

NOTES ON A PECULIAR DISLOCATION OF THE THUMB.

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I WISH to bring under the notice of the Surgical Section of the Academy the notes of a case of lateral luxation of the ungual phalanx of the thumb, which I believe to be an injury of very rare, I might almost say unique, occurrence.

Dislocation of any joint is a much less frequent accident than fracture, the proportion from notes which I have myself taken in 530 cases being 510 fractures to 20 dislocations, or 25·5 to 1.

The particular dislocation to which I draw your attention seems to be so uncommon that we look in many text-books without gaining any information concerning it.

Erichsen says, "I do not think that simple dislocation of the ungual phalanx from the second is possible" (7th edit., vol. i., page 494). Bryant, that "dislocation of the ungual phalanx of the thumb may take place in either direction, forwards or backwards, the last being the more common."

Ashurst only speaks of the forward and backward luxations. Hamilton quotes one case, backwards. R. W. Smith makes no mention of luxation of this joint in any direction. Sir A. Cooper gives three cases, all either forwards, backwards, or compound.

A case of compound incomplete lateral luxation is given in the *Medical Times* of March 15th, 1862. None of these cases is, however, exactly similar to the present one.

Stimson, in his work on Dislocations, states that there are only four or five cases of lateral luxation of the ungual phalanx of the thumb on record, and these include the compound ones.

Polailon, who gives the largest statistics on the subject with which I am acquainted—namely, 206 cases of dislocations of the phalanges of all the fingers—only states that 69 were of the terminal phalanges, and does not say how many were of the thumb, or what number were compound, neither does he state the direction of any of them.

From all these facts taken together, I think I have shown that the injury is extremely rare.

The subject of it, a man about forty years of age, came to me, his thumb presenting the appearance represented by the cast which I show.

He stated that he had slipped in the street, and putting his hand out to save himself, came down on the extremity of his thumb.

On manipulation, the base of the ungual phalanx was found to be in a position parallel to and in the same plane with the distal extremity of the proximal phalanx. There was no fracture, nor did any of the ligaments appear to be torn.

The phalanges, as you may see from the cast, were extremely short, and the question at once arose how reduction was to be effected.

Having secured a cast of the deformity, I tried several methods, such as a tape put on first with a clove hitch and then with several other knots, after that a Levis apparatus, all of which failed. I next tried grasping the phalanx with my forefinger and thumb, and bending the joint so as to bring it at a right angle with the next phalanx in a lateral direction and then making direct traction in the axis of the thumb. After one or two attempts this succeeded, and the joint went into its natural position with a characteristic snap.

The dislocation did not recur, and I saw the patient about a year after, when he told me the joint seemed as strong as before the accident.