A case of reducible dislocation of the shoulders: followed by fracture of the neck of the humerus, dislocation of the head under the subscapularis muscle, and the formation of an artificial joint, etc. / by James R. Wood.

Contributors

Wood, James R. 1816-1882. Royal College of Surgeons of England

Publication/Creation

[New York]: [publisher not identified], [1854]

Persistent URL

https://wellcomecollection.org/works/zfn7atrh

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection 183 Euston Road London NW1 2BE UK T +44 (0)20 7611 8722 E library@wellcomecollection.org https://wellcomecollection.org OF

REDUCIBLE DISLOCATION OF THE SHOULDER,

FOLLOWED BY

Fracture of the Neck of the Humerus, Dislocation of the Head under the Subscapularis Muscle, and the formation of an Artificial Joint, etc.

By JAMES R. WOOD, M. D.,

One of the Surgeons of Bellevue Hospital, etc., etc.

WITH AN ENGRAVED ILLUSTRATION.

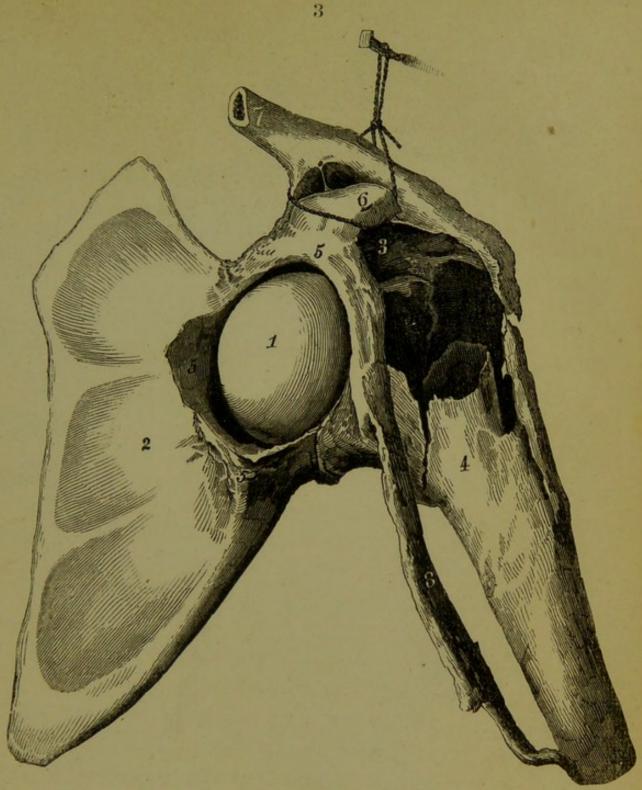
John Jones, aged fifty, a native of New-York, by vocation a teacher, of intemperate habits, was admitted into Bellevue Hospital, December 27, 1847, for injury of shoulder. The following is the best history that could be gathered from the patient. About three years ago he dislocated his shoulder; it was then reduced with facility by a physician; but during the next two years it was repeatedly dislocated, and eventually, we was able to put it in and out himself without difficulty.

About one year since he fell upon the shoulder, injuring it everely, causing great pain and inflammation about it, which sted two or three months, and after that there was preternated mobility of the arm, though but little inconvenience in thing it. On the day before he was admitted, he fell and hurt see shoulder again.

An examination of the patient showed the rotundity of the shoulder lost, though by pressing up the arm it was restored. The limb could be moved with unnatural facility in every direction, and the motion was accompanied with crepitation. By placing the finger in the axilla, a hard body could be felt; but much smaller than the head of the humerus. There were some of the signs of fracture of the cervix scapulæ, such as falling of the shoulder, &c.

On the second day after his admission he was attacked with delirium tremens, and on the next day, with erysipelas of the head and face. The delirium increased, and the erysipelas extended to the thorax and shoulder; and on the 3d of January, 1848, he died.

Autopsy, sixteen hours after death.—An incision through the deltoid into the joint, gave exit to a large quantity of unhealthy pus. A comminuted fracture of the superior extremity of the humerus was next discovered; one of the ends was rounded and smooth, as if it had been covered with cartilage; but this, as well as the other comminuted parts, was denuded of periosteum. The glenoid cavity was covered with cartilage, and the head of the bone was found lodged in an artificial cavity on the venter of the scapula; beneath the subscapularis muscle, that portion of it next to the scapula, was flat and smooth; it was diminished very much in size, and had evidently occupied its new position a long time. It was supposed, that at the receipt of the injury, a year before, the fracture was produced at the neck of the humerus, and that at the same time the head of the bone was thrown into the place in which it was found; and that also the upper end of the shaft of the humerus, being covered with cartilage, had occupied the glenoid cavity of the scapula, thus forming a tolerably useful joint.



EXPLANATIONS.

- 1 Head of the humerus on the venter of the Scapula, under the Subscapularis muscle.
- 2 Venter of the Scapula.
- 3 Glenoid cavity of the Scapula covered with cartilage.
- 4 Superior portion of the humerus.
- 555 Portions of the Subscapularis muscle surrounding the head of the humerus.
 - 6 Coracoid process of the Scapula.
 - 7 Acromion end of the Clavicle.
 - 8 Coraco-brachialis and short head of the biceps muscle.

