One further reason for reporting the case should be mentioned. The patient's wife became very alarmed, as have other relatives recently, when the operation was first suggested. This was in part because of her general practitioner's fears about leucotomy, which could have been derived from the correspondence column of the *British Medical Journal*. It is hoped, as a result of this report, that others who might benefit from this operation in the future will not lose their chance of being helped solely because of misinformed opinion or theoretical prejudice. A reasonable caution is bound to follow a careful study of actual results.

Further Note.—During proof correction the patient was again seen by one of us (C.M.S.) on November 4, 1947. He is working regularly with his old firm and his work on a printing machine is reported as satisfactory. He is still tired in the evenings and goes to bed earlier than usual. Frequency of micturition, present before the operation, is now increased. The wife reports a few minor bouts of irritability have occurred, which quickly pass; otherwise he remains thoughtful and considerate. He is again taking her to dances and resuming his old social contacts. He is normal sexually, his appetite is good, and he has gained weight.

Our thanks are due to Dr. L. Minski for providing the patients and the facilities for research at Sutton, and to colleagues at Sutton who have allowed us to examine leucotomy patients under their care.

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Medical Memoranda

An Unusual Knee Injury

The unusual nature of the following case makes it worthy of record.

CASE REPORT

A young airman was admitted to hospital complaining that he could not straighten his right knee. He said that he and a friend had been cycling along a main road, when their cycles had become locked so that they had both been thrown to the ground. On inspection there were sundry abrasions and an obvious lateral dislocation of the patella. Routine radiographs (Figs. 1 and 2) showed, much to my surprise, that there was also present a long metallic foreign body with a chisel-like edge. In view of the fact that there was no evidence of splitting of the bone it was considered that the foreign body was most probably lying in the suprapatellar pouch, and that one of the abrasions must be a partially closed wound of entry.

FIG. 1.—Radiograph showing lateral view of foreign body.

At operation unexpected difficulty was experienced in reducing the patellar dislocation. The suprapatellar pouch was empty, and on extending the incision downward the foreign body was found. Only about 1/4 in. (0.64 cm.) was projecting from the inferior surface of the medial femoral condyle. It was firmly wedged and great force was required to pull it out, when it was revealed as being 1 3/4 in. (4.7 cm.) of the distal end of a 1/8-in. (0.3-cm.) screwdriver.

The patient made a good recovery. Radiographs taken five weeks after the operation showed no irregularity of the articular cartilage. He was given faradism and after six weeks was discharged to an R.A.F. hospital, with no free fluid, and with full extension and active flexion to 80 degrees. A fortnight later he returned to his unit on light duties.

COMMENT

To explain the presence of the screwdriver I had to suppose that the piece had been lying in the road and had been knocked up into a vertical position by the falling cycle and had been in this position when the patient's knee fell on it. This rather

FIG. 2.—The foreign body from another aspect.

far-fetched theory held the field till the friend, who had been told of the findings, arrived with the rest of the screwdriver, which he had found in the tool-bag of his cycle in the condition shown in Fig. 3. Presumably the point of the screwdriver had

FIG. 3.—The broken screwdriver.

come out through the tool-bag flap in the fall, entered the femur, and got broken off, the rest of the screwdriver having fallen back into the tool-bag. The screwdriver was of poor quality, and the break was a fatigue fracture at the point of torsion.

The mechanism of the accident has been explained, but the absence of even a small split in the femur from an instrument which had penetrated a distance of 1 1/2 in. (3.8 cm.) and was so well adapted for shearing off the entire condyle is rather surprising. Perhaps the fact that the screwdriver entered slightly across the grain, coupled with the sudden breaking of its shaft, is the explanation.

I am indebted to Mr. Lloyd, radiographer to the hospital, for the x-ray prints; to Mr. Beven, of Messrs. Baker Perkins, Ltd., for the opinion on the screwdriver fracture, and to Mr. Guscott, of the same firm, for the photograph.

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Two Mongol Children in a Family

The rarity of the occurrence of two mongol children in the same family is sufficient warrant for putting any case on record. Brousseau in his monograph on mongolism quotes Goddard as stating that in an experience of 322 cases he had never met with more than one affected child in a family, nor had Schlapp, working among the mental defectives in New York. My own experience in more than 200 cases has been similar.

In the present instance both parents were strong and robust dalesfolk, and at the birth of the first child—a boy now 9 years of age—the father was 32, the mother 21. The second child, a girl, was born fourteen months later. There have been no subsequent pregnancies. Both babies were breast-fed, and both

show the typical physical and mental characteristics of mongolism but no other abnormalities, and the tongues are not fissured. Both have hyper-extensibility of the thumbs and both adopt the Buddha position when sitting on the floor. They show medium-grade imbecility and, as is always the case, are fond of music and keep themselves clean and tidy.

COMMENTARY

The statement frequently made that the mongol most usually appears at the end of a large family when the parents are no longer young and the mother is approaching the climacteric requires modification, as may be seen from Table I, compiled from my own completed records and the figures given by Brousseau:

TABLE I.—Position of Mongol Child in Family

Order of Birth	Present Author (154 Cases) %	Brousseau (772 Cases) %
1st	23.3	25.2
2nd	23.3	19.8
3rd	10.4	13.5
4th	8.5	7.9
5th	8.5	6.5
6th	7.8	6.6
7th	7.8	6.7
8th	2.6	5.6
9th	2.6	5.3
10th	5.2	2.9

Thus 57% (58.5% according to Brousseau) of mongols occurred in the first three pregnancies, and in the greater number the parents appear to be perfectly normal physically and mentally. Benda found 124 mongols in 255 to belong to the first or second pregnancy. There is a progressive drop in successive pregnancies until the tenth is reached, when there is a small rise, which has little statistical value. Another very marked phenomenon is the rarity of mongolism in contradistinction to other forms of mental deficiency, and its comparative frequency amongst the more able and studious and the professional classes.

