welfare of the mercantile marine in the Port of London, with special reference to the provision of facilities for recreation. We have always felt that the mercantile marine, that splendid body of men who did so much to save England during the Great War, has been much neglected by social workers, and that little has been done to improve the conditions of their life on board ship and in port. The Brussels agreement for the provision of free veneral treatment and the abolition of the custom that made seamen pay for such treatment on board ship or on shore are due in a large measure to the initiative of the Services Committee of the old N.C.C.V.D., and we congratulate the council on the advance that has been made in this respect since then and on the activities of the British Social Hygiene Council since its re-organization. An extremely interesting and useful journal concludes with several reviews, and an analysis of official health reports. If subsequent numbers of Health and Empire maintain the high character of its first issue, the Journal should prove a valuable instrument in the social progress of the Empire and the prevention of social diseases.

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Correspondence.

ANTERIOR DISLOCATION OF THE SEMILUNAR BONE.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

SIR,—In the August number of the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS I was struck by the excellent reproductions of the skiagrams in Major Frobisher's interesting note on a case of dislocation of the semilunar bone. It is a pity that a lateral view was not given, as in the antero-posterior skiagram it is difficult to get an accurate idea of the position of the displaced bone.

He drew attention to the comparative rarity of the injury, so I venture to give a short account of a similar case which came under my care last year.

Serjeant V., 2nd Border Regiment, while playing football, fell on the palm of his right hand. The next day the wrist was swollen and painful, particularly in front, and a skiagram showed the semilunar bone to be displaced forwards, and rotated on a horizontal axis through ninety degrees, the concavity facing forwards instead of downwards.

Two attempts to reduce it under gas having failed, I exposed the offending bone by an anterior incision. Before removing it I decided to make a further attempt at reduction. Owing to the fact that I was now able to see exactly what I was doing, this proved successful. The bone slipped back into position without difficulty and full function was regained.
The serjeant plays first violin in the regimental string band, and I have had frequent opportunities for observing that his skill has not been impaired by the accident.

This injury is apparently not so rare as was at one time supposed. Thus, Choyce, in his "System of Surgery" (1923 edition), describes it as "relatively frequent"; whereas the following has been extracted from Cheyne and Burghard's "Manual of Surgical Treatment" (1900 edition), a large work of six volumes: "Dislocation of one carpal bone from another is of such extreme rarity that the accident does not require special mention"—nor does it receive it!

The above difference of opinion is presumably due to the improvements made in radiology during the last twenty-five years.

I am, etc.,

C. M. FINNY, F.R.C.S.,
Major, R.A.M.C.