FRACTURED TIBIA WITHOUT DISPLACEMENT.

By Lieutenant-Colonel J. B. WILSON.
Royal Army Medical Corps.

The following two cases are reported in continuation of some remarks made in an article on "Two and a Half Years’ Surgical Work at the Royal Herbert Hospital, Woolwich," in the Journal of the Royal Army Medical Corps, for January, 1912. They occurred just at the time this article was going to press, and they illustrate the remark which was therein made that the constant use of the X-rays has demonstrated the fact that fracture even of large bones without any displacement is not at all an uncommon occurrence.

No. (1) Boy F., was admitted to the Royal Herbert Hospital, on November 10, 1911, complaining of great pain in the right ankle-joint, which was distended with fluid. There was also some fluid in the sheaths of the tendons round the joint. The boy looked ill, and osteomyelitis was feared. There was, however, no pyrexia.

The history was that in doing a "hand spring or back somersault" from the floor to the floor, he went too far, and instead of landing with both feet flat on the ground, he landed on the toes of the right foot. He fell on the ground with the weight of the body across the right leg.

It was several days before the idea of fracture presented itself to me in this case, as none of the usual symptoms were present. There was no crepitation or unnatural mobility. The bones were in their normal shape and position and there was nothing to show injury except synovitis of the joint and the tendon sheaths.

Ultimately a tender, and very slightly edematous spot on the front of the tibia was found. The X-rays were then employed with the result that the tibia was found to be fractured as shown in the plate. There was no displacement.

Recovery was uneventful and complete.

Treatment consisted of massage and rest between sandbags.

No. (2) Boy R., was admitted on November 21, 1911. Like the last boy he belonged to the Ordnance Corps, and also like him he had been trying to do a "hand spring."

The only difference was that this boy did it off a table.

The result, however, was the same in both cases, viz., an oblique fracture of the tibia at the junction of its lower and middle thirds, without displacement and apparently without tearing of the periosteum. This boy also got well without any trouble under treatment by sandbags and massage.

The plate shows the fractured tibia of Case 1, and also that of Case 2.