PROCEEDINGS AND REPORTS OF UNIVERSITIES,
COLLEGES, COUNCILS AND ASSOCIATIONS

CANADA
ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

We report with deep regret the sudden death of the president of the Royal College of Physicians and Surgeons of Canada. Dr Fulton Gillespie of Edmonton, after presiding at a meeting of the College in Toronto, died in the train on his way home. His loss is felt deeply by all those who knew him and recognised how great a part he was playing in the destinies of the Royal College of Canada. Messages of sympathy were sent from the President of the Royal College of Surgeons of England, and from the British Orthopaedic Association. The new president is Professor Sclater Lewis of Montreal and to him our best wishes are sent in support of his onerous duty.

Sir Reginald Watson-Jones, Arthur Sims Commonwealth Travelling Professor of Surgery, will be visiting the medical schools of Canada in February and March. In Montreal he will bring to the president of the Royal College of Physicians and Surgeons of Canada the greetings of the president and Council of the Royal College of Surgeons of England. He will be a guest-Professor in the University of Toronto, and will visit the medical schools of Vancouver, Edmonton, Winnipeg, Kingston, London Ontario, Quebec and Halifax.

CANADIAN ORTHOPAEDIC ASSOCIATION

In the last British number of the Journal we reported that the incoming president of the Canadian Orthopaedic Association, Dr Alexander Gibson of Winnipeg, had designed a crest for the Association which had been adopted. We are now able to reproduce the crest. As Dr Gibson himself writes: "The significance of the design is that the maple leaf stands for English-speaking Canada, combined with the fleur-de-lys representing French-speaking Canada, the stalk of both emblems being in common. The Greek ortho means straight or correct; and paideia means education, or the bringing up of youth. The derivation is therefore using the same motto as that of the American Orthopaedic Association and of the American Academy of Orthopaedic Surgeons, but sufficiently distinctive to make this our own."

GREAT BRITAIN

UNIVERSITY OF LIVERPOOL

UNIVERSITY DEGREES AND COLLEGE DIPLOMAS—MASTER OF ORTHOPAEDIC SURGERY

So often is reference made in one phrase to the "art and science of medicine" that there may be danger of failing to recognise that art and science are not the same. Until recently the diploma of a College and the degree of a University have been more or less interchangeable. To a physician in Great Britain the M.R.C.P. and the M.D. have meant much the same thing—though most physicians have thought that they should gain both; and similarly, surgeons with the F.R.C.S. have felt under an obligation to square it with an M.S. Moreover this hunting for degrees and diplomas has been made worse by the fact that a diploma of one College was often not enough; students found themselves chasing from a primary fellowship in London, to a final fellowship in Edinburgh, to another fellowship in Australia, and then to a mastership in their own University.

The secondary problem of multiple fellowships is now almost solved by the interchangeability that is being achieved between the Royal Colleges of Surgeons in England, Scotland and Australasia, and perhaps, in due course, between all the Colleges of Surgeons in all parts of the English-speaking world. But the underlying problem remains. What is the relationship of a diploma in one of the Royal Colleges to a degree in one of the Universities? Are they the same? Are they interchangeable? Surely not.

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We should distinguish the practical art that was measured by our forefathers in the Companies of Surgeons, and by us in the diplomas of the Royal Colleges, from the academic achievement that alone warrants the conferment of a University degree. The test by which to determine that a man is qualified to be a fellow of one of the Royal Colleges should be his practical and clinical ability: and the test by which to determine that he may hold the mastership of a University should be his knowledge of the literature, his capacity for research and ability to compose a thesis, and his intellectual and academic distinction. It might well be argued that the same holds good even of the bachelorships of medicine and surgery; and that the qualifying examinations to practise medicine and surgery should be the memberships of Royal Colleges, thus leaving all University degrees in medicine for a different, and in some respects, a higher mark of achievement.

In later issues of the Journal it is proposed to discuss these problems in more detail. Meanwhile let it be said that the Mastership in Orthopaedic Surgery of the University of Liverpool has gone far to achieve these ideals. This degree is certainly not the equivalent of an F.R.C.S. for the surgeon who proposes to limit himself to orthopaedics; and most assuredly it is not a "back-door approach to specialization." Indeed, none may now engage in study for this mastership unless he has already had suitable training, shown clinical ability, and gained the fellowship of one of the Royal Colleges of Surgeons. The preparation for the examination, training in search of the literature, practice in presenting and discussing academic problems, writing of theses, and the nature of the examination itself, leave no doubt that the award is made only when University distinction is warranted.

