CHAPTER II.

SCAPULA.

FRACTURES. EPIPHYSEAL SEPARATION.

Fracture of the Scapula is rare, and, when it does occur, may be of the body of the bone, of the neck, of the coracoid or of the acromion process. *Fracture of the body* depends, as a rule, on great force directly applied, because of the deep situation of the bone, and, when present, its recognition is difficult on account of the degree of swelling that rapidly ensues. Crepitus is not always evident, since the fragments may overlap, or, on the other hand, may be so much separated by the muscles attached to them that it would be almost impossible to elicit crepitation. To assist in the diagnosis of fracture of the body the posterior border and the inferior angle should be made as prominent as possible, and this may be done as follows: For the posterior border place the hand of the injured limb on the patient's opposite shoulder, and for the inferior angle have the arm of the injured side rest behind the back. By *fracture of the neck* is meant a fracture starting from the suprascapular notch and running down to the infraglenoid tubercle, so as to break off the whole glenoid fossa with the coracoid process attached. The extent of the deformity in this fracture will depend on whether the coraco-clavicular ligament, which holds the coracoid up to the clavicle, be torn or not. When the ligament is torn the deformity is quite evident, since the arm, with the separated fragment, will sink downwards, with the result that a depression occurs under the acromion, somewhat resembling the deformity in dislocation at the shoulder joint, although not so pronounced. Crepitus and the immediate recurrence of the displacement, whenever, after reduction, the arm is left unsupported, are the chief diagnostic features of this variety of fracture. A