Original Articles.

A CASE OF DISLOCATION OF THE TRAPEZOID BONE, ILLUSTRATED BY A SKIAGRAPH.

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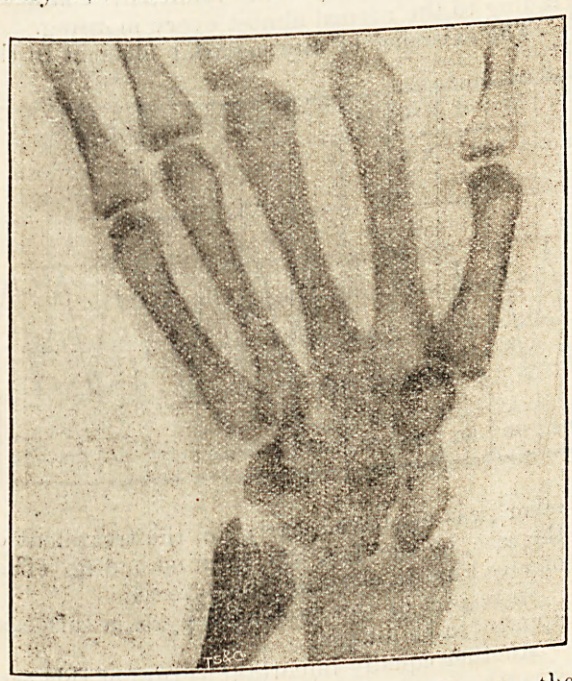
X. Y., a Hindu sweetmeat-maker, aged 19, came to hospital with the history that, on the day previous, he had attempted to lift a large shallow pan. The pan was filled with water and stood on the ground. To do so he had to bend down and exert all his strength. He succeeded in lifting the pan, but at the same time felt something give in his left wrist. On examining the wrist he saw and felt a lump on the dorsal surface. The wrist remained bent, and the effort to straighten it caused much pain.

On examination the left wrist joint was semi-flexed, and the hand was displaced towards the ulnar side. The second and third fingers were semi-flexed at the metacarpo-phalangeal articulations, while the fourth and fifth were in a position of easy extension. The flexion of the second and third could be diminished by voluntary motion, but extension was not complete. The movement caused pain. The ball of the thumb was carried inward towards the palm so that the cup formed by the palm normally was diminished in size.

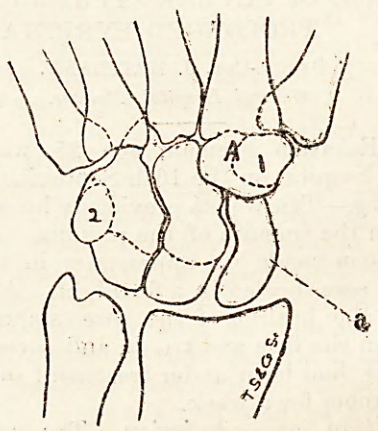


There was a small circular lump on the dorsum of the wrist, about ½″ in diameter, situated on the proximal side of the base of the second metacarpal bone, and to the ulnar side of the ext. sec. internod. pollicis. It was uniformly hard, tender on pressure, immovable.

On the flexor surface of the wrist the tendon of the flexor carpa radialis shut out tense and taut.

By manipulation the flexion of the wrist and ulnar displacement of the hand could be diminished but not completely overcome. An attempt to reduce the deformity by pressing on the hard swelling failed, much pain being caused. The pain was referred partly to the tendon of the radial flexor.

A skiagram was taken under considerable difficulty, as the patient was not very intelligent and would not keep his hand still. The hand was placed with the palmar surface downwards, and the more direct rays were made to impinge on the area around the swelling.



A = trapezium and trapezoid and distal end of scaphoid of which
1 = area of trapesoid probably.
2 = pisiform seen through unciform.
a = normal limit of radio scaphoid articulation.

