

The following is a list of the nature, and site of fracture seen in the thirty cases:—

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| 1. Snapped-waist type without displacement | 22 |
| 2. Snapped-waist type with displacement | 6 |
| 3. Fracture-dislocation (tripartite) .. | 1 |
| 4. Comminuted fracture .. | 1 |

Though the treatment of such fractures does not come within the province of a radiologist, it would perhaps not be quite out of place to include a few remarks on this subject from an article by Major C. M. Finney, O.B.E., R.A.M.C., in the *Journal of the Royal Army Medical Corps* in the issue for September 1931.

It has been shown that the highest percentage of perfect results followed the use of splints; next came massage, so that the employment of some form of splint, and massage is certainly indicated..... Whatever type of splint is used it should control the wrist, but not the fingers and thumb, and should be worn for 3 or 4 weeks in simple cases. If there is marked displacement, the duration of splinting should be doubled. It should be accompanied by massage without movement and followed by both.

Operation should be reserved for cases with marked displacement or comminution, and for those in which disability persists in spite of the above treatment. The removal of the whole bone is not an easy operation, and the benefit is unlikely to appear before the lapse of several months'.

Conclusions

1. Fracture of the carpal scaphoid is a very common injury in the Army.
2. Osseous union does occur in at least 50 per cent. of cases.
3. Radiological examination of 'sprained wrists' should be undertaken to obviate the possibility of a fracture.
4. 'Treatment should be conservative, and the best results follow rest on a splint for three or four weeks'.

I take this opportunity of expressing my thanks to the Officer Commanding, British Military Hospital, Jubbulpore, for his kind permission to publish these notes.

ASPHYXIA PALLIDA

By BIMAL RANJAN DEY, L.M.P.

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I was called in to see a case of difficult labour in a village near to my dispensary on 29th January, 1932. The patient was a multipara, aged about 40 years. The country dhai who was in attendance informed me that the child had already passed meconium.

On examination, it was found to be a case of breech presentation. An apparently-lifeless female child was delivered after extracting both legs in turn. There was a little delay and trouble in bringing out the after-coming head. The cord was severed at once and mucus was extracted from the mouth of the baby. She was put in a hot bath, an injection of a third part of 0.5 c.cm. ampoule of pituitrin was given, and the forefinger was then introduced in the rectum of the baby until the sphincter ani constricted. After a few minutes the baby began to breathe in a gasping

manner and after about 15 or 20 minutes she cried and subsequently breathed regularly. After waiting for another 15 minutes she was taken out of the bath, dried, wrapped in warm clothing, and handed over to the attendant.

The child and the mother are both still enjoying sound health.

REFERENCES

- Green-Armytage, V. B. (1930). *Ars Obstetrica. Indian Med. Gaz.*, LXV, 18.
Perera, D. (1932). *Asphyxia Pallida. Indian Med. Gaz.*, LXVII, 22.

A CASE OF ILEUS

By M. UMAR

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F. C., a prisoner in the Fatehgarh Central Prison in the United Provinces, aged about 50 years, was admitted to the jail hospital on 17th December, 1931.

He complained of constipation with pain in the abdomen, continuous and intense. There was not even discharge of gas. The abdomen was distended and globular in shape below the umbilicus. Nausea was present, but no actual vomiting; the face was drawn and anxious; the pulse was rapid and feeble; the eyes were sunken, the skin cold, and the tongue dry and parched.

He refused operation despite all my efforts at persuasion. He suffered the penalty of his refusal and died on 20th December, 1931.

I performed the post-mortem examination the same day. The abdomen was full of dark red fluid. About a foot of large intestine had prolapsed through a hole in the great omentum; this portion of the intestine was gangrenous and had given way. Constricting bands formed by the great omentum were encircling the gut in different places, so the cause was the strangulation of the large gut due to these bands.

I described a similar case in the *Indian Medical Gazette* of December 1927, but in that case I was allowed to operate and simply by cutting the band his trouble was removed.

CONGENITAL BILATERAL ABSENCE OF THE RADIUS AND THUMB

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In the September issue of the *Indian Medical Gazette* for the year 1930 I reported a case of congenital bilateral absence of the radius and thumb in an adult. I have since come across another case, a newly-born full-term male infant, who was brought to the Civil Hospital, Gujrat, in November last year.

There was shortening of the forearms with complete absence of the thumb on either side, and the wrists along with the hands articulated laterally with the radial side of the ulnas. Palpation revealed no metacarpal bone of the thumb and complete absence of the radius on both sides. No vestigial stump of the latter bone could be felt at the elbow although a very careful examination was made. The ulnas were bowed and in size appeared about one-third shorter than normal. The external musculature of the forearm was poorly developed, and the wrist and finger joints were flail-like. The power of flexion was present in the wrists and fingers, but hardly any active extension could be elicited. But for the deformity of club hand from absence of the radius and thumb bones, the child appeared very well developed and the features were exceptionally sharp for a newly-born baby. The child