

CONGENITAL DISLOCATION OF RIGHT FOOT WITH ALMOST COMPLETE ABSENCE OF RIGHT FIBULA.

By E. MANSEL SYMPSON, M.D., B.C.CANTAB.,
M.R.C.S.ENG.,

MAJOR R.A.M.C.(T.F.), 4TH NORTHERN GENERAL HOSPITAL;
HONORARY SURGEON, LINCOLN COUNTY HOSPITAL.

GEORGE B., a lad aged 13, was admitted to the Lincoln County Hospital on May 29th, 1915.

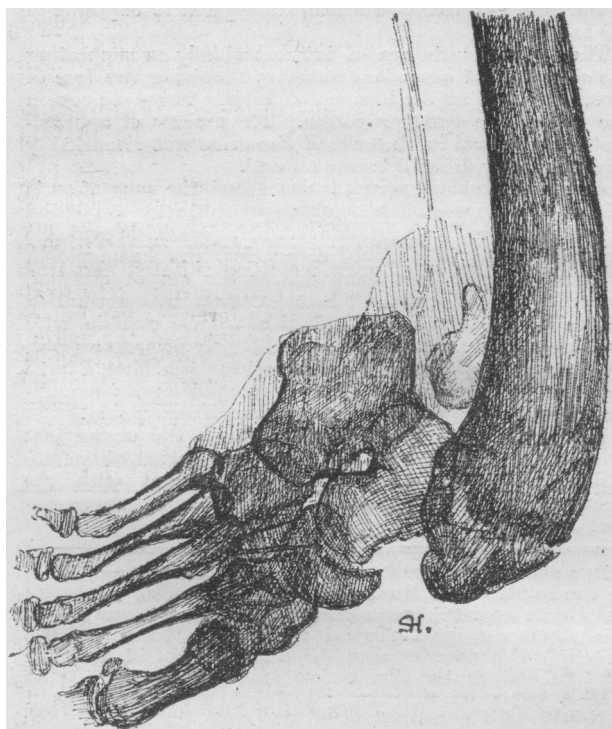
History.

The malformation of foot and leg was noticed at birth. The patient walked at the usual age, resting the right foot on the right great toe; he ran well, played football, etc., became a scout when 11, and did all drills and marches without difficulty.

A year ago he began to suffer from backache after long walks, due to the tilting of the pelvis from the shortness of the right leg. Last March this deformity was noticed by the medical inspector at school, and found to be very marked.

Condition.

The right foot seemed as though it had been rotated outwards for nearly a quarter of a circle, and then turned over so that its dorsal surface looked almost directly forwards and its plantar surface backwards. The power to move the foot on the ankle existed, but backwards and forwards instead of up and down. The boy walked on



the end of the tibia, which was enlarged and made a good "stump." There was 2½ in. shortening of the right tibia (measuring from patella to inner malleolus), and, of course, owing to the absence of the foot beneath the tibia there was much more difference in the total length of each limb.

A radiograph was taken on March 11th by Captain A. L. Yates, now on active service "somewhere in France or Flanders." As will be seen from the sketch of the radiograph here reproduced the hinge of the joint was between the upper and posterior portion of the articular surface of the astragalus with the outer edge of the lower end of the tibia. This bone is also seen to be much enlarged and curved, with the convexity inwards. The inner malleolus is large and turned outwards. A small piece of the lower end of the shaft of the fibula appears in the plate between the os calcis and the tibia.

Amputation.

On June 5th, 1915, a flap was formed from the dorsum of the foot, the tendons and ligaments were divided, the incision carried upwards and downwards over the os calcis, the tendo Achillis cut, the flap turned upwards and outward, making the wound like an inverted U. This healed by first intention, and the scar is well out of the way of any vertical pressure.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SOAMIN TREATMENT OF CEREBRO-SPINAL MENINGITIS.

