APPOINTMENT OF PROFESSOR OF ORTHOPAEDIC SURGERY

We learn with great satisfaction that Mr Bryan McFarland, since 1948 Director of Orthopaedic Studies in the University of Liverpool, has been appointed to the University Chair in Orthopaedics. It might seem difficult for any man to succeed so great a teacher as T. P. McMurray but the cloak rests lightly on the shoulders of McFarland, whose intellectual stature is matched by his Celtic clarity of thought, fluency and impish humour. Qualifying with the M.B. of Liverpool in 1922, he proceeded to the M.D. in 1924 with a thesis of special merit, and later took his M.Ch.Orth. and F.R.C.S. He was a pupil under Sir Robert Jones and later his Second Assistant, and for twenty years he was assistant to McMurray. He was elected Assistant Orthopaedic Surgeon to the David Lewis Northern Hospital in 1928; in 1933 he moved to the Royal Southern Hospital, where he has held since 1935 the post originally occupied by Sir Robert Jones. He organised the after-care clinics for West Lancashire, Liverpool, Caernarvon, Anglesey and the Isle of Man, and for twenty years he visited them all and did the operating that they required. His first university appointment came as early as 1926, when he was made Clinical Lecturer in Orthopaedic Surgery. In 1944 he became Lecturer, and in 1948 Director of Orthopaedic Studies. It might be surmised that such achievements, combined with the apostolic atmosphere and rigid discipline of the Liverpool school, might have made him a little inflexible and austere; but this is not so. He is ready to listen to any man, and he has that outlook of inquiry which should inspire all university teaching. He has had enough leisure to become a very good shot, and he believes that he landed the biggest salmon from the Tay this year. As a host he is superb and as a raconteur incomparable. In short, he combines those virtues of learning, experience, wisdom, kindly approachability, expansiveness and versatility that we like to find in a professor.

AWARD OF DOCTORATE OF PHILOSOPHY

The degree of Ph.D. has been conferred on Mr P. K. Duraiswami in recognition of his research on the cause of congenital defects. This is the first occasion that the University has awarded the degree of Doctor of Philosophy for work in an orthopaedic subject.

THE BONE AND TOOTH SOCIETY

A meeting of the Bone and Tooth Society was held on June 14, 1951, at the Institute of Orthopaedics, London, with Dr E. F. Scowen in the chair. The subject was "Sex Hormones and Bone."

The ovarian cycle and the formation and mobilisation of medullary bone in birds—Dr H. A. Sissons described how the period of follicle maturation and development of egg shell was accompanied by extensive bone formation in the marrow cavities of the shafts of long bones; histological study showed alternating periods of intense osteoblastic and osteoclastic activity, which could be correlated with the deposition and mobilisation of bone. In mammals a similar, though differently situated, process of bone formation occurred after the experimental administration of oestrogenic hormones. The changes varied from species to species and from one variety of a species to another: in the mouse, bone formation began in the metaphyses of long bones and extended to the whole marrow cavity; in the rat there was in some degree failure of reabsorption of metaphysial bone trabeculae but no formation of additional trabeculae elsewhere; in the rabbit and dog, oestrogen did not produce any type of medullary bone formation. Oestrogen
inhibited epiphysial growth in many animals, though it was not known whether this change was produced by the direct effect of the hormone on the growing cartilage of the epiphysis or by interference with production of the growth hormone of the pituitary.

**Biochemical changes during the egg-laying cycle in birds**—Dr T. F. Dixon said that the increases in serum calcium in egg laying had at one time been thought analogous to those produced by parathyroid hormone; but the changes were in the non-diffusible phospho-protein-bound fraction, not in the ionic calcium. He compared the oestrogenic and osteogenic activities of sex hormones (α-oestradiol, for example, was oestrogenic but not osteogenic), contrasted the effects of oestrogens and androgens, and described the vitamin-D-like action of oestrogen whereby calcium absorption and retention were increased.

**Effects of oestrogens on the symphysis pubis of the mouse**—Dr K. Hall explained that small doses of oestrogens acted primarily on the bone, which was simultaneously deposited on the endosteal surface and reabsorbed from the periosteal surface of the dorsal walls of the innominate bone. The solid symphysial parts of the bone gradually disappeared and were replaced by vascular tissue containing many nuclei, which was thought to be derived from the marrow. After prolonged treatment, or if relaxin was given with the oestrogen, this tissue formed a collagenous ligament which filled the interpubic gap. The two hormones produced a rapid and extensive reabsorption and separation of the innominate bones and proliferation of a collagenous ligament, as in normal pregnancy. Progesterone inhibited the action of oestrogens on the pelvis of the mouse.