It will be seen that the trapezium trapezoid, scaphoid and second metacarpal are massed together. Of these the trapezium carrying with it the first metacarpal seems to be beneath the trapezoid and second metacarpal in this position of the hand, *i.e.*, to have undergone displacement towards the ulnar side of the hand. As a consequence of the displacement of the trapezoid, the dotted circle of the area A of the diagram, the distal end of the scaphoid has moved towards the empty space, so that the proximal end of the scaphoid has moved towards the radial side of the hand.

Normally, the extent of surface of the scaphoid articulating with the radius may be said to end at the letter "a" of the diagram. In the skiagram, it will be seen, that the scaphoid rests on the radius only by a small surface much less than normal. The result of this tilting of the axes of the scaphoid is that the trapezium is carried towards the ulnar side.

The os magnum having lost its support on the radial side, the head of it seems to point more

Mr. Grice of Messrs. Smith, Stanistreet & Co., kindly took the Skiagraph for me.

to the radial side of the hand than it usually does. It carries with it the adjacent unciform. The bases of these two bones thus undergo a certain degree of tilting towards the ulnar side; and carrying with them the bases of the third, fourth and fifth, metacarpal bones produce the well marked ulnar distortion of the hand.

The tension of the flexor carpa radialis probably was caused by the altered relations of the groove of the trapezium.

The causation of the deformity is obscure, but was perhaps due to the sudden and violent action of the flexor carpa radialis.

The case is of interest from its rarity. As far as verbal reference can ascertain, no case seems to have been recorded previously.

A CASE OF SEVERE SYPHILIS WITH PROLONGED PYREXIA.

By Lt.-Col. J. MAITLAND.
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D, a Eurasian fireman, age 25, was admitted into hospital on the 10th September 1897.

History.—Ten weeks previously he contracted a sore on the frænum of the prepuce. An induration soon made its appearance in the latter, but the sore healed in a fortnight. About the time of the healing of the sore (*sic*) a rash appeared on the face and trunk, and sores on the legs. He had been under treatment in the out-patient room for a week.

Condition on admission.—The patient is rather thin. Two hard lumps of cartilaginous consistence are felt in the prepuce. The face and body are covered with a roseolar eruption. There are several ulcers on the legs with clean-cut raised edges. Both tonsils are ulcerated. The temperature in the evening of the first day in hospital was 104.°

The treatment was commenced by calomel fumigations every alternate day, but after a week's time this was discontinued, and two grains of grey powder were administered three times daily. From the date of admission until the 10th of February, the patient continued to be very ill, the most prominent symptoms being as follows: The roseolar rash gave place to a popular eruption, most marked on the face; and ulcers appeared on the back as well as on the limbs. Several joints became painful from time to time.

The fauces and pharynx were much congested and sometimes ulcerated. Symptoms of gastritis as well as enteritis showed themselves. There was much emaciation and prostration. There was always a tendency to salivation and soreness of the gums, and the amount of mercury had from time to time to be reduced. Whilst gastritis was present inunction with mercurial ointment was resorted to, instead of the internal administration of grey powder. The most remarkable symptom, however, was the persistent pyrexia. On the day of admission the evening temperature was 104,° and fever continued from this date onwards for a period of eighty-one days. There was then an interval of two or three days, after which fever recommenced and persisted for three weeks.

There was then a lull for a fortnight, after which a fresh attack commenced and lasted for twenty-eight days. The accompanying chart, which shows the record for the month of November, indicates better than a description the nature of the fever. During the first eight weeks the temperature ran higher than during November, often reaching 103° and 104°, but it preserved the same true remittent character falling to the normal almost every morning.

The existence of any malarial element in the fever was negatived early in the treatment of the case, by the fact that quinine had no effect of any kind in checking the pyrexia.

In respect of this prolonged pyrexia this case appears to be unique.

Another equally important feature of this case was the marked and rapid effect of iodide of potassium in arresting the fever and checking the other symptoms of the disease. From the 10th September to the 10th February, a period of five months, mercury was administered continuously with little or no beneficial effect. On