NOTES ON AN UNUSUAL CASE OF FRACTURE DISLOCATION
OF THE METATARSAL BONES OF THE BIG TOES.

BY MAJOR J. C. A. DOWSE, M.C.
Royal Army Medical Corps.

The notes on the following case seem worthy of record owing to the comparative rarity of the injury.

Mrs. W., aged 31, was admitted to hospital on January 8, 1928, with injuries to both feet.

History.—On January 7, 1928, she took part in a ladies' race at a local sports and ran in high-heeled shoes. Another participant in the race crossed her and in an attempt to avoid a crash Mrs. W. tried to pull up but fell over and felt a sharp pain in both her feet. When seen by me some hours after the injury both feet were swollen at the instep. There was a marked angle at the metatarsal phalangeal joints of both big toes, the toes pointing at right angles to the metatarsal bones. A definite deformity could be felt at the first metatarsal tarsal joint of both feet. The right was the worse of the two. The plantar arch of both feet appeared more pronounced than normal.

A provisional diagnosis of dislocation of the metatarsal bones of both big toes at the metatarsal tarsal joint was made and the patient sent for X-ray examination.

The X-ray examination partially confirmed the diagnosis, the report was as follows:—

Right foot.—Fracture through the articular surface of the base of the first metatarsal, comparable to a Bennett's type fracture in the hand, with dorsal dislocation of the metatarsal bone.

Left foot.—Fracture of the base of the first metatarsal with angulation due to plantar flexion of the distal fragment. The fracture is comminuted, implicating the joint surface, again as in Bennett's fracture. There is also a transverse fracture of the base of the third metatarsal in good position.

Both feet were put up in plaster of Paris, under a general anaesthetic. The reduction of the condition was easy but to maintain it in position was very difficult; eventually fixation was effected.

The plaster was removed in ten days and massage and movement started. Pain was almost entirely absent after the first week of massage.

The patient was able to walk a little in March, and when last seen early in July said she had no discomfort whatsoever and had started dancing again and did not feel any pain. The interesting points in the case were:—

(i) The bilateral condition of almost similar injury.
(ii) Such severe injury resulting from such slight trauma. It is left to the surgeons to work out the action of the forces involved and the resultant direction of those forces.
(iii) The remarkably good recovery in such a short time.
The X-ray pictures show the injury well, but in reduction the finer points were difficult to portray.
I am indebted to Major R. Boulton Myles, O.B.E., R.A.M.C., for the

![X-ray images showing the injury at time of injury and six months after injury.]

Six months after injury.

Six months after injury.

X-ray prints, and to Major E. A. P. Brock, R.A.M.C., the Officer Commanding, Connaught Military Hospital, Poona, for permission to publish the case.
Prints of the X-ray photos taken at time of injury and six months afterwards are attached.