At a recent examination the internal examiners were Mr B. L. McFarland (Director of Orthopaedic Studies), Mr Norman Roberts, Mr Eric Wardle and Professor Sheehan; and the external examiners were Mr R. I. Stirling (Edinburgh) and Sir Reginald Watson-Jones (London). Of those postgraduates whose previous record and experience was such that they were selected from nearly fifty applicants to engage in study in the University for fifteen months, the sixteen who graduated successfully as Masters of Orthopaedic Surgery were:

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The Directors' Prize was awarded, on the joint recommendation of the external examiners and the Liverpool orthopaedic surgeons, to H. B. C. Milsom, Auckland, New Zealand.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Christmas dinner of the Residential College—The residential college for postgraduate students, which is within the precincts of the College itself, has been occupied fully by young surgeons from the British Empire and many other parts of the world since the day it was opened last year by Viscount Nuffield. The Christmas dinner was held on December 29. After taking cocktails with the president, the residents dined in the Council room with their guests, the president, Sir Cecil Wakeley; the past-president, Lord Webb-Johnson; the chairman of the postgraduate education committee, Sir Reginald Watson-Jones; the visitor for postgraduates, Sir Gordon Gordon-Taylor; and the warden and secretary of the residential college, Mr R. J. Last and Mr W. F. Davis. With the treasured plate of the College on the table, the portraits of great surgeons on the walls, the turkey carved at the board by the chef, the Christmas pudding (even if the brandy did refuse to light) and the champagne and cigars, the foundations were laid for an evening of good fellowship. The president gave the toasts of the King, and the President of the French Republic.

Dr G. Vourc'h (France), chevalier Legion d'Honneur, Croix de Guerre, M.C., proposed the toast The Royal College of Surgeons of England. He recalled that he first came to England ten years ago during the bitter years when this country stood alone. It was not by an accident that he found himself back again, now studying anaesthesia. He thanked the College for opening its doors and said that he was an interpreter for all foreign students when he acknowledged the welcome they were receiving from the College. In reply, the president expressed his appreciation that the health of the College had been proposed by a representative of France, and one with so very distinguished a military record. The influence of the College had indeed spread over the world and its future in postgraduate training was assured.

Dr J. A. S. Wilson (Canada) spoke of the changed atmosphere in the College; it was no longer an aloof examining body; it was a home where happiness abounded, except perhaps at examination times. Lord Webb-Johnson, in replying, said that by living in the College young surgeons had the opportunity of making contact with many of the leaders of surgery. If such a residential college had existed years ago, he himself

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might have dined with Lister—and what a privilege that would have been. He gave a fascinating commentary on the history of the silver cups of John Hunter, Cheseldon and Erasmus Wilson, the Bland-Sutton plate, and the portraits in the Council room; and referred to the many historic associations of Lincoln’s Inn Fields.

Dr G. N. Ranking (South Africa) said that it was with surprise and pleasure that young surgeons visiting this country found that the authors of well-known books were not just names but living men, engaged actively in helping postgraduate students. One of the foremost, with whose name the toast was coupled, was Sir Reginald Watson-Jones. In reply, Sir Reginald emphasized the value of the collegiate atmosphere rather than that of the lecture room alone. He suggested that one of the great human achievements in which surgeons should be trained was the art of writing and oratory; not only was cultivation of clear expression essential in order to deal successfully with patients, but by good writing and speech a surgeon might inspire other surgeons so that his work did not die with him.

Dr Peter G. Jones (Australia), proposing The Sister Colleges, said that the Royal Colleges of Surgeons in Edinburgh and Ireland had long-standing traditions whereas those of Canada and Australasia were more recent; they were more nearly daughter than sister colleges. Might Sir Gordon Gordon-Taylor be regarded as the father? The high esteem with which he was held in Australia was indicated by the name of the prize just instituted in that country—the Gordon-Taylor prize. In reply Sir Gordon recalled the many happy memories of his visits to America and Australia.

Dr Peter Williams (Australia) expressed appreciation for the amenities of the residential college. Dr J. B. McEwen (Scotland) proposed the health of the warden, and Mr R. J. Last replied.