**Clinical uses of sex hormones**—Dr R. Nassim described conditions exhibiting osteoporosis, citing among his examples the menopause and old age. He emphasised the difficulties of obtaining radiological proof of the beneficial effects of sex hormones.

**Hyperostosis frontalis interna and Paget’s disease of the skull**—Dr O. C. Lloyd showed a patient in whom these two conditions were fortuitously associated. An interesting feature was the occurrence of the histological changes of Paget’s disease in areas with the general architecture of hyperostosis frontalis.

**REGIONAL ORTHOPAEDIC CLUBS**

**SOUTH-WEST ORTHOPAEDIC CLUB**

A meeting of the South-West Orthopaedic Club was held at the Prince of Wales Hospital, Cardiff, on May 5, 1951. The chairman was Mr A. O. Parker.

**Congenital dislocation of the hip**—Mr A. O. Parker outlined his management of patients with congenital dislocation of the hip. He said that the young baby with the head of the femur standing away from the acetabulum was best treated in Putti abduction plasters. Early gentle manipulation was satisfactory for effecting reduction, but if this was unstable a shelf operation was done. He described his method of using three small bone wedges cut from the iliac crest to maintain the shelf in position. In his opinion anteverision was not of great importance. There were only three cases of avascular necrosis in his series.

**Etiology of osteoarthritis**—Mr K. H. Pridie said that his interest in this topic had been stimulated by the occurrence of bilateral osteoarthritis of the hip after vascular changes in the heads of the femora in a patient who had suffered from caisson disease. The onset was rapid and suggested that sudden obliteration of the circulation had caused cyst formation in the bone, which caused in turn degeneration of the cartilage overlying the cyst. As a result of his studies he felt that osteoarthritis was mainly a vascular problem. In the discussion which followed Mr Norman Capener said that he believed that dysplasia of the head of the femur was responsible in many cases for osteoarthritis of the hip. Professor Trueta, who attended as a guest, said that he had been considering the problem of the etiology of osteoarthritis of the hip in the same way as Mr Pridie had, and he had reached similar conclusions.

**Injuries of the hand**—Mr E. Mervyn Evans stressed the importance of avoiding infection in wounds of the hand by careful cleansing and by securing an adequate covering of skin by split-skin or pedicle grafts. He favoured an acromiothoracic flap to an abdominal one in men but not in women. He emphasised the principle of conservation in the amputation of injured fingers, and he did not believe in removing small stumps of fingers. Although stiffness at the interphalangeal joints was compatible with satisfactory function, it was essential to maintain mobility at the metacarpo-phalangeal joints.

**Other papers**—Mr G. D. Rouley described a method of internal fixation with a bent plate after McMurray’s osteotomy. This made it possible to dispense with plaster and obtain early knee movement. Dr J. D. Spillane read a paper on spastic paraplegia in late adult life. Cases were demonstrated by Mr Dillwyn Evans, Mr D. N. Rocyn Jones and the junior staff of the Prince of Wales Hospital.
IRELAND

IRISH ORTHOPAEDIC CLUB

The Irish Orthopaedic Club was founded during 1950, mainly on the initiative of Mr R. J. W. Withers. The first meeting, an informal one, was held in December at the Steevens Hospital, Dublin, and osteoarthritis of the hip was discussed. A further meeting was held at the Royal Victoria Hospital, Belfast, on June 9, 1951. The following were present: Messrs Chance, Cherry, McAuley, O’Connell, O’Driscoll, Lyttle, Hall, Martin, Wilson and Withers.

Mr Withers opened the meeting by describing the history of orthopaedic surgery in Northern Ireland and its present problems and achievements. There was then a discussion on congenital dislocation of the hip, at which patients were shown. Mr Wilson put forward the views of the Belfast school on the treatment of this condition—that gentle reduction by traction, abduction and flexion over a period which might extend to several months gave better results than immediate operation. During the past four years alternate cases had been subjected to immediate operation and conservative treatment; those patients operated upon showed changes in the architecture of the femoral head and stiffness of the hip more often than the others. The second part of the meeting was held in the Belfast City Hospital, where some thirty cases of tuberculosis of the pelvis and lower limb were demonstrated by Messrs Martin and Wilson. A method of ischi-femoral arthrodesis was shown, in which the graft was taken from the great trochanter on the same side as the arthrodesis or from the femoral shaft immediately below the osteotomy, so that interference with the normal tibia was avoided.

BELGIUM

ACTA ORTHOPAEDICA BELGICA

The issue of *Acta Orthopaedica Belgica* for June 1951 contains two papers on the treatment of hallux valgus and hallux rigidus.

