It has been our experience (unpublished) that boxers fractures with a volar angulation of greater than 30° is associated with pain, deformity and a decrease in grip strength. This corresponds to Lowdon (1986), who showed that residual angulation was related to the severity of pain and Abdon (1984) who showed that a greater angulation caused more severe disability. We therefore find it difficult to accept the conclusion drawn by Porter *et al.*, (1988) that functional outcome is not significantly related to the degree of residual angulation, and that these fractures do not require treatment.

The recent trend of immediate mobilization (Arafa *et al.*, 1986; Ford *et al.*, 1989) of simple methods of treatment like volar slab (Porter *et al.*, 1988) we feel have been prompted because these fractures are difficult to reduce and maintain in external splintage (McKerrell *et al.*, 1987). Our study shows that these difficulties can be overcome and adequate external splintage achieved by the method described.

We conclude that fractures of the fifth metacarpal neck with a volar angulation of greater than 30° can be effectively reduced and maintained by this method of external splintage, which is easy to learn and can be performed by suitably experienced Accident and Emergency staff.

A. MAITRA & B. SEN

Accident and Emergency Department,
Royal Victoria Infirmary,
Newcastle upon Tyne, England

REFERENCES

- Abdon P., Muhlow A. & Stigsson L., (1984) Subcapital fractures of the fifth metacarpal bone *Archives of Orthopaedic Trauma Surgery* 103, 231-4.
- Arafa M., Hains J., Noble, J. (1986) Immediate mobilization of fractures of the fifth metacarpal neck. *Injury* 17, 277-8.
- Ford D. J., Ali M. S. & Steel W. M., (1989) Fractures of the fifth metacarpal neck: Is reduction or immobilisation? *Journal of Hand Surgery*, 14B, 165-7.
- Lowden I. M. R. (1986) Fractures of the metacarpal neck of the little finger. *Injury* 17, 189-92.
- McKerrell J., Vaughan Bowen J. & Geoffrey J., *et al* (1987) Boxers fractures—conservative or operative management. *Journal of Trauma* 27 486-90.
- Porter M. L., Hodgkinson J. P. & Hirst P. (1988) The Boxers fracture: a prospective study of functional recovery. *Archives of Emergency Medicine* 5, 212-5.

The use of catgut in the primary closure of scalp wounds in children

Sir

I am writing about the article in the September issue, Volume 6, page 216 regarding the use of catgut in the primary closure of scalp wounds in children. It surprised me to see that the use of absorbable sutures in the closure of scalp wounds is worthy of inclusion in your journal. We have been using absorbable sutures not only for children's scalp wounds but also for adults and not only on the scalps but elsewhere, where cosmesis is not a problem, for at least 3,000 lacerations a year for many years now. Indeed I was

under the impression that most Accident and Emergency Departments use this material. It somewhat alarms me to realize that perhaps this is not the case. Catgut is much more inert than it used to be and is quite safe to use for skin closure not only in scalps but also particularly in finger tip injuries, where the use of non-absorbable sutures is barbaric as removal is so painful.

My only quibble would be that chromic catgut is not necessary. Plain catgut is perfectly adequate providing proper directions are given to the patient to keep the wound dry for 5 days.

It is perhaps worthy of mention that the use of glue has now begun to supersede the use of any suture material in scalps, and in particular children are appropriate subjects for this method.

M. W. FLOWERS

Accident and Emergency Department
The General Infirmary
Leeds, England

Coroner's post-mortem reports

Sir

I recently reviewed a consecutive series of 275 coroner's post-mortem reports on patients who had passed through Lewisham Hospital's Accident & Emergency Department. The reports were compared with the clinical notes and those in which there were discrepancies between the two were scrutinized further. They were divided into four categories:

- (1) A clinically unsuspected lesion was found at post-mortem.
- (2) A clinically suspected lesion was looked for but not found.
- (3) A clinically suspected lesion was *not* looked for.
- (4) Miscellaneous discrepancies including mixtures of (2) and (3) above.

Post-mortems are performed to confirm or refute clinical diagnoses. Category (3) above should therefore not exist; yet it accounted for 21.5% of the 275 reports studied.

Sixty seven patients had died following trauma and 40.3% came into category (3). This percentage was the same for hip and non-hip trauma. None of these post-mortems had been performed by hospital pathologists.

It is particularly important if injury scoring is to be used to audit the performance of A&E departments, that we are able to obtain full and accurate post-mortem reports. It may be that the pathologists had merely omitted to mention the presence of normal findings, but this appears to be unlikely. These examinations are carried out rapidly in order to find a cause of death and are difficult for A&E staff to attend; being outwith the hospital.

It is imperative that post-mortems for multiple trauma are done properly, but I have sympathy for the overworked pathologist who only has 10 min per body. However, it seems to me that formal coroner's post-mortems on patients with isolated hip fractures are completely unproductive. In the series I looked at, these patients had been in