**Laming Evans Research Fellowship in Orthopaedic Surgery**—In the first British number (1948, 30-B, 205) mention was made of the Laming Evans bequest for research in orthopaedics by which the Royal College of Surgeons of England has established a Laming Evans Research Fellowship of the annual value of £800, renewable up to three years. The first award has been made to Miss Agnes Sleigh, who qualified in Aberdeen in 1945 and then held a number of resident appointments in England, a demonstratorship of anatomy at Charing Cross Hospital Medical School and an appointment at the country section of the Royal National Orthopaedic Hospital. She will continue to work there, under the guidance of Mr H. J. Seddon, Director of Studies in the Institute of Orthopaedics. It is perhaps fitting that the first holder of this research fellowship should work in the hospital which Laming Evans himself served for forty-three years.

**Robert Jones Lecturer in the Royal College of Surgeons of England for 1950**—Professor Philip D. Wilson of New York has been appointed Robert Jones Lecturer in the Royal College of Surgeons of England for 1950.

**INSTITUTE OF ORTHOPAEDICS**

**ROYAL NATIONAL ORTHOPAEDIC HOSPITAL, LONDON**

Open clinical conferences will be held at 8 p.m. on February 22, March 22, May 24, June 28, October 25 and November 22. Visitors will be welcomed. All the conferences will be at the Town Section of the Royal National Orthopaedic Hospital, Great Portland Street, except that of June 28, which will be held at the Country Section, Stanmore.

**UNIVERSITY OF LIVERPOOL**

**Lady Jones Lecture**—Professor S. L. Baker, Ph.D., professor of osteopathy in the University of Manchester, delivered the ninth Lady Jones Lecture in the Arts Theatre of the University of Liverpool. His subject was "Basic Reactions of Bone Tissue." He dealt with it in a manner which was as clear and concise as it was interesting and stimulating. Having described normal bone and the ways in which it can react, he then passed on to a vivid description of functional types of bone tissue varying with the arrangement of the fibres. On the one hand is the lamellar bone and on the other is the primitive type which he called woven bone. He then traced the history of observations on the absorption of bone and indicated his own views. He thought the term de-ossification, though less euphonious, was more accurate than decalcification. He expressed disbelief in "halisteresis" and "osteolysis" and believed that the deposition of calcium salts in a matrix is not reversible. The normal calcium intake and output and skeletal deposit were compared diagrammatically with certain abnormalities occurring in rickets and hyperthyroidism. The effect of stresses on bone including increased stress and decreased stress was also described and shearing stress received particular attention. The whole lecture was illustrated by the clearest and most satisfying lantern slides the writer has ever seen.

**Hugh Owen Thomas Memorial Lecture**—Sir Reginald Watson-Jones delivered the Hugh Owen Thomas Memorial Lecture at the Liverpool Medical Institution on Friday, November 11, 1949. He presented a coloured transparency prepared from a recently discovered portrait of Hugh Owen Thomas to the Hugh Owen Thomas and Robert Jones Memorial Library of the Institute.
The intervertebral disc—On Thursday, January 19, a discussion was held in the Liverpool Medical Institution under the presidency of Professor Charles Wells. "The Function of the Disc" was discussed by Mr W. J. Virgin (in a paper read by Mr Bryan McFarland), the "Conservative Treatment of Disc Lesions" was discussed by Mr E. N. Wardle and the "Operative Treatment of the Disc Lesion" by Mr A. Sutcliffe Kerr.

NUFFIELD ORTHOPAEDIC CENTRE
WINGFIELD-MORRIS ORTHOPAEDIC HOSPITAL, OXFORD

The Lecture Programme for the Hilary Term, 1950, includes a lecture on February 9 by Professor J. Trueta, on February 23 by Dr V. Smallpeice, and on March 9 by Mr J. C. Scott. On March 23 the lecture will be opened by Mr E. W. Somerville.

REGIONAL ORTHOPAEDIC CLINICAL MEETINGS
THE MANCHESTER HOSPITAL REGION

The orthopaedic surgeons of the Manchester Hospital Region held two clinical meetings during 1949. The first meeting was held at the Ethel Hedley Children's Orthopaedic Hospital, Windermere, on July 23, 1949, and was attended by some twenty-five surgeons and by a number of registrars. A dinner was held on the evening of July 22.

