Inspection of the oral cavity

Sir

On occasions it can be difficult to inspect the oral cavity of the semi-conscious, uncooperative patient for example in a head injury patient who requires intubation but has his or her teeth clenched tightly.

The usual technique employed in this situation is to squeeze the masseter muscles of the patient or to force the mouth open using a Fergusson gag. I have found the former to be ineffective and the latter to be traumatic to the buccal sulci. A technique which I have found useful is to place the index finger of the right hand in the upper buccal sulcus and the index finger of the left hand in the lower buccal sulcus and then to push the two fingers apart. This is less traumatic to the buccal sulci and yet I have found it to be extremely effective. The mouth can then be kept open using a Fergusson gag.

I have found the technique useful in the removal of dentures, aspiration of vomitus and blood and to insert an airway, when the patient has his or her teeth clenched tightly.

I would be interested to know if your readers find the above technique useful.

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Primary dislocation of the shoulder in a snooker player

Sir

The game of snooker was invented in 1875. It is played by over four million people in Britain (Everton, 1979).

It is a sport which does not involve physical contact or undue force, but it does place the shoulder joint at the extreme of its range of movement. Injuries in this game are almost unknown.

A 23-year-old right-handed man was playing snooker in the local club. Whilst stretching across to reach the cue ball at the far end of the table, he felt a click in the left shoulder, followed by severe pain and inability to move his arm. He attended the Accident and Emergency Department of Morriston Hospital, Swansea shortly after. Clinically he had an anterior dislocation of the left shoulder, which was confirmed on radiograph.

Attempted reduction with Pethidine and Diazepam was unsuccessful, but reduction was achieved under general anaesthetic. After 4 weeks in a collar and cuff he mobilized the joint, and there have been no subsequent problems.

Anterior dislocation of the shoulder is the most common dislocation of a major joint in the body (Rockwood & Green, 1984). It is usually associated with injuries suffered in contact sports such as football and rugby. The mechanism is either direct force to the lateral or postero-lateral aspect of the joint, as in a fall directly onto the shoulder, or most commonly an indirect force applied to the arm as when falling onto flexed elbow.

The common denominator in this mechanism is a combination of abduction, extension, and external rotation force being applied to the arm which then indirectly transfers the force to the anterior capsule and ligaments. In our case the dislocation occurred in unusual position of flexion, abduction and slightly internally rotated without significant force being applied. There was no history of instability in the joint of this patient prior to this occasion.

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