*SHORT NOTES OF
RARE OR OBSCURE CASES.*

**SEPARATION OF EPIPHYSIS OF THE INTERNAL CONDYLE
OF THE HUMERUS, WITH DISPLACEMENT INTO
THE ELBOW JOINT.**

By C. W. G. BRYAN, LONDON.

J. W., a boy aged 14, came to St. Mary's Hospital on July 1, 1913, for an injury of the right elbow, sustained in falling from a see-saw ten days before. He thought the elbow struck the ground, and he heard a crack, but could not say what was the exact position of the limb at the time. Afterwards, he had little pain, but was unable to straighten the limb fully, though within a week he could use it for gardening.

FIGS. 346, 347. SKIAGRAMS SHOWING SEPARATION OF EPIPHYSIS OF INTERNAL CONDYLE OF HUMERUS, WITH DISPLACEMENT INTO ELBOW JOINT.

On examination, a small bruise was found in relation to the inner aspect of the elbow joint, and a little fullness under the tendon of the triceps muscle. The internal condyle was absent from its normal position, and the bone here was rough and slightly tender. Flexion of the elbow was 20° less than normal, and

extension was 30° less than normal; pronation was normal, and there was slight limitation of supination, passive attempts to supinate the forearm fully causing pain in the region of the pronator radii teres muscle.

Skiagrams (*Figs. 346, 347*) were taken by Dr. Harrison Orton, and showed that the internal condyle had been detached and displaced into the elbow joint, and was lying, with its fractured surface downwards, between the trochlea and the articular surface of the ulna.

On July 4, Mr. Warren Low operated, making a vertical incision on the inner aspect of the elbow. It was found that the detached fragment had passed through a well-defined small hole in the internal lateral ligament, taking the muscles arising from it as a flap. The fragment was excised after being hooked out of the joint, which contained no blood or excess of fluid: the muscle origins were sutured to the periosteum at the margin of the rough area, from which the epiphysis had been broken off. The detached fragment consisted of the epiphysis with a small flake of bone from the diaphysis.

The boy was again seen on August 15. He considered his arm as well as before the accident, and indeed had a good functional result. Full flexion, pronation, and supination could be obtained, but extension was 20° less than normal.

The case is of interest on account of: (1) The small amount of bruising, limitation of movement, and disability which followed the accident; (2) The unusual nature of the displacement: I have been unable to find any record of similar cases.

I wish to express my thanks to Mr. Warren Low for permission to publish these notes.

TUBERCULOUS DISEASE OF THE OS CALCIS.

By GRAHAM SIMPSON, SHEFFIELD.

I have read several articles on septic osteomyelitis of the os calcis, but have not yet come across a clear account of primary tuberculous disease of this bone; yet, judging from the only case I have seen, the clinical picture of this affection is rather a striking one. In its early stage, this condition closely resembles a minor degree of talipes equinus, and a mistake in the diagnosis, as in my case, will lead to incorrect treatment, which will probably aggravate the disease.

The notes of my case are as follows:—

Lily Y., aged 8, was sent to me by Dr. Saunders, of Wales, because she "turned in the left foot and walked very lame;" this had been noticed for three months; she occasionally complained of a little pain in that ankle.

When I saw her, there was no limp, and the foot looked normal; there was no tenderness of the foot, and the ankle, knee, and hip joints were all healthy; I could find nothing wrong with the spine.

All I could find amiss with the left leg was three-quarters of an inch wasting of the calf, and a right-angled equinus. I came to the conclusion that she had suffered from an unobserved infantile paralysis, and was developing talipes equinus, and I ordered her to have a course of massage and electricity.