The clinical meeting began with a ward round conducted by Sir Harry Platt, and an interesting group of joint affections was shown; including 1) pseudo-coxalgias; 2) congenital dislocation of the hip, and 3) tuberculosis of the major joints. A buffet luncheon was served at the hospital, and the afternoon session consisted of short communications. Mr E. S. Brentnall presented radiographs of two interesting cases of Paget's disease with cystic changes. Mr Sayle-Creer described the operative approach to the temporomandibular joint by means of a modified J-shaped skin incision. Dr John Faucett showed radiographs of a case of osteitis of undetermined origin, and also films of osteitis tuberculosa multiplex cystica. Mr E. Fliotow showed films of a case of sarcoma of the tibia followed by a curious periostitis of the long bones. Mr W. McKechnie showed radiographs of a pathological fracture of the neck of the femur through an area of cystic change which had been treated by curettage and chip grafts. The meeting was of the opinion that it was a case of solitary bone cyst. Mr I. D. Kitchin presented films of a tumour in the region of the hip with massive soft tissue calcification. Mr H. C. Cullen related his experiences with cure in acute poliomyelitis, and stated that it was a useful contribution in the treatment of this condition. Mr W. Winston described a series of traumatic central dislocations of the hip over a follow-up period of five years. They showed a remarkable range of movement considering the intra-articular damage. Mr D. A. Richmond showed radiographs of a case of multiple spontaneous fracture of the spine not associated with changes in blood chemistry. He promised a further report at a later date. Mr W. Lamont showed films of a boy discovered to have a cystic lesion in the pubic ramus on the right side which was thought to be tuberculous in origin; it had responded satisfactorily to prolonged rest.

The second clinical meeting was held on November 25, 1949, at the Blackburn and East Lancashire Royal Infirmary. Mr R. W. Agnew opened the morning session by demonstrating four patients with recurrent dislocation of the patella treated by plication of the capsule and transference of half of the tibial tubercle to the medial side; three patients successfully treated for "snapping hip" by excision of a tight band of fascia over the trochanter, in one case with anterior transplant of the tensor fasciae femoris; and three cases of disoid external cartilage in children treated by excision. Mr W. H. Power presented a short paper on the conservative treatment of acute osteomyelitis. He pointed out the minimal bone changes and compared the conservative method with that of metaphyseal drilling. The opinion of the meeting was divided on the most advantageous method. Mr R. W. Agnew and Mr G. A. Macadie demonstrated a typical case of polyostotic fibrosa dysplasia. The man presented a bizarre deformity with enlarged pitted skull, shepherd's crook deformity of both femora, generalised cystic changes and sclerosis throughout the skeleton. Mr J. J. Jennings showed two cases of fracture of the sternum with overriding of the fragments; one accompanied by fracture of the dorsal spine. A most enjoyable luncheon was served at the hospital.

Mr D. L. Griffiths opened the afternoon session with a demonstration of the articular surfaces of the knee joint showing gross destruction and having the appearance of a syphilitic knee; section, however, revealed that it was in fact tuberculosis. He showed a specimen of a rare case of actinomyosis of the spine, and radiographs of a curious intramedullary chondroma of the femur. He also showed a case of Paget's disease with pathological fracture of the neck into which a Smith-Petersen nail had been inserted. The pathological fracture had later been proved to be due to an early sarcoma. Mr John Charnley presented further observations on compression arthrodesis and demonstrated some interesting histological sections showing early union with bony trabeculae across the line of osteotomy. These specimens had been obtained by boring across the line of osteotomy at varying times after arthrodesis of the knee. He was undecided as to whether compression per se or fixation was the important factor in ensuring early union. Mr R. S. Garden demonstrated a novel method of dealing with subtrochanteric fractures of the femur where angulation could not be corrected. Patients were treated on a Thomas splint, the outer bar of which was cut and shortened, thus bringing the distal fragment in abduction and alignment. He presented radiographs of
a successful result in this method of treatment. Mr I. D. Kitchen presented a case of pathological fracture of the radius through a rarefied area which proved to be the first evidence of Paget’s disease. Mr Basil Haigh presented a review of the results of subtrochanteric osteotomy in a series of patients treated at the Manchester Royal Infirmary. He divided the cases into two groups—those in which the osteotomy had been done for the relief of pain in osteoarthritis, and those in which the operation had been necessary subsequent on a fracture of the femoral neck. Despite the fact that the essential principles laid down by T. P. McMurray for this operation had not in the majority of cases been followed completely, the results over a five-year period had proved to be extraordinarily good; almost all the patients had been improved by the operation. A lively discussion followed. Mr N. A. G. Cove showed radiographs of an unusual case of fracture-dislocation of the carpus with dislocation of the os magnum. He had been unable to find a similar case described in the literature. Reduction had been obtained with difficulty and a useful range of movement was regained.