CASE I (under the care of A. M. B.).—E. G. C., aged 29, had an attack of influenza in February. On March 10th, 1915, had acute symptoms of influenza, with vomiting and symptoms of meningitis. On March 12th the head was very retracted, pulse 48, and temperature 99°; the legs were drawn up and slightly rigid; the patient was very irritable but quite conscious and had no rash; Kernig's sign was well marked. He was given 5 grains of soamin by injection into the glutens maximus muscle, together with an injection of morphine ½ grain and atropin ⅛ grain. On March 13th he had well marked *tache cérébrale*; Kernig's sign was less marked than the day before. A peculiar patch of herpes was noticed on the right ankle, which was like a burn from a hot water bottle. This, however, did not prove to be the case, for it happened in a similar way to several other patients, and was clearly due to conglomeration of herpes; this patch, like similar ones, took six weeks to heal. Another injection of soamin (5 grains) was given; the pulse was 56 and temperature about 100°. His irritability required injections of morphine twice a day until March 17th. He required frequent catheterization. On March 16th a lumbar puncture was performed for headache and pressure signs and an injection of meningococcic serum given. On March 14th there were papules on the chest; the temperature was then 102° and pulse 108. From March 16th Kernig's sign became less marked, headaches ceased, and he made an uneventful recovery, and was discharged on March 20th quite cured and without any symptoms whatever.

CASE II (under the care of J. F. R.).—R. Y., aged 14, was quite well on March 31st, and working till 4 or 5 p.m. He felt slightly ill towards evening, and at 11 p.m. I was called to see him. His temperature was then 105.4°, the pulse 140, the face was flushed, and he was drowsy, but complained of pain in the left side of the chest in the axillary line. The blood count showed 23,700 leucocytes per cubic centimetre; 72 per cent. multinuclear; Kernig's sign was present, and also *tache cérébrale*, and stiffness and rigidity of the neck muscles; the pupils were dilated. There was a peculiar patch on the left ankle, looking like a recent bug-bite, 3 to 4 cm. in extent. Meningococci were cultivated from the posterior nares. An injection of 3 grains of soamin had a somewhat marked effect. His temperature came down shortly afterwards to 100°, and the pulse to 80, while Kernig's sign was less pronounced. After one day's interval, as the temperature again reached 103°, another 3 grains were injected, and again on the fifth day 2 more grains were injected in the gluteal region; drowsiness decreased, headaches became less, and the pulse much better. Apart from a sudden rise of temperature to 104.2° on the sixteenth day, he made steady and uneventful progress. On the fourth day there was a petechial rash on the left hip, and herpes of two square inches over the left eye, nose, and anus, and one or two rose spots on the trunk. The patch noticed on the ankle within twenty-four hours became bullous, and looked like a scald; then the scab dropped off, and left an ulcer half an inch in diameter, which took over six weeks to heal. At the end of three weeks he appeared fully recovered, and swabs taken were negative. In the fifth week, after resuming normal life, he had a sudden rise of temperature to 104°, pulse 130, coupled with violent headache and pains down spine. Bromides relieved this, and, apart from another attack a week later, he has been quite well in every way.

A. M. BARFORD, M.D., D.P.H., M.O.H.,

J. F. REY, M.R.C.S.Eng., L.R.C.P.Lond, etc.,
Chichester.
Bognor.

friendship, and held him in the highest esteem. He is an irreparable loss to our department, for he brought to his work clear insight and sound judgement, ripened by unique experience. I hoped that one of these days he would be called to high public office, as he has done admirable work, and conferred signal benefit on a grievously afflicted class."

The Services.

TERRITORIAL FORCE. EXCHANGE DESIRED.

CAPTAIN, R.A.M.C.(T.), at present with Field Ambulance (T.) in France, wishes to exchange to Territorial General or Casualty Clearing Hospital, either at home or in France. Captain's pay and allowances.—B. W., c.o. Editor, BRITISH MEDICAL JOURNAL.

Lieutenant A. E. Huxtable, 2/3rd London Field Ambulance (T.F.), desires to exchange with a Territorial medical officer serving in, or anywhere south of, London. Ordinary pay with full billeting and ration allowances. His present address is 7, Brunswick Road, Norwich.

Medical News.

THE Scottish Committee of the British Medical Association has been summoned to meet at Perth on September 10th to consider questions arising in connexion with the schemes and form of agreement issued by the Highlands and Islands Medical Service Board.

DR. LOCKHART STEPHENS, of the White House, Emsworth, has been appointed a Deputy Lieutenant for the county of Hampshire.

In the list of names which have recently been inserted in the Commission of the Peace for the County Palatine of Lancaster appears that of John Kendall, L.R.C.P. and S., of Oaklands, Coniston.

WITH the concurrence of the Director-General of the Army Medical Service, an exhibition of the various forms of apparatus that have been found most useful in the treatment of fractures met with in the war will be held in the house of the Royal Society of Medicine, 1, Wimpole Street, W., from October 7th to 11th, both days included. The apparatus will be shown by officers of the R.A.M.C. serving in France, as well as by those attached to the base hospitals at home. The bulk of the apparatus will be brought over for the purpose from Boulogne. In addition, Colonel Sir Almroth Wright, C.B., F.R.S., will demonstrate his most recent researches in the drainage of wounds. Invitations to exhibit will be issued to the consulting surgeons of the various commands, and officers desiring to send exhibits should communicate with the consulting surgeon for the command in which they are serving.

