CORRESPONDENCE

DEATH OF HIS MAJESTY KING GEORGE VI

From the PRIVATE SECRETARY,
QUEEN ELIZABETH THE QUEEN MOTHER

To Sir Reginald Watson-Jones,
British Orthopaedic Association.

DEAR SIR REGINALD,

I am commanded by Queen Elizabeth the Queen Mother to thank you and all those for whom you speak for your most kind message. The thoughts and sympathy which surround her have greatly strengthened Her Majesty.

Yours sincerely,

February 25, 1952.

O. P. DAWNAY.

From DR F. A. PONCELET,
SECRÉTAIRE GÉNÉRAL, SOCIÉTÉ BELGE D'ORTHOPÉDIE

To the President,
British Orthopaedic Association.

MONSIEUR,

Profondément émus du deuil qui frappe cruellement une nation amie, les membres de la Société Belge d'Orthopédie et de Chirurgie de l'Appareil Moteur prient leurs collègues anglais de recevoir leurs condoléances très attristées. Ils les assurent également de leur très douloureuse sympathie.

Veuillez agréer, Monsieur, l'expression de mes sentiments les plus confraternels.

Février 17, 1952.

F. A. PONCELET.

MONTEGGIA FRACTURES

From Dr F. W. HANFORD, LUANSHA, NORTHERN RHODESIA

To the Editor,
Journal of Bone and Joint Surgery.

DEAR SIR,

The mechanism of production of the Anterior Monteggia fracture has recently been the subject of discussion. Evans (Journal of Bone and Joint Surgery, **31-B**, 578, 1949) writes that "most authorities consider the injury is due to a direct blow on the back of the forearm," but goes on to say that he considers this mechanism to be exceptional. He lists reasons to show why it is doubtful whether this is the usual mechanism, but environment alters circumstances. In this hospital we have, during the last three months, admitted three patients who have sustained anterior Monteggia fractures as a result of blows. The patients were all male adult Africans and whereas the adult male of this area seldom falls on to and breaks his arms many of them are involved in fights when weapons like sticks, stones and iron pipes are used in preference to fists. It is very common for us to be called on to treat fractures of the lower half

of the ulnar shaft without radial fracture which are sustained when warding off a blow with a stick. In two of the Monteggia fractures this was the mechanism and in the third it was caused by a blow from the handle of a pipe-wrench. Owing to difficulties in language it was not easy to ascertain the exact position of the arm when the blow fell, but within the limits of interpretation the histories were as follows.

Case 1—Nyanja male adult, employed as a mine loco driver. He was struck on the left elbow during a fight. He states that he was struck with a stick about three inches in diameter and that he raised his arm to guard himself. There was a compound comminuted fracture of the upper third of the ulna. The head of the radius was dislocated forwards. A small wound lay directly over the fracture and communicated with the elbow joint.

Case 2—Lala male adult employed as underground rock-drill operator. He was struck on the left forearm by the handle of a pipe-wrench which spun round on a pipe and struck his arm from below. The position of the arm at the time of impact is not known accurately, but from his description it appeared to have been pronated. There was a compound fracture at the junction of the middle and upper thirds of the ulna and anterior dislocation of the head of radius. The small wound lay just over the ulnar fracture.

Case 3—Chewa male adult employed as a fitter's assistant. He was assaulted on his way home at night by a Nyachusa African. The weapon was a log of wood about nine inches in diameter and three feet long. He stated that the arm was held in pronation at the time of impact. There was a simple fracture of the ulna at the junction of the middle and upper thirds with dislocation of the radial head. There was bruising over the ulnar fracture.

In all three cases the dislocation was easily reduced and maintained by putting the arm in supination with the elbow flexed as far as possible consistent with good circulation of the hand. In Case 1 the comminution of the ulna was such that the fragments were wired together through the wound. The patient is making good progress. In none of the cases has treatment progressed far enough to assess results. These three cases show that even if the usual mechanism of an anterior Monteggia fracture is that of forced pronation, it certainly can result from direct violence.

Yours truly,

F. W. HANFORD.

TROCHANTERIC FRACTURES OF THE FEMUR

From MR E. MERVYN EVANS, SWANSEA, WALES

To the Editor,
Journal of Bone and Joint Surgery.

DEAR SIR,

The November 1951 issue of the British Volume contains an article by Mr J. C. Scott on the treatment of trochanteric fractures which I feel should not pass unchallenged. This fracture has been discussed at length in the recent British and American literature, but Mr Scott is apparently of the opinion that the subject has not been faithfully covered and that the conclusions arrived at are unreliable, though he quotes no actual references in his paper. Among his opening sentences, for instance, is the following: "In the treatment of trochanteric fractures there must surely be definite indications for conservative or operative treatment, yet up to now there seems to have been little serious attempt to assess these indications." Surely the detailed reporting of 101 consecutive cases treated conservatively, and a further 110 similar cases treated by operation is not to be so lightly disregarded (Evans, E. M., *Journal of Bone and Joint Surgery*, **31-B**, 190, 1949; and **33-B**, 192, 1951).