

An incision, nearly perpendicular, was carried from the upper and outer part of the insertion of the tendo Achillis down to the os calcis, as far as the sole of the foot. A carious surface of bone was removed by cutting forceps; the bone towards its centre appeared soft and cancellated, containing much oily matter. Lint was introduced, over which a dressing of turpentine ointment, and the latter covered by a poultice. This treatment was continued for a fortnight, and afterwards the part was dressed with simple dressings, and bandaged.

ON THE PROPER POSITION IN FRACTURES OF THE FOREARM.

By SEPTIMUS RODICK, Esq., Halstead, Essex.

TO THE EDITORS OF THE PROVINCIAL MEDICAL
JOURNAL.

GENTLEMEN,—I have noticed lately in your valuable periodical some observations made by Dr. John Chadwick, upon the position we should employ in the treatment of fractures of the forearm, and in No. 160 of your Journal some additional remarks are made by "Semisupinus," and if I shall not be trespassing too much upon your valuable pages, I will beg also to offer a few comments on the subject.

My attention was first directed to the position mentioned by Dr. Chadwick in the year 1832, when the same views were strongly recommended and published in the "Medical Gazette" by "Mr. Lonsdale," then house-surgeon to the Middlesex Hospital; I could not, however, at that time reconcile to my mind the idea of placing the hand completely supine for fractures of the forearm, and my subsequent observations upon the treatment of such accidents will not lead me to adopt it, having from that period up to the present moment always employed the position midway between pronation and supination with satisfactory results. Dr. Chadwick rests his argument upon the supposition that, when the radius is broken, the upper portion of that bone is turned quite supine by the biceps muscle; but I am not willing to allow that such is the case. I am aware that the biceps flexor cubiti in its primary action is a powerful flexor of the arm, and in its secondary occupation acts as a supinator, but why it is to take upon itself this secondary power the moment the radius is broken,