identified in the tumour is injected iron-dextran and not haemosiderin. A random biopsy of skin from the deltoid area of the other arm contained no iron. The possibility that the tumour developed coincidentally at the inoculation site has been considered. It has not been proved that the tumour is primary.

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Medical Memoranda

Huntington's Chorea in Northamptonshire

The incidence of Huntington's chorea in Northamptonshire was investigated by Pleydell (1954), who found eight affected families in the county. The following year (Pleydell, 1955) a further choreic family came to light, making nine such families in Northamptonshire, with a total of 17 living affected members, and giving an incidence of 6.5 cases per 100,000 population.

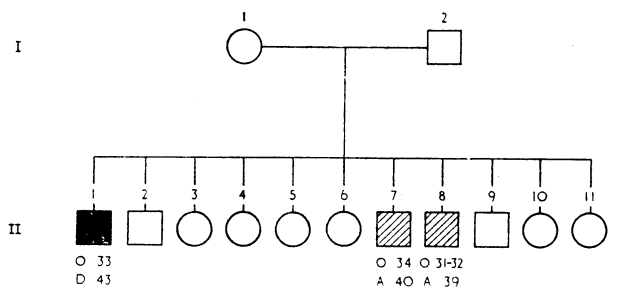
Yet another family has recently been found, and, as the affected members were in fact suffering from Huntington's chorea at the time of Pleydell's original investigation, this memorandum is presented in order to amend that author's figures. The family is also of interest because all ascertained cases of the disease occurred in the same generation.

I 1.—Free from disease. Alive, aged 81. Her mother and father both left the district, and it is thought that her mother died at the age of 45, though the cause of death could not be ascertained. Where and when her father died is likewise unknown.

I 2.—Died aged 79. Cause of death was coronary thrombosis and arteriosclerosis. No suggestion of Huntington's chorea. Both parents of this man lived till beyond the age of 80 and neither was apparently affected.

II 1.—Onset of disease at 33. Admitted to hospital and diagnosed as suffering from disseminated sclerosis. Death ascribed to cerebral haemorrhage. Hospital notes record, just before death—that is, 10 years after onset of disease—that the reflexes were not obviously exaggerated and that the Babinski plantar response was not present. Had to be nursed in a cot. True diagnosis almost certainly Huntington's chorea.

II 7.—Served in 1939–45 war. Onset of chorea at 34, and has been unemployed since shortly after that time. Now has classical signs of the disease, including gross ataxia and disturbed speech.



Pedigree of family. O=Age at onset. D=Age at death. A=Present age.

II 8.—Worked in shoe factory till onset of chorea at 31 or 32. When admitted to hospital after an accident at the age of 33, was recorded as mentally defective. Has steadily gone downhill, and at age 39 was falling about the house, required constant attention, and was suffering from advanced dementia. Speech was restricted to incomprehensible grunting sounds.

COMMENT

Although it is not shown in the accompanying pedigree, none of the three affected patients married, whereas, of their eight normal siblings, only one has remained a bachelor. The remaining seven all have families, and, while most of their children are still below the most likely age of onset, none has so far developed any signs of Huntington's chorea.

Unlike the nine families reported by Pleydell, all the cases of the disease in the present family have occurred in the same generation. The father of these patients died at the age of 79, and his family doctor states that there was no evidence of chorea at that time. The mother is still alive and remarkably healthy at the age of 81. This state of affairs is extremely uncommon. In only 6 of the 151 pedigrees quoted by Bell (1934) did the parents of one or more affected offspring live to old age without themselves developing evidence of Huntington's chorea.

Reconstructing the full family tree, only the relevant portion of which is published, was not easy. In addition to Huntington's chorea, the stigma of illegitimacy entered into the picture at various stages, and this combination made some of those who were interviewed reluctant to give information. Despite the evidence before her own eyes, the elderly mother of the affected brothers would not accept that all three were victims of the same condition. In the case of the youngest living affected member (II 8), she insisted that his condition was the result of a fall from his bicycle. Reluctance on the part of a parent to admit to the presence of a disease which affects several members of her family is perhaps understandable, as admission would no doubt be accompanied by unjustified feelings of guilt.

In conclusion, it would appear that at the time of Pleydell's investigation there were at least ten choreic families in Northamptonshire. By tracing their pedigrees a total of 72 cases were found, and at the time in question 19 patients were alive in the county, giving an incidence of 7.2 cases per 100,000 population.

I am grateful to Dr. C. M. Smith, Dr. G. O'Gorman, and Dr. M. J. Pleydell for their advice and help, and to the staff of the mental health section of the County Health Department for their assistance in establishing the pedigree.

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The Morison Medals, which are awarded by the Royal College of Physicians of Edinburgh to members of the nursing staffs of mental hospitals in Scotland in recognition of long and meritorious service, were presented at a recent College meeting to Miss Margaret D. Morrison (matron-superintendent, Broadfield Institution, Port Glasgow, Renfrewshire) and Mr. Andrew S. Wisley (chief male nurse, Murray Royal, Perth).