I make the most earnest claim that the family doctor should be the person to deal with this subject, whether with or without consultation with special clinics or consultants. I submit a few reasons for this in summing up some of the points to which I have drawn attention.

1. If the true facts, as shown in the above tables, about the chances of immediate conception and natural rate of child-bearing were explained, many young couples would begin married life naturally, unhampered by artificial contrivances. Such explanation is best given by the family doctor.

2. Most people of education in marriages of true affection would respond to the doctor's advice that it is not for the good of themselves or of their offspring to come together when either does not desire it.

3. The doctor knows the whole circumstances of the case in question, and how pressing or otherwise is the demand for some means of preventing conception, which may vary from avoiding a risk which would be almost certainly fatal, to anxiety as to whether financial resources will adequately maintain and educate another child.

It has been said that the medical practitioner is unable or unwilling to deal with this question, and has no training to equip him for giving wise advice suitable to each case.

I suggest that the remedy for this is that all that is at present known in regard to this subject should be taught to medical students, and their responsibility in regard to it be emphasized. If the family attendant refuses help in this respect it cannot be a matter of complaint if patients seek knowledge and helpful advice from a practitioner who is willing to give it.

One last word as to the medical aspect of the present situation from a wider point of view. The birth rate of the artisan class is falling most rapidly, but closely comparable is the fall in the upper and middle classes. The birth rate is actually rising among miners and unskilled labourers—that is to say, classes in economic comfort are becoming unnaturally sterile, while classes in or approaching destitution are unnaturally prolific.

In physical values, if only through being reared in unfavourable environment, the latter must be lower in vitality than the former, and as the proportion of healthy members of the race is gradually diminished and the proportion of ill-developed members is increased, the physical standard of the national health must deteriorate.

From a medical point of view the position is disastrous, and would not, in my opinion, be cured if all contraceptive practices were swept away. We should thereby add somewhat (though not to the extent imagined) to the stock of those who can afford physical necessities of health, but more drastic measures from a public health point of view are needed to arrest the fertility associated with destitution.

A CASE OF OSTEITIS FIBROSA.

BY

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THE following case presents some points of interest, and may be considered worthy of publication.

A girl, aged 18, cashier in a draper's shop, complained of "cutting pains" in the right knee, which gave out when she was walking. The pains were intermittent, did not incapacitate her from work, and lasted from October to December, 1926.

On Christmas Eve, 1926, she complained of pain in the right tibia, and took to her bed on January 4th, 1927. She then noticed a swelling about the middle of the tibia, and the pain became definitely worse. On examination I found a uniform swelling apparently involving the whole circumference of the bone at the junction of the upper two-thirds and lower third of the right tibia. There was some tenderness on deep pressure, but no other physical signs any-

where. No history of any blow or injury could be elicited. An antero-posterior x-ray photograph was taken of the right tibia and fibula, and showed a small area of rarefaction at the site of the swelling. A provisional diagnosis of chronic osteomyelitis was made, and the patient kept in bed, her temperature and pulse being carefully watched. At the end of a fortnight the pain had subsided and there had been no rise of temperature or pulse. The patient was allowed up and told to report again should there be any recurrence.

In March, 1927, she complained of a gradual onset of pain in the right hip-joint, saying that she got very stiff on sitting down and could not walk on rising. On examination there was a quarter of an inch true shortening of the right leg, marked limitation of movement on abduction, and some tenderness on pressure over the joint. A skiagram showed marked rarefaction of the neck of the right femur, with a spontaneous fracture extending about half-way across it. The upper half of the shaft also appeared to show rarefactive changes. The patient was put to bed for three months and given tab. parathyroid and calcium (P.D. and Co.) thrice daily, and began to walk again in August, 1927. There were no more symptoms, and another skiagram was taken in October. This showed rather more marked rarefaction in the neck of the right femur, but the fracture appeared to be healed.

In April, 1928, the patient again complained of some increase in size of the tibial swelling, with slight intermittent pain in this situation. A lateral view of the tibia revealed an extensive area of rarefaction with marked thinning of the bone. Permission could not be obtained for removal of some blood for the Wassermann reaction and calcium content estimation.

The comparative rarity of this condition and lack of definite knowledge concerning the fundamental metabolic errors responsible seem to make this case worthy of record. The condition is sometimes associated with parathyroid tumours; in this case there were none discovered.

Radiogram of right tibia and fibula, April 4th, 1928.

A CASE OF PARTIAL STAPHYLOMA OF THE CORNEA.

BY

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A STAPHYLOMA corneae parziale, the scar of which is giving way, complicated by a staphyloma totale of the other eye, is a somewhat rare condition, so the following case seems to be of sufficient general interest to merit publication.

A young South African farmer, 18 years of age, living at Eldoret, some three hundred miles from Kampala, had a severe infection of both eyes when 3 years old. His parents were on trek miles away from any town, and it was only by the good offices of a regimental surgeon whom they fortunately met that the child's sight was not entirely lost. As it was, the one eye was completely and the other partially blind. The boy first went to school when he was 16, but at his first half-term holiday it was noticed that his sight had deteriorated a little, so on the advice of a doctor he was removed from school and took up farming. The father reported that the sight had again begun to fail during the last two months.