

glaucoma is made, and thus relieve the pain and avoid the serious and even tragic damage that can follow the usual delay before the patient is treated in hospital.

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Medical Memoranda

Unusual Fracture-dislocation of the Shoulder

The following interesting case emphasizes the teaching that in x-raying fractures of the shafts of long bones it is necessary to include the joints above and below the fracture.

CASE REPORT

A farm worker aged 31 sustained an accident in which his right arm was caught in the power drive of a manure-spreading machine. He was found to have a laceration 4 in. (10 cm.)

long on the lateral aspect of the right forearm and a closed fracture of the mid-shaft of the right humerus. There were no abnormal neurovascular changes in the arm and no complaint of pain in the right shoulder region.

The wound was treated by routine surgical toilet and the fracture was treated by plaster-of-Paris "V" slab applied from

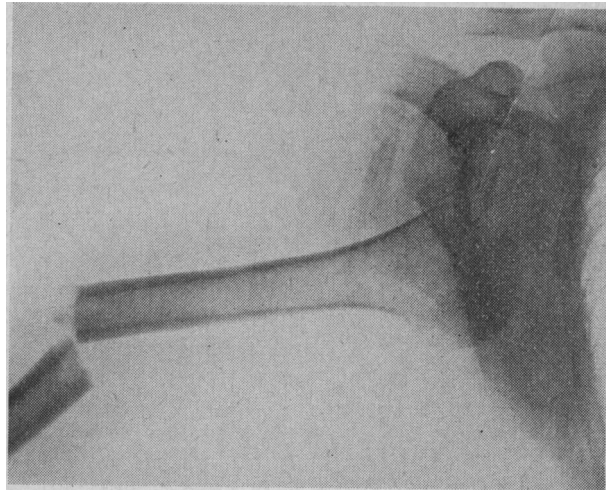


FIG. 2.—Showing anterior dislocation of the shoulder after removal of the plaster cast.

the shoulder to the elbow and a collar and cuff. Subsequent radiographs showed a medial angulation of the lower fragment of the humerus without antero-posterior displacement (Fig. 1). The patient was sat up in bed in the hope that the weight of the forearm would correct the malalignment; however, a further radiograph showed no improvement in the position of the fracture. It was then suspected that there might be a cause at a higher level for the abduction of the proximal fragment, but satisfactory radiographs were difficult to interpret. The plaster cast was removed and further radiographs showed an anterior dislocation of the shoulder (Fig. 2). The dislocation was easily reduced by manipulation some five days after admission to hospital.

Subsequently the humerus united, but there was slight limitation of elevation of the shoulder.

DISCUSSION

The association of painless dislocation of the hip with fracture of the tibia and femur on the same side is now well recognized. The association of painless dislocation of the glenohumeral joint and fracture of the shaft of the humerus has not been mentioned in the literature. When there are multiple injuries and there is concern for the patient's general condition, the relatively painless dislocation of the shoulder may be overlooked. In the lower limb, when the patient begins to bear weight, a limp caused by the dislocation of the hip is readily observable by both the patient and the surgeon. In the upper limb, limitation of movement of the shoulder, especially elevation, is expected after a fracture of the shaft of the humerus and a dislocation may well be overlooked.

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FIG. 1.—(a) Showing medial angulation of lower fragment of the humerus in the antero-posterior view. (b) Lateral view showing no antero-posterior displacement.