histologically more malignant tumours associated with increased axillary lymph-node disease. Women who take contraceptive steroids have more frequent medical examinations, and so possibly their tumours may be diagnosed at an earlier stage. Vessey *et al.*,⁶ however, reported that 95% of breast cancers in their study were initially discovered by the patient or her husband. This would seem to argue against detection bias as a reason for the higher proportion of patients with less advanced tumours in the study group. An alternative explanation is that taking contraceptive steroids has a beneficial biological effect on tumour growth and slows the natural progression of the disease.

The significantly improved survival of patients in the study group who were treated by radical mastectomy may in part reflect the lower incidence of axillary node disease; but when differences in nodal disease were excluded by considering only patients with pathological stage I tumours the patients in the study group still survived longer. This again suggests that taking the products may have had some biologically beneficial effect on the tumour. Vessey *et al.*⁶ studied over 700 women with newly diagnosed breast cancer and also found that women who had not taken oral contraceptives seemed to present with more advanced tumours and that this was reflected in the survival pattern. They also concluded that taking these products might have a beneficial effect on tumour growth and spread. There is certainly no evidence that taking oral contraceptives had any harmful effect, except possibly in patients with a close family history of breast cancer.

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Requests for reprints should be sent to Mr John L Hayward, Breast Cancer Unit, Guy's Hospital, London SE1 9RT.

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Unilateral outward-turning leg in infancy

ROLFE BIRCH, JULIAN WENGER

Abstract

An unreported condition of the legs in infants was found in more than 130 children referred to one hospital from 1973 to 1979. One hundred of these children were studied. One leg, usually the right, lay in external rotation. Although there was no loss or restriction of movement at the hip joints, in most cases there was a difference in the arc of rotation. Eleven children also had mild hooking of the forefoot on the unaffected side. Hip radiographs were normal in all cases. Obstetric records were reviewed in 70 cases, but no relation was found between presenting position at birth and side of the affected limb. The condition resolved spontaneously in most of the children who were followed up.

This condition may cause anxiety to parents and doctors but it seems to be a variant of normal with an excellent prognosis.

Introduction

From 1973 to 1979 over 130 infants have been referred to Queen Mary's Hospital for Children, Carshalton, with a previously unreported condition of the legs. The condition is characterised by one leg, usually the right, lying in external rotation. This is often most obvious when the child is seated on the mother's knee. We present here details of the first 100 cases.

Patients and methods

All 100 children in this study were first seen and examined by Mr Geoffrey Walker, who recognised this condition about 10 years ago. Eighty-four cases were reviewed by the authors; the remaining 16 were seen by other doctors and reassessed by means of a questionnaire.

A birth and development history was taken in each case and a full orthopaedic examination made. We were particularly interested in the range of hip rotation, which was measured with the hips extended. A hip radiograph was available for all the children. Obstetric records were reviewed in 70 cases. Any child with a general disorder, such as cerebral palsy, or with clinical or radiological evidence of hip dysplasia was excluded from this study.

Results

Clinical signs and radiographs—The striking finding was that in 86 children (53 boys, 33 girls) the right leg was affected. Forty-six were firstborn. Thirty-five presented to the orthopaedic clinic at

Royal National Orthopaedic Hospital, London W1N 6AD
ROLFE BIRCH, FRCS, consultant orthopaedic surgeon

King's College Hospital, London SE5 9RS
JULIAN WENGER, FRCS, senior orthopaedic registrar

Queen Mary's Hospital for Children within four weeks of birth, 40 between 4 weeks and independent walking, and 25 after independent walking. In many the blemish became more apparent when walking started. At the first examination there was no loss or restriction of movement at the hip joints. In 80 children, however, there was an alteration of the arc of rotation in the extended hips, with the affected limb showing an increase of external rotation at the expense of internal rotation, which was correspondingly decreased. The average difference in the arc of rotation was 20° (fig 1). Hip radiographs were normal in all cases.

Follow-up—Fifty-six children were seen again at least 30 months

after their first attendance. They all walked normally. In 15, however, a persisting alteration of the arc of rotation of the hip joints was evident on clinical examination. An incidental finding in 11 of the 100 children was mild hooking of the forefoot on the unaffected side. These features had corrected spontaneously by the age of 4 years following the pattern described by Rushforth¹ (fig 2).

Obstetric review—Of the 70 children whose obstetric notes were reviewed 60 were spontaneous vertex deliveries, six were breech deliveries, and there were four lower-segment caesarean sections. Contrary to our initial impression, we found no definite relation between the presenting position at birth and the side of the affected limb.

Discussion

The unilateral externally rotated leg in infancy is a recognisable condition which causes anxiety in parents and doctors. It occurs in healthy children. Although the arc of hip rotation is altered, there is no overall loss of hip movement. The only related condition that we discovered was hooking of the opposite forefoot, which occurred in a small proportion of cases. In most cases the defect in external rotation resolves spontaneously. The most remarkable finding was that in 86 of the 100 children it was the right leg that was affected. There was no clear relation between the occipital position at birth and the side of the affected limb. An account of the natural history of the condition must await the results of our prospective long-term study, but it does seem to be a variant of normal with an excellent prognosis of spontaneous recovery.

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FIG 1—Deformity with child (a) lying and (b) standing.

FIG 2—Difference between affected (right) and unaffected legs on internal and external rotation. Note the left hooked forefoot.

GOLDEN ROD rises up with brownish small round stalks, two feet high, and sometimes more, having thereon many narrow and long dark green leaves, very seldom with any dents about the edges, or any stalks or white spots therein, yet they are sometimes so found divided at the tops into many small branches, with divers small yellow flowers on every one of them, all which are turned one way, and being ripe, do turn into down, and are carried away by the wind. The root consists of many small fibres, which grows not deep in the ground, but abides all the winter therein, shooting forth new branches every year, the old one lying down to the ground.

It grows in the open places of woods and copses, in both moist and dry grounds, in many places of this land. It flowers about the month of July.

Venus claims the herb, and therefore to be sure it respects beauty lost. Arnoldus de Villa Nova commends it much against the stone in the reins and kidneys, and to provoke urine in abundance, whereby also the gravel and stone may be voided. The decoction of the herb, green or dry, or the distilled water thereof, is very effectual for inward bruises, as also to be outwardly applied, it stays bleeding in any part of the body, and of wounds; also the fluxes of humours, the bloody-flux, and women's courses; and is no less prevalent in all ruptures or burstings, being drank inwardly, and outwardly applied. It is a sovereign wound herb, inferior to none, both for the inward and outward hurts; green wounds, old sores and ulcers, are quickly cured therewith. It also is of especial use in all lotions for sores or ulcers in the mouth, throat, or privy parts of man or woman. The decoction also helps to fasten the teeth that are loose in the gums. (Nicholas Culpeper (1616-54) *The Complete Herbal*, 1850.)