CORRESPONDENCE

We welcome letters to the Editor concerning articles which have recently been published. Such letters will be subject to the usual stages of selection and editing; where appropriate the authors of the original article will be offered the opportunity to reply.

Letters should normally be under 500 words in length, double-spaced throughout, signed by all authors and fully referenced. The edited version will be returned for approval before publication.

POSTERIOR DISLOCATION OF THE HIP

Sir,

I was interested in the brief report in your March 1993 issue by Herwig-Kempers and Veraart on reduction of posterior dislocation of the hip (1993;75-B:328). In 1983 I described a very similar modification of Stimson's method in the *Chinese Journal of Surgery*. Since then it has been used successfully at Xian for 74 patients ranging in age from 5 to 69 years. I can therefore confirm the value of the technique, even without general anaesthesia or in some cases without analgesia or an assistant.

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Herwig-Kempers AN, Veraart BEEMJ. Reduction of posterior dislocation of the hip in the prone position. *J Bone Joint Surg [Br]* 1993; 75-B:328.

Shi M.-Q. A new method of reduction of the hip joint. *Chin J Surg* 1983; 4:203.

Sir,

We were interested by the brief report in your March 1993 issue by Herwig-Kempers and Veraart entitled 'Reduction of posterior dislocation of the hip in the prone position' (1993;75-B:328). A very similar method is described in Lorenz-Böhler's textbook (1957).

Our main concern, however, is the drug used in a conscious patient. The authors used an intravenous muscle relaxant, but did not name it. This may have been succinylcholine. If so, we consider it to be unsuitable in these circumstances.

Such muscle relaxants on their own may cause a terrifying experience and should be used only by trained anaesthetists who have absolute control of the airway and can provide monitoring and artificial ventilation.

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Böhler, L. *Treatment of fractures*. 5th ed. New York, etc: Grune & Stratton, 1957:1092.

Herwig-Kempers AH, Veraart BEEMJ. Reduction of posterior dislocation of the hip in the prone position. *J Bone Joint Surg [Br]* 1993; 75-B:328.

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J Bone Joint Surg [Br] 1994; 76-B:677-8.

Author's reply:

Sir,

I apologise for the delay in replying to your correspondents.

The method which we described is derived from Stimson's description, dated 1908. Lorenz Böhler described the reduction of hip dislocation with the patient in a supine position.

The drug used in all the reported cases was diazepam. An intravenous dose of 10 mg provides general relaxation in about 20 seconds. This lasts for 30 to 40 seconds, sufficient to allow reduction when the patient is already in the correct prone position. I agree that the use of succinylcholine requires an anaesthetist, and all the paraphernalia. My article aimed to draw attention to an easy method of reduction which can be performed with relative safety in the emergency department.

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Stimson LA. *A practical treatise on fractures and dislocations*. 5th ed. New York, etc: Lea and Febiger, 1908.

FEMORAL NAILING AND PULMONARY EMBOLISM

Sir,

Two papers published in your July and November 1993 issues (1993;75-B:562-5, 921-5) on the same subject with a common coauthor, Mr J. Christie, appear to be contradictory. In the paper by Pell et al transoesophageal echocardiography showed evidence of emboli passing through the heart during reaming for intramedullary nailing in all 24 patients. Three developed the fat embolism syndrome and one died.

In the paper by Grosse et al, however, 115 consecutive open femoral fractures were treated by intramedullary nailing, and judging by the size of the nails, they were inserted by the standard reaming technique. Nowhere in this paper do the words 'fat' or 'embolism' occur. In my experience, it would be exceptional to avoid a case of fat embolism syndrome in a consecutive series of 115 femoral fractures: this certainly fails to correlate with the findings reported by Pell et al.

We therefore have an author reporting intramedullary nailing without the complication of fat embolism and elsewhere also describing fat embolism as a serious and fatal complication of the same procedure. No relation was made between the two papers. This significant difference in complication rates does not satisfy the tenets of scientific credence. Pell et al have published a serious complication rate of 12% and a mortality rate of 4%: this should make surgeons review the role of intramedullary nailing of fractures.

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Grosse A, Christie J, Taglang G, Court-Brown C, McQueen M. Open adult femoral shaft fracture treated by early intramedullary nailing. *J Bone Joint Surg [Br]* 1993; 75-B:562-5.

Pell ACH, Christie J, Keating JF, Sutherland GR. The detection of fat embolism by transoesophageal echocardiography during reamed intramedullary nailing. *J Bone Joint Surg [Br]* 1993; 75-B:921-5.