

## Clinical and other Notes.

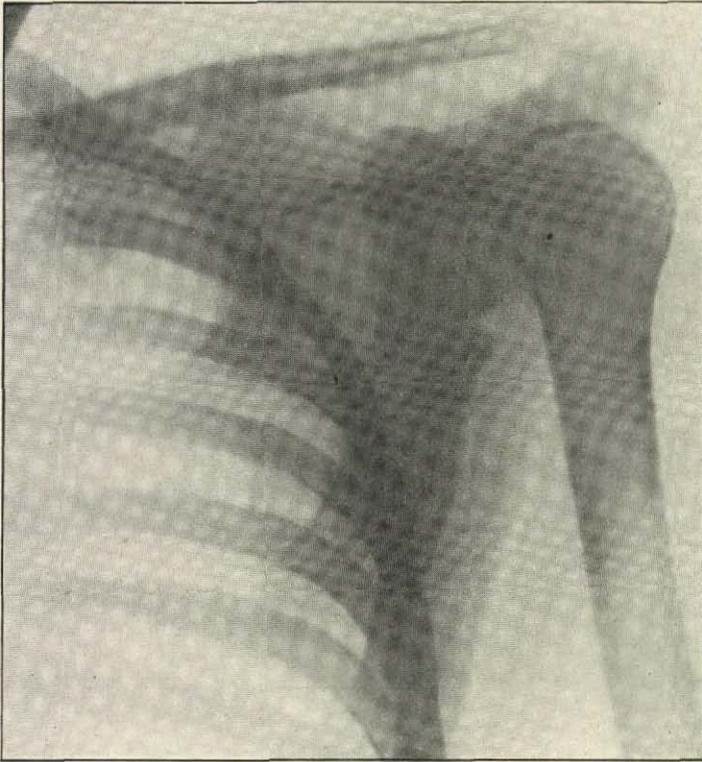
### TWO UNUSUAL FRACTURES.

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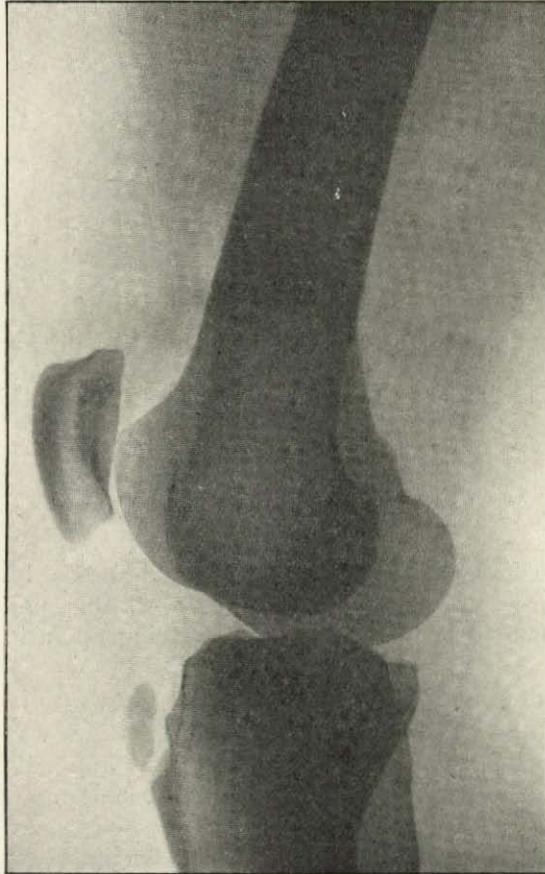
THE two fractures which are here described are of such rare occurrence that they seem worthy of publication.

*Case 1.*—Private G. was admitted to the Military Hospital, Shorncliffe, November 29, 1924, with the following history :—



Whilst at fire practice he was pulling the fire engine at a run through a gate, the men behind failed to stop the way on the engine and he was crushed between the vehicle and the gate post. On examination the left shoulder and back were intensely painful, swollen and bruised. Even so, there was evidence of some flattening of the shoulder with prominence of the acromion process. The arm supported in a sling could not be moved

by the patient, but during examination any movements, especially abduction, produced crepitus over the shoulder-joint. Fracture of the scapula was suspected and the patient sent to the X-ray department. The skiagram revealed a fracture through the surgical neck of the scapula extending from the suprascapular notch to just below the origin of the triceps muscle. The fragment which therefore included the coracoid process was displayed downwards and forwards. Under anæsthesia, pressure



upwards in the axilla was made and maintained by a firm pad of wool. The upper arm was bandaged to the side and the elbow supported in a sling. Three days' treatment with evaporating lotion, to relieve the swelling and ecchymosis, was followed by massage and passive movements. He is now convalescent and can use the arm sufficiently to feed himself.

*Case 2.*—Gunner H. was admitted to hospital on December 21, 1924, with a history that, whilst playing football the previous day, he took a

running kick at the ball but missed it. He is not sure whether his foot struck the ground or not. He had a severe pain in the knee and was unable to continue playing.

On examination there was considerable swelling around the knee and great pain and tenderness over the tubercle of the tibia. The tubercle could be felt freely movable and was displaced somewhat upwards. A radiogram confirmed the diagnosis of fracture of the tubercle. The leg was placed on a back splint and prepared for operation.

The following day a curved flap was turned up and the tubercle exposed. It was replaced in position and retained by a single nail driven through its centre. The wound was then closed and the leg replaced on a back splint.

At the time of writing the wound is healed, the stitches have been removed and massage has been commenced on the muscles of the thigh.

The radiographs are the work of Private Rothbard and Sergeant Jones, Royal Army Medical Corps, respectively.

I am indebted to the Officer Commanding Military Hospital for permission to publish these cases.

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### EXAMINATION OF A FIELD COMPANY FOR SCHISTOSOMIASIS.

By CAPTAIN J. H. C. WALKER.

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THE "X" Field Company Royal Engineers has been stationed at Ismailia for three years, and during part of this period it was the custom from time to time to carry out bridging operations on the fresh water canal.

This canal contains Nile water and is well known to be very dangerous from the point of view of schistosomiasis. This fact was not realized by either the officers or men of the company until June, 1924, when it was suddenly brought home to them by the occurrence of nine cases of urinary schistosomiasis.

Bridging operations had been carried out during November, 1923, and May, 1924, and at other times the men had been in the habit of washing in the canal.

The present investigation was suggested when a blood film sent for examination for malaria was noticed to contain an abnormal number of eosinophiles. A differential count showed eight per cent eosinophiles to be present, in excess of normal.

The patient, Corporal Q., had been admitted to hospital three days previously suffering from a slight febrile attack following prolonged exposure to the sun. He had no symptoms beyond a slight headache, but he stated