**AGNES HUNT MEMORIAL VILLAGE FOR CRIPPLES**

Representatives of cripple organisations and after-care committees from all parts of England and Wales gathered at Shrewsbury Castle on January 14 at an inaugural meeting for the Dame Agnes Hunt Memorial. It is proposed to build a village of bungalows specially designed for the use of cripples, near the Robert Jones and Agnes Hunt Orthopaedic Hospital and the Derwen Cripples’ Training College. This will serve as a permanent tribute to a woman, herself a life-long cripple, who dedicated herself to the service of the disabled by creating and developing a country hospital with after-care clinics for the prevention and treatment of crippling, and a school for training in employment. The village

**PROCEEDINGS AND REPORTS OF COUNCILS AND ASSOCIATIONS**
settlement was one of Dame Agnes Hunt’s life-long wishes and it is hoped to build at least twenty bungalows at an average cost of about £2,000 each. The meeting was addressed by Sir Reginald Watson-Jones. Lord Kenyon, honorary treasurer, announced the receipt of a cheque for £10,000 from the Nuffield Fund for Cripples, and a cheque from an anonymous donor for £1,000. The chairmen of many county voluntary committees reported the striking success already achieved and the meeting revealed a most stimulating and encouraging spirit of devoted voluntary effort.

NEW YEAR’S HONOURS LIST

Knighthood conferred upon Mr Arthur Sims—Mr Arthur Sims of Christchurch, New Zealand, was honoured by His Majesty in the recent New Year’s Honours List by the conferment of a knighthood. In 1946 Mr Sims made a gift to the Royal College of Surgeons of England for the endowment of a Commonwealth Travelling Professorship. A professor will be appointed each year and will generally be a prominent physician, surgeon or scientific worker resident in Great Britain or in Australia or New Zealand. The appointing authorities are also empowered, however, to elect as a professor a distinguished teacher from one of the other Dominions. The professor will be required to travel from the country where he or she is ordinarily resident to Great Britain, or to Australia and New Zealand, and to any other Dominion of the British Commonwealth, for the purpose of assisting in the advancement of medical science by lecturing, teaching or engaging in research.

It is the hope of the donor that the institution of the Professorship will not only lead to the establishment of closer links between scientific workers in the Dominions and in the older seats of learning and centres of research, but that the people of all nations will benefit. It is also hoped that it will be an important contribution to Imperial unity. Appointment of the professor is made by the Royal College of Surgeons of England on the nomination of the president, who is chairman of an Advisory Board consisting of the presidents of the Royal College of Physicians of London, the Royal College of Surgeons of England, the Royal Australasian College of Physicians and the Royal Australasian College of Surgeons.

C.B.E. conferred on Mr E. A. Nicoll—We congratulate Mr E. A. Nicoll, a member of the Editorial Board of the Journal, on the honour of Commander of the Order of the British Empire, conferred upon him in recognition of the important work he has done for many years past in developing rehabilitation services for miners. Under the direction of the Miners’ Welfare Commission, rehabilitation centres have been established in all the mining communities of Great Britain, and Mr Nicoll has been consulting surgeon to this service. In consequence of the excellent work carried out in the many rehabilitation centres where there are full facilities for gymnastic recreations and physiotherapeutic measures, a very high proportion of miners have been restored to full working capacity and have been able to resume work underground. A most excellent social service has been developed so that miners with residual disabilities have been enabled either to gain surface work or to be retrained in alternative occupations. The advisory committee responsible for the organisation of this rehabilitation service for miners, under the chairmanship of Sir Reginald Watson-Jones, includes Mr Alexander Miller of Glasgow (vice-chairman), Mr Gordon Irwin, Mr F. W. Holdsworth, Sir Thomas Fairbank, Sir Harry Platt, Dr Harold Balme and other leaders in the development of accident services and rehabilitation.

