REFERENCES

- McQuiston T. A. C. (1936) Poisoning with sodium nitrite. *Lancet* 2, 1153–1154.
- Polson C. J. & Tattersall R. N. (1969) *Clinical Toxicology* 2nd Ed, pp. 109–116. Pitman Medical, London.
- Shesser R., Mitchell J. & Edelstein S. (1981) Methaemoglobinaemia from isobutyl nitrite preparations. *Annals of Emergency Medicine* 10, 262–264.
- Walley T. & Flanagan M. (1987) Nitrite induced methaemoglobinaemia. *Postgraduate Medical Journal* 63, 643–644.

Forced hyperextension to the wrist

Sir

A new pastime entitled 'Mercy' has come to our attention following the attendance of a 21-year-old student to the Accident and Emergency (A&E) department. The aim of this game is to inflict pain on the participating opponent by forced hyperextension to the wrist until they cry 'mercy'. Unfortunately, this young man sustained an undisplaced oblique fracture of the mid shaft of the third metacarpal whilst playing the game with his girlfriend.

Do any readers have experience of other such 'mercy' inflicted fractures?

A. DANCOCKS & L. THEAN
Accident and Emergency Department,
Leicester Royal Infirmary,
Leicester

X-rays as a diagnostic aid in winged scapula

Sir

Winging of the scapula is a well-described clinical entity, with a variety of possible causes. A recent case of winged scapula is described in which an X-ray allowed the correct diagnosis to be made in the absence of any obvious clinical clues. As winging of the scapula is usually attributed to neurological causes on clinical grounds, potentially surgically treatable bony lesions responsible for winging may be under-recognized.

A 34-year-old male amateur golfer attended the accident and emergency (A&E) department with left (non-dominant) shoulder pain. This pain developed suddenly following a stroke with a golf club 3 days previously. He did not recall any direct impact to the shoulder. On returning home his wife commented on obvious prominence of his left scapula. He denied any previous symptoms related to either shoulder. He was otherwise in good health.

On examination, obvious winging of the left scapula was observed. This winging was present even with the left arm held by the side but became more obvious on pushing forwards against a wall. There was a full range of pain-free movement in the left shoulder. An X-ray was obtained by a process of default, as there was no history of direct trauma and no local bruising or mass was discernible. The X-rays