



Fig. 5. X-ray of wrist showing the position of Kirschner wires.

causes most confusion, has smooth edges without sclerosis, is usually bilateral and shows no evidence of avascular necrosis since each fragment has its own blood supply.

The blood supply of the scaphoid as described by Oblatz and Halbstein in 1938, and Taleisnik and Kelly in 1966 does not alter with growth, which means that scaphoid fractures in children should behave in the same way as in adults.

Especially when the fracture is displaced, non-union of the carpal scaphoid can occur in children, just as in adults, and X-ray confirmation is essential to show that all scaphoid fractures in children have united. If non-union occurs, treatment by bone grafting relieves the symptoms and is usually successful in achieving union.

We agree with Southcott and Rosman (1977) that cancellous bone grafting through an anterior approach is the treatment of choice but in our opinion stabilization of the carpus and radiocarpal joints by two Kirschner wires (Fig. 5) until union is complete is an important addition to the procedure.

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ERRATUM

In the article by S. C. Bong, H. K. Lau, J. C. Y. Leong, D. Fang and M. T. Lau, 'The treatment of intertrochanteric fractures of the hip: a prospective trial of 150 cases', one of the co-author's names S. P. Chow, was inadvertently missed out. The Publishers regret this error.