NEW APPOINTMENT

Appointment of Mr Jackson Burrows as consulting orthopaedic surgeon to the Royal Navy—The appointment of Mr H. Jackson Burrows as Civilian Consultant in Orthopaedic Surgery to the Royal Navy was briefly reported in the last issue of this Journal. Jackson Burrows was born in 1902. He read Natural Sciences at Cambridge and then went to St Bartholomew’s Hospital, where both his father and grandfather had been students; after qualifying in 1927 he worked in the Professorial Surgical Unit there and became a Fellow of the Royal College of Surgeons of England in 1929. In the same year he returned to Cambridge where he spent six months at the Strangeways Research Laboratory investigating problems of tissue culture under Dr H. B. Fell. He was Beaverbrook Research Scholar in 1930–31, working under Alexis Carrel at the Rockefeller Institute and under Sir Arthur Keith in the laboratories of the Royal College of Surgeons.
From July 1931 Jackson Burrows served an apprenticeship of more than five years under Reginald Cheyne Elmslie in the orthopaedic department of St Bartholomew's, and in 1937 was appointed Assistant Orthopaedic Surgeon. He was also for one year Registrar at the Royal National Orthopaedic Hospital under A. S. Blundell Bankart and others. At the Royal College of Surgeons he was a Hunterian Professor in 1933, lecturing on "Tissue Culture in its Relationship to Surgical Pathology"; in the 1934 award of the Jacksonian Prize he was proxime accessit (to E. J. S. King of Melbourne, who in that year achieved his unique distinction of the hat trick). In 1938 Jackson Burrows was awarded the British Orthopaedic Association's Robert Jones Gold Medal for a study on cora plana.

On the outbreak of the late war he became a full time surgeon in the Emergency Medical Service. He later served in the R.N.V.R., and was stationed at Portsmouth, at Aberdeen and at Sydney. He became a Fellow of the Royal Australasian College of Surgeons in 1945. After his naval service Mr Jackson Burrows returned to St Bartholomew's and also joined the surgical staff of the Royal National Orthopaedic Hospital. He was invited at the same time to become the first dean of the Institute of Orthopaedics, which was founded at this hospital under the aegis of the British Postgraduate Medical Federation of the University of London. The establishment of an entirely new teaching school has since been his first preoccupation; but he also came on the British Editorial Board of the Journal of Bone and Joint Surgery and from 1948 onwards has been assistant editor.

AN EXPERIMENT IN SOCIAL REHABILITATION

Mr David F. Thomas reports that the Scunthorpe Remedial Recreation Club, which was founded about eighteen months ago and continues to flourish, has for its object a redistribution of emphasis, from the physical to the mental, in the concept of rehabilitation. It is a voluntary organisation to promote the physical and mental well-being of those who are permanently handicapped by deformity.

The club is at present running two sessions to which patients are recommended by the orthopaedic surgeon, though it is not intended that the activities of the club should be confined to his patients; they are admitted on the production of a membership card on which is noted diagnosis, recommendations about remedial activity and any precautions which must be observed.

One night a week there is an hour's reservation at the town's swimming bath, and instructors from the local Swimming Club attend, on rota, with other voluntary helpers. No formal exercises are organised, and the patients are helped to feel that they are there primarily to enjoy themselves in company; nothing is done that would prompt self-consciousness. Every kind of swimming is taught to every patient, and those who eventually overcome their handicap to the extent of achieving some independence in the water and a reasonable standard of swimming ability are elected to full membership of the local Swimming Club; they then stop attending the special sessions of the Remedial Recreation Club. The Club has achieved its purpose when the hitherto shy and retiring " cripple " takes his place naturally among his normal fellows, unperturbed and undeterred by his physical differences. It is the Club's particular aim to restore its members—who through their physical handicap have become shy, or have lost confidence—to the social enjoyments of ordinary everyday life. Exactly the same principle underlies the activities of the Club in the other of its two weekly sessions. This takes up two hours, and is held in the gymnasium of one of the local schools. There are games for the children, story telling, handicrafts, and a finale of tea and cakes with a sing-song.

The Club does not, like many of the rehabilitation centres as they are at present constituted, act as a mere extension of physiotherapy departments and differing from them only in degree. Its purpose is to give to the members something that hospital organisations cannot give: adjustment to normal society despite physical abnormalities.

The ambulance service provides transport; and the education authorities have kindly lent the school gymnasium. The committee organising the Club is very widely based. It includes members of the hospital medical staff, general practitioners, the lady almoner at the local hospital, the secretary of the Swimming Club and members of the swimming baths committee, the assistant organiser of the Youth Club, the manager of the employment exchange, members of the physiotherapy department, the Medical Officer of Health and a nursing sister. Their function is to keep before them the essential ideal of the Club which the word " social rehabilitation " only summarises drably and inadequately, and to devise and exploit all material
means to achieve their end. Finance is necessarily important and the committee also concern themselves with finding money to extend the Club's activity.

