muscular injections three-hourly for eight days, then six-hourly for two days. Total penicillin, 8,660,000 Oxford units.

I am grateful to Major W. Wilson, R.A.M.C., for referring this case to me, and to Colonel Wm. MacKinnon, my Officer Commanding, for permission to submit this note for publication.

REFERENCE

AN UNUSUAL CASE OF OSTEITIS DEFORMANS (PAGET'S DISEASE)

BY
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Osteitis deformans is an uncommon disease of bone occurring in middle-aged or elderly subjects of either sex in the proportion of three males to two females. The condition is characterized by osteoporosis of the bone affected, with consequent softening and deformity. Changes may involve the whole skeleton, or one bone, or a group of bones. It is only exceptionally hereditary and is unconnected with parathyroid deficiency, or with syphilitic infection. It is considered by most authors not to be due to an inflammatory cause but to be due to a derangement of the mineral metabolism [1, 2].

The following case of osteitis deformans is considered to be of interest on account of the youth of the patient.

Serjeant R., aged 33, shortly due for his release from the Army, was referred to the Surgical Outpatient Department of the British Military Hospital, Malta, on May 22, 1947, for investigation into the cause of "pains in his right leg" of which he had complained at infrequent intervals since 1933. He attributed the pains to the effects of a blow with a hammer on the front of his leg in 1931. From the onset of the trouble the pains seemed to occur after exercise and to subside with rest.

Previously the patient had not suffered any serious illnesses. In 1939 he had an attack of lumbago and sciatica which affected the right side more than the left. Up to 1942 he had several similar attacks but since then there had been no further trouble.

In 1944 he had a particularly severe bout of pain in his right leg below the knee after trying to catch a bus; and about the same time he noticed that his garter was getting too tight, and was producing a deep red mark in his skin. He reported to his private doctor who arranged for an X-ray examination to be made at the local hospital. (We have unfortunately not been able to obtain a copy of the report from the hospital concerned.)

He enlisted in 1945 and was drafted in the Royal Engineers and when he reported that he was subject to "leg pains" was allowed a sedentary job and excused all heavy work.

After enlisting he complained of no further attacks of pain; he was, however, conscious all the time of a dull ache in the right leg after even moderate exercise.

On examination it was found that the anterior border of the right tibia was thickened.
No abnormality was seen or discovered in any other part of the body. On being questioned about his size in hats he admitted that for some months he had found it more comfortable to wear a larger-sized hat, but attributed this to a scar of a cut on the head which he sustained some time before.

Kahn test was negative.

**Radiological Findings**

Right A.P. There is an area of thickening in the cortex at the level of the tibial tubercle medially.

Lateral distinct area of rarefaction and thickening of the cortex in the upper half of the right tibia. The tibia is widened in this region approximately \( \frac{1}{4} \) in. more than the left, and is bowed anteriorly. The lower end of the femur and the fibula are normal.

Pelvis: A large area of rarefaction is seen in the ala of both ilia, more marked on the right. The bodies of the ischia and the pubes are irregularly widened and show trabeculation.

Skull: Right lateral, there is a large translucent area in the region of the temporal bone and the calvaria show marked thickening.

Spine: Cervical, the body of the third vertebra is wedge-shaped.

Dorsolumbar, there is no scoliosis present or kyphosis but the 12th dorsal vertebral body is rarefied and compressed in the centre.
The radiological findings are typical of osteitis deformans (Paget’s disease). The unusual feature is the age of the patient, and as there is considerable thickening of the skull structure it may be assumed that the onset of the disease is not recent. The disease rarely begins before the age of 40 and its commonest age is 55... After the condition has been present for many years the calvaria become thickened and kyphosis occurs... [2].

**Summary**

An unusual case of osteitis deformans in a comparatively young subject is described. The radiological features of the case are discussed, and some of the skiagrams are reproduced to show the main points of interest.

In conclusion we wish to thank Brigadier W. D. Anderton, M.C., D.M.S., Malta Command, and Lieutenant-Colonel J. E. Rea, R.A.M.C., Officer Commanding the B.M. Hospital, Malta, for their kind permission to publish these notes.

**REFERENCES**


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**NOTES FROM A.M.D.**

**RECENT SUCCESSES**

Three nursing officers of Q.A.I.M.N.S., Sisters J. S. Brooks, J. C. Otway and F. M. Bowring, have recently completed a year’s T.B. Training at Baguley Sanatorium and have obtained the T.B. Certificate. All passed with distinction.

During the past two years eight nursing officers have obtained the London University Sister Tutor’s Diploma—all eight passing successfully, six with honours.

Two nursing officers have completed four months’ training at the Royal Eye Hospital and have received their certificates. To do this officers are seconded for four months having first had two months’ experience in an Eye Ward of a Military Hospital.

Selected officers of Q.A.I.M.N.S. are given these special opportunities