M Ch. De Racker writes on simple resection of the exostosis or the first phalanx in the treatment of these conditions. Of 146 toes treated by resection of the exostosis, he achieved good results in 76 per cent, satisfactory results in 10-5 per cent and bad results in the remainder. These were assessed at an average of three years after operation. He resected the first phalanx in 113 cases, of which seventy were of hallux valgus and forty-three of hallux rigidus. His results were generally good; after an average period of four years after operation 84 per cent of these patients stated that they were satisfied with their treatment. He holds that one-half to two-thirds of the phalanx should be resected; insufficient resection means insufficient mobility, particularly in cases of hallux rigidus. M R. Soeur, writing on the surgical treatment of hallux valgus and hallux rigidus, explains that he operated on only twelve out of 124 cases of hallux valgus and eight out of sixty-nine cases of hallux rigidus seen at his own clinic. He describes the three operations from which he chooses his treatment of hallux valgus according to clinical and radiographic findings: a reconstructive operation including arthrodesis of the metatars-cuneiform joint and removal of the exostosis; a stabilising operation, by arthrodesis of the metatars-o-phalangeal joint; and a palliative excision of the exostosis alone. He treated hallux rigidus either by arthrodesis of the metatars-o-phalangeal joint or by a palliative removal of the exostosis. In the same issue, MM C. Van de Voorde and P. Alexander write on the operative treatment of malunited fractures of the clavicle. They emphasise the importance of achieving exact reduction of these fractures, and recommend prompt surgical treatment if reduction is not easily gained by conservative measures. They treated fifteen patients by medullary wiring and obtained good results; they believe the same method is in some cases useful in the treatment of old malunited fractures.

CANADA

R. S. McLAUGHLIN FOUNDATION IN SURGERY

Mr R. S. McLaughlin, the Canadian industrialist, has given over $1,000,000 to found travelling and research fellowships for suitable graduates from Canadian medical schools to study at centres in the Dominion or abroad. The Foundation is expected to have an income over $80,000 a year, and awards will be made to graduates who intend to spend all or part of their time in teaching; they will be chosen by committees set up at the appropriate Canadian centres. The idea of this Foundation was put forward to Mr McLaughlin by Dr W. E. Gallie, who is one of the trustees. He said that the first fellows would probably be chosen next year from applicants who had completed their medical training and been selected for appointments at the clinical departments of Canadian medical schools. He hoped that the Foundation would check the exodus of young Canadian graduates to the United States, so that they could be trained to occupy teaching positions in the Dominion.
NEW ZEALAND

UNIVERSITY OF OTAGO

Mr N. W. Nisbet, who was formerly Resident Surgical Officer at Oswestry for six years, then an orthopaedic specialist in the R.A.F. and later orthopaedic surgeon at Coventry as a N.H.S. consultant, has been appointed Associate Professor of Orthopaedics in the Medical School of the University of Otago, Dunedin, and Director of Orthopaedic Services, a newly created post.

EAST AFRICA

ASSOCIATION OF SURGEONS OF EAST AFRICA

Twenty years ago, surgery had so uncertain a foundation in the Colonies of Central and East Africa that much of the time of pioneers was spent quite ineffectually in trying to persuade natives to come into hospital for the treatment of tumours so colossal that, to most of us, no argument would have seemed necessary. To-day the position is quite reversed. African patients now have such faith in surgery that with the limited number of hospital beds available it is quite impossible to meet their demands. This is indeed a most amazing story, and it pays enduring tribute to those who by skilful treatment and kind understanding have created confidence in the minds of the masses who once were swayed by medicine men.

And let none think that Nairobi, Entebbe, Kampala, Lusashla, Broken Hill, Ndola, Ncana and the other towns and cities of these vast territories are still dim parts of "darkest Africa." The new native hospital in Nairobi, which was opened a few months ago, has operating theatres and hospital wards so magnificent that most London surgeons would willingly exchange all the theatres and wards they have for the half of it. In Uganda there is Makerere College where a medical school for Africans is already competing with the medical schools of Great Britain under the direction of Professors Galloway, Holmes and Davies in the Departments of Anatomy, Physiology and Pathology, John CooK, formerly of Bristol, as professor of surgery, Dr A. Williams as head of the Department of Medicine, Miss Rendle Short directing the Department of Obstetrics and Gynaecology, and a host of enthusiastic workers who are co-operating with them. In the copper belt of Northern Rhodesia there is excellent hospital equipment and every facility for modern therapy. Few know how rapidly surgery has developed in East Africa.