It is hoped in time to have a single building from which all the interests of the Club can spring or be directed.

AUSTRALIA

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

The twenty-third annual general meeting of the College will be held in Adelaide from Saturday, May 20, to Wednesday, May 24, inclusive. The meeting will be addressed by the third Sims Commonwealth Professor, Sir Reginald Watson-Jones, who will deliver the fourteenth George Adlington Syme Oration on "Rehabilitation and Resettlement in Surgery," and give a paper on "The Organisation of a Traumatic Service." Dr O. T. Clagett of the Mayo Clinic will give a paper on "Advances in Cardiovascular Surgery"; and Dr L. M. Eaton of the Mayo Clinic will discuss neurological and ophthalmological subjects. Professor Ida Mann will give a paper on "The Modern Approach to Congenital Abnormalities."

Gordon-Taylor Prize for the Primary Fellowship Examination—Five fellows of the Royal Australasian College of Surgeons who are also Hallett prizewinners of the Royal College of Surgeons of England, Messrs James Grayton Brown, Howard Hadfield Edrey, Robert Sutherland Lawson, John Stephen McMahon and Kenneth William Starr, have provided a fund by which a prize, similar to the Hallett Prize in England, shall be awarded on the results of the new primary fellowship examination in the Royal Australasian College. At their request, and with the permission of Sir Gordon Gordon-Taylor, K.B.E., C.B., the award will be known as the Gordon-Taylor Prize.

Invitation to Fellows of the Royal Australasian College of Surgeons from St Paul's Hospital, Vancouver, B.C.—Dr G. A. Lamont, chairman of the medical staff of St Paul's Hospital, Vancouver, B.C., has extended an invitation to any of the fellows of the College who are in Vancouver to visit the hospital and take part in clinical proceedings and discussions. In extending this invitation Dr Lamont expresses hope that in this way Australian and Canadian surgery may be linked more closely.

AUSTRALIAN ORTHOPAEDIC ASSOCIATION

The annual meeting of the Australian Orthopaedic Association will be held in Adelaide from May 17 to May 21 inclusive. There will be a presidential reception, an official dinner, annual business meeting, two sessions for the presentation of papers and three sessions for clinical discussions.

NEW ZEALAND

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

The annual New Zealand meeting of the Royal Australasian College of Surgeons was held at Auckland from August 25 to 27, 1949. Orthopaedic papers were given.

Bone grafting—Mr H. K. Christie (Wanganui) read a paper on "The Grafting of Homologous Bone and Cartilage, with Some Notes on Recent Advances in the Grafting of Tissues in General." After reviewing the history and nomenclature of grafting, and particularly of bone grafting, he referred to modern advances such as successful homogenous grafting and especially the use of grafts preserved by refrigeration. Work on the fate of grafts testified to the special properties of cancellous chips in resisting infection, rapid adaptation and survival at a distance from other bone. They could be used in conjunction with sulphonamides, penicillin or streptomycin. Illustrative cases were described.

Repair of the flexor tendon—Mr William A. J. Pike (Auckland) paid a tribute to the modern advances made particularly by American surgeons in repair of the flexor tendons of the fingers. Some anatomical points were stressed: the shortness of the thecal sheath of the thumb, occupied by a single tendon; the importance of the annular thickening of the other thecal sheaths; the smallness of the flexor tendons of the fifth finger and the continuity of their synovial sheath with the ulnar bursa. Mr Pike recalled that movement during the first three weeks of repair caused increased scarring; that thick tendons underwent central necrosis; that thin ones can hypertrophy to meet functional demands. Movement promoted the formation of a sheath. Tendon repair might be uneconomic; it demanded the intelligent co-operation of the patient. Suture should not be performed between the distal palmar and middle finger creases. Elsewhere primary suture might be performed under good conditions if the wound were recent and clean. If both tendons were divided, the profundus was alone repaired, the sublimis being excised except for its terminal three-quarters of an inch, which was preserved to prevent hyperextension of the proximal interphalangeal joint. Division of the profundus alone was not treated by suture unless near the insertion. Grafts, when necessary, were taken with their paratenon from palmeris longus or the long extensor of second or fourth toes. Stainless suture wire smaller than No. 36 and tantalum wire No. 35 proved too fragile. Post-operative exercises started in the fourth week and concentrated upon the distal interphalangeal joint. Median or ulnar nerve block with novocain had assisted exercise by relieving pain. An idea of the results obtainable was given by a review of twenty-nine cases. After sacrifice of sublimis the grip always lacked its final clenching power.
Hallux valgus—Mr Waldron Fitzgerald (Dunedin) considered that adolescent hallux valgus was commoner in New Zealand than in the United Kingdom, being dependent not only upon metatarsus primus varus, a congenital condition, but also upon unsuitable shoes and stockings. He advocated conservative treatment on the usual lines. The best operation was excision of the exostosis with the bunion and of the proximal half of the proximal phalanx; a Kirschner wire was then threaded through the phalanges into the metatarsal, being retained for ten to twelve days, after which it could be removed painlessly.

