Clinical and other Notes.

FRACTURE OF THE ODONTOID PROCESS OF THE AXIS.

By MAJOR C. B. C. ANDERSON,
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An example of this rather unusual injury has recently come to my notice, and is of sufficient interest to merit being placed on record.

The history of the case is as follows: The patient, a young healthy N.C.O., was involved in a motor accident about three weeks before I first saw him. The car had overturned and he had been thrown out on to the road. He was not sure which part of his body first hit the ground. He stated that he did not feel concussed, and was able to walk a mile to the nearest telephone very soon after the accident. He returned to his camp by bus, and reported sick the same evening, complaining of "a very stiff neck" and pain at the back of the neck. The medical officer's note on his condition that day stated: "Pupils sluggish, headache, severe pain behind ears and neck, nodding and side to side movements very limited and painful. Reflexes, knee-jerks, Babinski, etc., normal. No sensory disturbance." Patient was sent to the nearest hospital where X-ray apparatus was available. He was kept there for seven days. The radiograms taken did not reveal any fracture. He returned for treatment at the M.I. Room, where he attended for massage. A few days before he was sent to me, he noticed "grating" when he moved his head, and his M.O. confirmed this by auscultation. The patient was referred to me for further investigation, and I was able to make the following observations on his condition.

He walked in to see me with his head held in an attitude of semiflexion. He complained of stiffness and pain in the neck. Both active and passive movements of the head and neck were limited and caused discomfort. There was no special area of tenderness. No deformity of the cervical spinous processes was observed. I was not able to elicit the "grating" which had previously been reported. Palpation of the posterior pharyngeal wall did not reveal any definite tenderness or alteration in outline. Symptoms and signs referable to the nervous system were conspicuous by their absence.

Radiograms were taken. In the antero-posterior view taken through the mouth, a fracture across the base of the odontoid process was distinctly seen. The lateral view did not show the fracture, and the atlas and axis appear to be intact.

Treatment has consisted in immobilization of the head and neck in plaster. No sign of spinal cord involvement has developed.

Reference to literature on the subject of injuries of the atlas and axis
shows that fracture of the odontoid process may occur alone, or in association with fracture of other parts of the axis, or with fracture or dislocation of the atlas. The commonest site at which the fracture of the odontoid occurs is through the neck of the process close to its junction with the body of the axis. It may also occur through the tip of the process, or the line of fracture may include a portion of the body of the axis.

In a fairly high percentage of cases spinal cord symptoms are absent altogether, and this fact may lead to a certain number of cases being overlooked. This applies especially to cases in which the fracture involves only the odontoid process while the axis and atlas escape injury. Injuries in this region are not always fatal, and though spinal cord symptoms may be absent in the initial stages, they may arise later.
A CASE OF MALARIA CONTRACTED IN ENGLAND.

By Major Alexander Hood,
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Gunner H. G., aged 22, total service two years, was admitted to the Cambridge Hospital, Aldershot, on July 25, 1932, complaining only of headache, which was of sudden onset at 2 p.m. that day. He had no other symptoms and when questioned denied any shivering; he had not vomited; temperature on admission was 101.8° F.; pulse 96. There were no catarrhal symptoms and no physical signs. On the third day after admission he had a rigor, temperature rising to 105° F.; a blood-culture was made. On the fifth day after admission he had another rigor; by this time his spleen was palpable and blood-smears showed rings and schizonts of P. vivax.

The patient was abroad on one occasion only, in California, for two months in 1921. Apart from appendicitis and influenza in 1931 and 1932 he has had no previous illnesses. He has not been out of England since 1921 and has no history of malaria; his infection must have been contracted in England.

He has been stationed at Ewhott from November, 1930, to March, 1932, and at Crookham Camp from 1932 (March) to date of admission to hospital. Since March, 1932, he has been sleeping in a room by himself. He has no recollection of being bitten by any biting insect during the past three months nor does he know of any friends who have recently had malaria. During the winter 1931, troops from Egypt returned to Ewhott and some of these may have carried the infection, while the warm weather in June of this year produced very large numbers of mosquitoes. The temperature chart shows the continuous temperature for the first three days, followed by the more typical malaria temperature and the rapid improvement when the diagnosis was made and the patient treated with quinine.
It is interesting to note that a case of English malaria was reported from an adjoining area (Pirbright) by Lieutenant-Colonel R. C. Priest, R.A.M.C., in the Journal of the Royal Army Medical Corps, vol. lvii, p. 448.

Major T. O. Thompson, R.A.M.C., informs me that he has captured several Anopheles maculipennis in this area this year.

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**Echoes of the Past.**

**THE REMINISCENCES OF AN ARMY SURGEON.**

**By Lieutenant-Colonel W. A. Morris,**

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(Continued from p. 305.)

Passing through Rampore, we soon made a sharp turn to the left, and espied the ruins of a large temple on the right. I walked up to it, and was struck by its handsome decoration, and its solid permanent character. This is the Panchiah (Five Fakirs) Temple; I am quite uninstructed in these matters, but can well understand the pleasure it must give an archaeologist. Continuing our journey, we noticed the change in the character of the scenery, and knew we were approaching the enchanting valley. The route from Kohala was a gentle rise to between four thousand to five thousand feet at Baramula. We then descended for a short distance to the level of the river in a small plain, held the bank on our left, and in half an hour ran into Baramula. We were now fairly in the valley, and at the starting point of our wanderings for the next few months. Discharging our transport we entered the Dak Bungalow, which is pleasantly situated on the bank of the river. The view was very beautiful. In front were very high hills leading up to a vast sanctuary for all animals, organized by the State, and only very few sportsmen are allowed to visit it. Looking up the river there were numerous houseboats of various sizes and descriptions, waiting for the arrival of those visitors who had hired them, amongst them was our miniature fleet, upon which we embarked the next day. Visitors for Gulmarg, which is fifteen miles away, change here.

I called upon the Reverend Symons at his Rectory and School. This Reverend Father had been some years at Baramula, and had established a very fine school, and also had become a leading authority on Kashmir stamps.

I went all over the school and through the dormitories and class-rooms, and was surprised at their modernity (1911), and first-class healthy arrangements. Attached to the school were fine playing grounds.

Father Symons has arrangements for the sick, and I was asked by him to write a prescription for eczema capitis, which is rather common among