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There seem to be two types, giving different radiological appearances. In one, as in your case, the bodies throw an oval or circular shadow with a fairly definite outline (possibly these are the laminated type which Timbrell Fisher speaks of); in the other the shadows are irregular and spicular with a very indefinite outline. This is the type, I think, which at operation shows the bodies to be largely cartilaginous, very nodular on the surface like blackberries, with an irregular calcified or ossified nucleus. In this type, there are cobweb-like vascular adhesions holding the loose bodies together, and to the synovial membrane, so that they are not really completely mobile. This possibly accounts for the absence of arthritic change.

"I am interested in that curious rod-like opacity in the upper end of the ulna in both arms. Just an anatomical peculiarity, presumably. I have seen these spots at this site, but I don't remember such an obvious 'rod' of bone."

RHEUMATIC MANIFESTATIONS FOLLOWING RUBELLA.

BY MAJOR IAN MURRAY.
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Reports have been appearing recently regarding rheumatic manifestations following rubella. Since the considerable epidemic during last winter, such manifestations appear to have been not uncommon, although most previous authorities seem to agree that rubella is, normally, singularly free from complications. Majors Bennett and Copeman (B.M.J., 1940, i, 924) have recorded a series of cases in which very definite complications, chiefly of a rheumatic type, were encountered. In view of the interest which has been taken in this matter, it appears worth while to record the following two cases:--

Private C. was admitted to the Military Hospital, Edinburgh, on May 20, 1940, suffering from typical rheumatic fever. The knees and ankles were swollen and very tender. The temperature on admission was 100°F. The pulse was irregular and the rate 44. Three weeks prior to his admission, he had developed rubella and was for two weeks in an isolation hospital. He had been back at his unit for one week before he developed the signs of acute rheumatism. He was given sodium salicylate, and his temperature became normal after two days. The pulse remained markedly irregular, every third or fourth beat being dropped. A systolic murmur was heard at the apex with the systole immediately following a dropped beat, but otherwise the heart sounds were pure. An electrocardiogram was taken on May 22, 1940, with the following results:--

Vent. rate—irregular.
Mechanism—sinus arrhythm with sino-auricular block.
Axis—no axis deviation.
P waves—upright in all leads.
Clinical and other Notes

PR interval—20 second.
QRS complex—upright and varying in lead III.
T waves—upright in all leads.
Chest leads—sternal lead shows slight elevation of ST segment; T upright. Apical lead within normal limits.

Summary: Sinus arrhythmia with sino-auricular block.
The complete absence of a whole auricular and ventricular complex is seen in all the leads.

Although the pulse did not alter, he complained of no symptoms and had no further pain, and when he was transferred to a civilian hospital on June 6, 1940, he stated he felt extremely well.

Private D. In January, 1940, after eight days' Army service, this man developed rubella and was admitted to an isolation hospital. He gave no history of any previous illness. Two weeks later he developed rheumatic pains and was kept for a further fortnight in that hospital. Thereafter he was transferred to a civilian convalescent hospital where it was noted that a systolic murmur was heard at the base of the heart. The man himself had no further complaint of pain. For rather more than three months he was kept there, most of the time in bed. He was sent to me and I examined him on June 9, 1940. He was complaining of breathlessness and palpitation on exertion. A systolic murmur was heard at the pulmonic area, but there was no cardiac enlargement and no evidence of any organic lesion. He was a typical case of effort syndrome, and he was transferred to a rehabilitation centre. This case provides an interesting sidelight on the production of the effort syndrome.

BERMUDA VOLUNTEER RIFLE CORPS FLY TRAP.

BY MAJOR J. E. BROOKS,
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The following modifications of the box fly trap, described on page 143, Army Manual of Hygiene, have been made by the Bermuda Volunteer Rifle Corps.

Many experiments were made with the box trap before the final product was evolved. The great objection to the box fly trap was that it was extremely difficult to kill off the flies and dispose of the bodies. If flit was used, no flies would come near the trap for days. Pouring boiling water over it caused the wires to rot.

The fly trap now described overcomes these difficulties.

Important points in the construction are the wire cone in the base with a circular opening at the apex of the cone, the door on one side to open