onset of her illness, and precautions had been taken against direct transfer of infection.

Owing to scratching, secondary infection of the bullae in the second case was considerable and cardboard arm splints were required. Local treatment with cetrimide cream and systemic tetracycline was maintained, and by the 28th day of his illness he was completely clear. Both he and his sister were afebrile during the period of observation, showed no signs of toxæmia, and had good appetites throughout.

On September 5, 23 days after the onset of the first case and 10 days after the onset of the second case, the mother of these children, aged 28 years, believed not to have had chicken-pox, developed three groups of small soft bullae on the flexor surfaces of the left arm, forearm, and wrist, and one on the right forearm. These bullae were about 1 cm. in diameter except that on the wrist, which was 2 by 3 cm. There were no other bullae or pocks and no systemic disturbance. The lesions responded rapidly to soaks of 1 in 2,000 potassium permanganate, and by September 24, 19 days after their appearance, they had healed completely.

The mother believed that these lesions had arisen from contact with those of the second case, as they occurred on those parts most closely in touch with him when she held him in her arms for the frequent nursing attention required, and the appearance was certainly more that of a direct inoculation than a systemic infection.

Throughout the present epidemic no similar case has been reported from this small housing estate or from a larger one near by.

The second of the cases described was cared for by my colleague, Dr. Phyllis Phipps, during my absence on holiday.

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A Case of Paget's Disease of the Patella

Paget's disease is by no means unknown in the patella, but in almost all cases in which it has been reported in this situation the disease has been widespread throughout the skeleton. This was so in the cases reported by Packard *et al.* (1901), Sugarbaker (1940), and Gutman and Kasabach (1936). The largest series referred to was that of Dickson *et al.* (1945), who found involvement of the patella in only 4 cases out of 367. The present case is of interest in that the disease process was confined to one knee-cap.

CASE HISTORY

The patient, a man aged 46, complained of aching pain in front of the left knee for three and a half months. There was no history of injury, and the pain, of gradual onset and at first intermittent, had become progressively more troublesome.

On examination, the left knee was found to be warmer than the right. There was palpable enlargement of the left patella, but the knee was otherwise strikingly normal. X-ray examination (see illustration) showed a hyperplastic reaction in the patella, and a tentative diagnosis of Paget's disease was made. There were no symptoms related to the other limbs, trunk, or skull, and x-ray films showed no lesion in any other part of the skeleton.

At operation on May 3, 1955, the left knee-joint was opened by a medial parapatellar incision. The naked-eye appearance of the interior of the joint, including the articular surface of the patella, was normal. The patella was excised and the extensor mechanism repaired with mattress sutures of No. 30 linen thread, overlapping the ligamentum patellæ over the quadriceps tendon. The limb was treated in plaster in extension for six weeks, the patient walking in the P.O.P. from two weeks after operation. Exercises were started out of plaster on June 22, and by the end of August the patient had a fully mobile, strong painless knee.

The excised patella was submitted to Dr. J. E. Morison, of the Belfast Central Laboratory, who reports: "There is very active osteoclastic absorption with numerous multi-

nucleate osteoclasts. In other areas there is very active deposition of bone, and osteoblasts are prominent on the bone trabeculae. Ackerman states that Pagetoid mosaic bone can occur in polyostotic fibrous dysplasia. I suppose it could also be expected to occur in monostotic fibrous dysplasia, but I think there can be little or no doubt that the appearances are those of Paget's disease. In no other condition is there such widespread absorption and deposition of bone within localized areas."

The sections have also been examined by Professor R. A. Willis, who writes: "Although the mosaic pattern is not

Lateral view of the affected knee before operation.

very prominent, the lesion is probably Paget's disease. I do not know of any record of this being confined to the patella."

Comment.—I have not been able to find a reference in the English or American literature to a case of Paget's disease confined to the patella. The present case is therefore distinctly unusual even if we concede that other parts of the skeleton in this patient may become affected in the future. Little is known about whether, or how, Paget's disease spreads from one area of the skeleton to another. Is it a disease of multicentric origin? Or does it spread directly from a single original focus? Has the removal of the only evident focus in the present case entirely eradicated the disease in this patient? Prolonged follow-up may answer the last question and provide a single shred of evidence towards answering the others.

In the meantime this case provides a most unusual example of the distribution of Paget's disease with a gratifying local and functional result following surgical treatment.

[Since this paper was submitted for publication the patient has died from an unrelated disease (coronary thrombosis). There was no opportunity for a post-mortem examination or the proposed long-term follow-up.]

I wish to thank Mr. R. J. W. Withers for permission to publish this case, and Dr. J. E. Morison and Professor R. A. Willis for their opinion on the sections.

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