VOL. 33 B, NO. 4, NOVEMBER 1951
It is not therefore surprising that a new Association of Surgeons of East Africa was recently established at a formal meeting held in the Council Chamber of the City Hall, Nairobi. Mr C. V. Brainbridge of Nairobi was elected first president, Mr W. H. Kirkaldy Willis of Nairobi honorary secretary and Mr G. E. Nevill honorary treasurer. Dr Donald H. Abbott, F.A.C.S., of Kisumu, was one of the pioneers of the development. The meeting was attended by representatives who had travelled hundreds of miles—some more than a thousand miles—from Kenya, Rhodesia, Nyasaland and Uganda. The constitution of the Association is based on that of the Association of Surgeons of Great Britain and Ireland with which an affiliation has been established.

At the inaugural meeting opened by Dr T. F. Anderson, Director of Medical Services in Kenya representing the British government, clinical and scientific papers were presented on Tumours of the Jaw by Mr J. F. Jarvis, Uterine Prolapse by Mr Keith Duff, Treatment of Ulcers by Mr Miller, Otosclerosis by Mr W. E. Powell, and Arthrodesis of Joints by Mr Kirkaldy Willis with a colour film prepared by Dr Guy Johnson, including magnified close-ups that were quite breath-taking in their excellence. All subjects were discussed vigorously, not least the audible clicks that Mr Jarvis said he could elicit when he probed the third ventricle. Messrs G. Anderson, H. Williamson and A. Wood were elected members of Council for Kenya and Messrs I. McAdam, J. McDonald and M. Roberts for other territories. Thirty-four foundation fellows—all with higher surgical qualifications and practising surgery—were elected. Sir Reginald Watson-Jones who attended the meeting as Arthur Sims Commonwealth Travelling Professor of Surgery was elected the first honorary fellow.

INTERNATIONAL SOCIETIES

INTERNATIONAL CONGRESS OF INDUSTRIAL MEDICINE

The tenth international congress of industrial medicine was held in Lisbon, Portugal, from September 9 to 16, 1951. Over 200 papers, covering all aspects of this widening field of medicine, were presented. The following were among the papers of orthopaedic interest.

Rehabilitation of the disabled worker—Dr Joaquim Gamboa (Portugal) made a strong plea for the further development of rehabilitation services for injured workmen. He deplored the wide discrepancy that existed in most countries between the efficient and productive rehabilitation of those injured in war and the inadequate services for those disabled by industrial accidents. The relative failure of industrial rehabilitation might be attributed to the system of compensation payments, which tended to retard recovery of function. He urged revision of the compensation laws and the foundation of a special committee connected with the International Committee for Industrial Medicine to encourage improved rehabilitation services throughout the world. Dr Mario Jaquet (Portugal) emphasised the social, economic and human importance of rehabilitation after industrial accidents and described the organisation of adequate rehabilitation services.

Natural acquisition of radioactivity in the body—Dr K. Mutsvany (London, England) mentioned a number of naturally occurring radioactive substances that might find their way into the body by ingestion or inhalation. They included, first, cosmic rays, which caused a minimum radiation dose of 10 to 15 r during an average lifetime; and secondly, various radioactive isotopes such as those of hydrogen, carbon, potassium, rubidium, samarium and luteum, and others. The possible significance of these agents acting over a lifetime in the causation of sarcoma and carcinoma was discussed.

Coexisting Pelligrini-Stieda's syndrome, rheumatic fever, Baker's cyst and periarthritis of shoulder—Dr J. A. Neiva Vieira (Portugal) described a case of rheumatic fever in an adult who had at the same time a Baker's cyst, Pelligrini-Stieda's syndrome and periarthritis of the shoulder. He attributed Pelligrini-Stieda's syndrome to calcification of the fascia described by Nachlas and believed that it might be of either traumatic or rheumatic origin.

Tomography and planography in examination of the spine—Dr J. Gutierrez del Olmo (Spain) emphasised the value of tomography and planography in the radiographic diagnosis of diseases of the spine.

Infections of the hand—Dr Jorge D. Mineiro (Portugal) reviewed the results obtained from excision and primary suture in certain infections of the hand. Results had been good in a large series of patients treated by this method while the author was working in Oxford. The technique of the operation at various sites was described.

Calcification of the coraco-clavicular ligaments after acromio-clavicular dislocation—Dr A. de Sousa and Dr A. Veiga (Portugal) recalled that calcification may occur in the coraco-clavicular ligaments after injury, and described nine cases. It may become evident up to six months from the time of the injury. Early movements should not be allowed after acromio-clavicular dislocations.