Dupuytren's contracture in the foot—Mr J. Maxwell Clarke (Auckland) described hypertrophy of the plantar aponeurosis analogous to that of the palmar aponeurosis. It had been mistaken histologically for fibrosarcoma. A case was shown in which excision had been performed.

Osteoid osteoma—Mr J. Leslie Will (Christchurch) reviewed the literature; described the etiology, pathology and treatment; and presented two personal cases.

GREECE

Report of Mr St J. D. Buxton's Visits—We have before us a report* on two visits paid to Greece during 1949 by Mr St J. D. Buxton. The first, in March, was under the auspices of the British Medical Association and the British Council; the second, in November, was at the invitation of the G.R.P.C.O. and the Public Health Division of the E.C.A. Mission to Greece. His task was particularly to study the orthopaedic aspect of the wounded and the problems of the crippled child.

Mr Buxton pays tribute to the great helpfulness and frankness of all he met, the good work being done—especially the forward surgery—and the fortitude of the Greek nation in the face of great problems. The magnitude of some of these problems is manifest from Mr Buxton's report and his recommendations. Considerable progress was observed between the two visits.

It seems that in the military hospitals, as in the homes for the disabled, segregation is little practised, and this reflects a lack of appreciation of modern methods in the management, for instance, of nerve injuries. Another lacuna is in the provision for rehabilitation in its widest sense. Fully trained physiotherapists are few, and little physiotherapy or other physical treatment on modern lines is possible. The provision of artificial limbs is deficient and the problems of resettlement and follow-up have not been seriously tackled. Orthopaedic surgery is recognised as a speciality, but recent injury is still in the hands of the general surgeons. The Hellenic Orthopaedic and Traumatological Association comprises travelled and experienced surgeons. Surgical tuberculosis is well dealt with at Voula, with leanings towards the methods of Rollier rather than the strict immobilisation favoured in this country. The provision is insufficient, so that the vicious circle of delayed and abridged treatment, familiar to us at home, has also to be contended with in Greece. There is shortage of equipment, as witness the want of such ordinary things as motor saws, electrocardiographs and plasma machines. The shortage of equipment and accommodation has limited the training of medical students and auxiliaries in the basic sciences.

In making recommendations, Mr Buxton has felt the need of reliable statistics of the number requiring orthopaedic treatment. Among his suggestions are: regular visits to military hospitals by consultants; segregation of cases; establishment of a physiotherapy and resettlement service, with a physiotherapy school; the reorganisation of the limb factories and the provision of a limb-fitting service; and the collection of data and formulation of a comprehensive national scheme by the Hellenic Society for Crippled Children. Mr Buxton's excellent report not only catalogues some of the problems and their remedies, but gives much practical detail of the means of putting these into effect.

Our colleagues in Greece and their friends are following a hard path, and, in offering them our very best wishes, we do so in no spirit of complacency.

BELGIUM

The Société Belge d'Orthopédie et de Chirurgie de l'Appareil Moteur holds ordinary meetings this year on February 18, March 18, April 22, May 20 and October 21. A special meeting on June 17 will be devoted to study of the reports of Dr Van de Voorde, Dr De Wulf and Dr Vereecken on "Le traitement des fractures anciennes du cou-de-pied." In October there will be an annual reunion with the Société française d'Orthopédie en Paris when there will be two main reports, "Les luxations de la rotule en dehors des luxations traumatiques récentes" by Dr Marcat of Paris and Dr Marion of Lyon, and "La Streptomycine en pathologie ostéo-articulaire" opened by Dr Gérard-Marchant of Paris and Dr Salmon of Marseilles.