The age of the parents appears to play some part, the nature of which is obscure. Table II shows the percentages in two series of observations.

TABLE II.—Parents' Ages at Time of Birth of a Mongol Child

Age	Fathers %		Mothers %	
	Present Author	Brousseau	Present Author	Brousseau
Under 30	20.2	19.2	18.1	27.1
31-35	7.2	20.8	13.6	15.3
36-40	23.2	21.6	30.1	26.3
41-50	49.3	38.4	37.9	31.3
Total cases included	154	412	—	582

In his recent book, *Mongolism and Cretinism*, London, 1947, Benda states that 42% of the mothers were under 35, and quotes Beidleman as finding an identical percentage.

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Angioneurotic Oedema as a Possible Sequel to Penicillin Administration

Angioneurotic oedema is rare enough to warrant attention, and the following case is of special interest in view of the possible aetiological connexion between the symptoms exhibited and the administration of penicillin.

CASE REPORT

A young woman who had been very seriously ill with septicaemia in a London County Council general hospital was admitted here early in June, 1947, for rehabilitation. Her general condition, considering the severity of the illness, was surprisingly good—a fact we attributed to the large amount of penicillin she had received (15,840,000 units).

Progress was somewhat slow but, nevertheless, uninterrupted until on the evening of the twelfth day after admission she complained of severe pain in the right side of her neck. The temperature rose to 102°–103° F. (38.9°–39.4° C.), and a swelling began to develop below the styloid process. Penicillin in doses of 50,000 units four-

hourly was immediately started. By next day the swelling had greatly increased, and extended down the whole length of the sternomastoid muscle. Fluctuation was present and, although other cardinal symptoms of inflammation were absent, it was decided, in view of her previous history, to incise. A thorough exploration was made under thiopentone, but no pus was found. On the other hand the tissues were oedematous, especially the sternomastoid muscle, which was swollen to three times its normal size, and the subsequent dressings were wet with serum. Three days later everything had subsided and penicillin was discontinued. A tentative diagnosis of angioneurotic oedema, supported by a completely normal blood count, was made. The white cells numbered 6,000 per c.mm.

On the eighteenth day the temperature again rose abruptly to 103° F., and a painful fluctuating swelling developed over the supinator muscles below the right elbow. This rapidly increased in size to that of a large duck's egg. In view of the previous experience it was left severely alone, only ephedrine in 1/2-gr. (32-mg.) doses three times a day being given. Three days later the swelling had disappeared and the temperature had returned to normal. The blood count was normal except for a slight reduction in platelets to 200,000 per c.mm.

A quiescent period followed, but on the nineteenth day from the resumption of penicillin therapy the temperature again rose and the patient developed a cough with frothy, watery sputum. Beyond slight catarrhal changes no physical signs could be detected, and x-ray examination revealed no abnormality. These symptoms again lasted for three days and were followed by acute abdominal pain in the right iliac fossa. This presented a difficult problem, as the maximum tenderness was exactly over McBurney's point, and with a temperature of 100° F. (37.8° C.) and a pulse of 98 there seemed little doubt but that the appendix, too, was oedematous. Fortunately for all concerned these symptoms subsided rapidly and the pain shifted to the left epigastric region and the left costal margin. The spleen was just palpable. Three days later the epigastric pain became intense and vomiting was frequent. Fluids were returned blood-stained, suggesting oedema and congestion of the gastric mucosa. Once again these symptoms persisted for three days.

During the whole of this period it was noted, especially by the nursing staff, that from time to time the patient became somewhat eccentric and irrational for short periods—symptoms which might point to small oedematous lesions in the brain. The condition now appeared to have burned itself out and there were no recurrences.

Other pathological investigations showed: a sedimentation rate increased to 13 mm. in the first hour, a clotting time slightly up at thirteen and a half minutes, and a bleeding time within normal limits at four minutes.

It will be noted that there were two separate attacks with an interval of ten days between. While it is impossible to dogmatize, the absence of any other aetiological factors and the fact that before each attack penicillin had been administered in large doses at least render it suspect as the causal factor. The patient had never suffered from such a condition before and there was nothing in her history even to suggest an allergic diathesis. Another curious feature was the site of election in each attack. During the first the skeletal musculature was singled out, while in the second the visceral and internal organs were involved.

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Mr. L. Z. Cosin spoke on "Modern Methods in the Care of the Aged" at the Royal Institute of Public Health and Hygiene on Nov. 19. Mr. W. E. Tanner was in the chair. Mr. Cosin said that the aged population of Great Britain had risen from 2½ million (1901) to nearly 6½ million (1944) in about 40 years, while the Beveridge Report anticipated a further rise to 9½ million of pensionable age by 1971. The problem became more serious when they found that the number of invalids per 1,000 population rose steeply after the age of 60. More adequate treatment for the aged sick required a different type of organization for their especial needs; this had been referred to in the recently published Report of the British Medical Association on the care of the aged sick. This postulated the provision of geriatric departments in each district hospital of the Regional Hospital Boards. Pilot units in this country were working on these lines, and the results had been very gratifying. Patients could be transferred to appropriate long-stay annexes only when it was considered that maximum improvement had been attained. Thus there would be long-stay annexes for the frail ambulant, for the permanently bed-fast, for the senile confusional states, and for those patients whose needs were largely residential and nutritional. The most important specialists in a geriatric department were, first, a general physician experienced in the diagnosis and treatment of aged patients; secondly, a psychiatrist. It was unfortunate that the psychological difficulties of the senile were so little appreciated, because many of the senile confusional states rapidly responded to treatment.