THE Royal Sanitary Institute held its annual meeting at Brighton on September 3rd and 4th. It assembled in the Permanent Fine Art Gallery, where it was welcomed by the Mayor and the chairman of the Brighton Health Committee. The first paper read was by Major S. P. James, I.M.S., who, in discussing some sanitary problems in hospitals for Indian troops in England, gave a description of the Kitchener Indian Hospital in Brighton. Afterwards Major C. C. Murison, I.M.S., staff officer of the hospital, dealt with the use of storm-water drains, and Professor H. R. Kenwood urged the importance of establishing, wherever practicable, a complete water carriage system for the semi-permanent huddled camps of which there are now so many in this country. Afterwards visits were paid to the Kitchener and to the Royal Pavilion Hospitals. On the second day of the meeting a discussion on maternity and child welfare and infant mortality was opened by Dr. Boobyer, M.O.H. Nottingham, and Dr. Duncan Forbes, M.O.H. Brighton. The latter said that when the infant mortality from all causes in the first week of life was investigated very little difference was found between the richer and the poorer classes. If this were proved generally to be the case, it seemed an argument against the view that the better feeding and housing of the mother, and freeing her from manual labour and anxiety, had an effect upon the health of the child at birth. A discussion also took place on the final report of the Royal Commission on Sewage Disposal.

Letters, Notes, and Answers.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Attilology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish office of the British Medical Association is 16, South Frederick Street, Dublin.

QUERIES.

INCOME TAX.

RETIRED PRACTITIONER'S earnings ceased in November last, but small sums have since been received. Is he liable to pay income tax on these sums, and if so, does the three years' average rule apply?

The assessments made in the past have year by year covered the full profits of the practice, and liability to income tax ceased as from the date the practice was relinquished. If, as is doubtless the case, "Retired Practitioner's" returns in the past have been computed on the basis of cash receipts only, this statement still holds good. That basis of return is accepted by the authorities only on the ground that in a practice of some years' standing the year's cash receipts are equivalent to the value of the year's bookings, and the cessation of liability immediately on retirement is a natural corollary of that proposition. We understand from our correspondent that his successor has been charged in respect of the period from November, 1914, to April, 1915, by the local authorities. This is in accordance with the fourth rule applying to the first and second cases of Schedule D, but the tax collected from the retiring practitioner should have been restricted to the proportion applying to the period from April to November, 1914. If it is clear that this has not been done, our correspondent should communicate with the surveyor of taxes on the matter.

C. T. calls attention to the fact that in an article on the general practitioner's income tax return, which appeared in our issue of April 18th, 1914, no mention is made of deductions to be made for the cost of drugs, chemicals, bottles, etc.

The expenses in question are certainly deductible for tax purposes. The expenses quoted in the article should be regarded as the usual, but not necessarily the only, forms of professional expense.

ANSWERS.

G. W. R. (Bieldside) is referred to an article on "Officer's Income Tax" published in the JOURNAL of March 20th, 1915, page 510.

A. G. P.—Gonorrhoea and syphilis can both be treated successfully in a pregnant woman. The risk of infection of the child's eyes by gonorrhoea during delivery must of course be borne in mind. Our correspondent should inform the husband that he cannot share with a chemist the responsibility of treating him.

SCOPOLAMINE-MORPHINE IN LABOUR.

J. G. M. M.—We may refer our correspondent to the article published in the JOURNAL of June 19th, 1915, p. 1052, where he will find the principle discussed, together with references to papers contributed to the Section of Obstetrics and Gynaecology of the annual meeting of the British Medical Association in 1908 (BRITISH MEDICAL JOURNAL, vol. ii, pages 805-8) by Professor Krönig, of Freiburg, and Dr. R. C. Buist. Mention is there made also of the popular work by Mrs. Hanna Rion. We are not aware of any clinic in this country where the method can be seen in routine use or according to the Freiburg ritual. Cases are usually individualized.

LETTERS, NOTES, ETC.

We have received a communication from a director of a Church Army hospital in France suggesting that the credentials of any person representing himself to be a captain of the Indian Medical Service and F.R.C.S. Eng., who may apply for an appointment in Great Britain, should be carefully investigated.

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