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READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia and Vision; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society; Paris, France; Berlin, Prussia, Germany; Vienna, Austria, etc. Subjects dealt with under the various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Act, Workmen's Compensation," "Correspondence," "Leading Articles," "Literary Notes," etc.; while under "Original Articles," will be found a list of those who have contributed papers on scientific and clinical subjects, with the titles of their contributions.

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SUPPLEMENT

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PROCEEDINGS OF COUNCIL

REPORTS OF STANDING COMMITTEES

MEETINGS OF BRANCHES AND DIVISIONS

PROGRAMME OF ANNUAL MEETING

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INDEX TO THE EPITOME FOR VOLUME I, 1914.

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ACIDOSIS AND HEPATIC DISORDER.

I WAS greatly interested to read in the issue of the JOURNAL of June 6th, p. 1230, Dr. Coombs's account of two cases of acidosis occurring in men about 60 years of age, both with a fatal termination. The article brought to my recollection a similar case, also a man about 60 years old, which came under my notice a short time ago, and also proved fatal. The signs and symptoms differed somewhat from those described by Dr. Coombs as having been present in his cases. They were dyspnoea, pain over the epigastrium, headache, vomiting, intense thirst, and pallor verging on actual cyanosis. Diarrhoea was present only for a short period in the last stage. There was no oedema of the limbs and no abdominal enlargement. Acetone and diacetic acid were present in the urine, but the odour of the former in the breath was only very faint. It occurred to me at the time that the seat of the trouble lay in the liver as the clinical evidence seemed to point to a definite interference with the normal metabolic processes generally associated with that organ. The result of this "breakdown" was the imperfect oxidation of the fats and the appearance of fatty acids and their derivatives in the blood and urine. The prime cause of the whole condition remained obscure.

In a second case, that of a girl aged about 7 years, the opinion which I had formed as to the part played by the liver in the former case was rather strengthened. On the day previous to my seeing her she had demolished on her own account a whole beetroot recently cooked by her mother for the family. She was brought to me complaining of sore throat, headache, intense thirst, and pain over the upper part of the abdomen. Her face was pale, and her tongue and skin dry, though the body temperature was only slightly raised; her breath smelt strongly of acetone. She vomited at frequent intervals small quantities of green bile-stained fluid, and moderate pressure over the epigastrium caused her to cry out with pain. The urine was of a deep pink colour, and the stools were similarly tinged, this extraordinary coloration being, of course, due to the beetroot. Both urine and faeces smelt strongly of acetone and the former reacted readily to the distinctive tests for that substance, and also to those for diacetic acid. The saliva and vomited fluid also reacted to the tests for acetone—the former distinctly, the latter only slightly. Vomiting continued for almost forty-eight hours, and the child's condition became very grave. The pallor increased, the pupils became dilated, and the respirations quicker and more difficult. Throughout the whole of this period she was very drowsy, though by no means comatose, and she continued literally to pour out acetone from her body until the surrounding air became saturated with it. No food was given her by mouth for three days. Nutrient salines containing glucose, sodium bicarbonate, and normal saline were given 4 oz. at a time during this period, and she was allowed to drink a 3 per cent. solution of sodium bicarbonate *ad lib.* She rapidly got well, the acetone disappeared from the urine, and by the end of a week she had returned to her normal condition. The *prima causa* in this case was undoubtedly the beetroot, but what particular element in the composition of that vegetable and the nature of the changes brought about by it in the tissues I cannot tell.

Croydon.

J. JOHNSTONE JERVIS, M.D.

FOREIGN BODY IN THE LUNG.

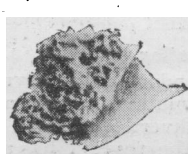
THE following case presents some unusual and unexpected features:

A married woman, aged 75, came under my notice with the following history: Between December 27th, 1909, and January 1st, 1910, she was in bed suffering from acute pleurisy. One day, while partaking of ox-tail soup, she choked over a small piece of bone. She told her then medical attendant, adding that the bone was still there, but her statement does not seem to have been accepted. The usual routine treatment for bronchial catarrh was commenced, but the condition persisted, there being a widespread distribution over both lungs, of rhonchi and

sibilant râles, without any definite localization. The secretion was profuse, and of the usual bronchial nature. As matters failed to improve, she was seen by another medical man, who diagnosed chronic bronchitis. Change of air did not alleviate the symptoms, the most troublesome being the profuse expectoration.

During the first week of January pus appeared periodically in the sputum, but after a fortnight entirely ceased. The condition lasted on till the time I saw her first in October, 1910. At that date the profuse secretion, a sense of extreme oppression behind the sternum, and a troublesome cough were her chief symptoms. The circumstance of the bone swallowing was not mentioned to me. She had never had a rise of temperature, except when she complained first of swallowing the bone, and at that time the feverishness was attributed to the pleurisy.

The condition dragged on without any fresh development till the beginning of May, 1913, when she became afflicted with occasional rigors, sleeplessness, and a most troublesome cough, which became aggravated on her assuming a recumbent position. She seemed also to have contracted a head cold, which was epidemic at that time. On May 14th she was seized at 1 a.m. with a fierce paroxysm of coughing, during which she felt something "give way" in her chest. She got out of bed and coughed into a bowl, thinking that blood was coming, but it turned out to be pus, and at the same time felt a sharp pain, and a hard



body at the back of the throat. She managed to extract the foreign body, which proved to be the swallowed bone. The pus had practically no odour, but was unfortunately emptied out before a sample could be taken for bacteriological purposes. Since then the condition has almost

entirely cleared up, excepting some bronchial sounds on both sides, heard chiefly at the back. No clubbing of the hands was ever present, and I found no indication of bronchiectasis.

The sputum, since examined, has indicated nothing definite. The question arises whether the bone had produced a pulmonary abscess, or had passed into the deeper layers of the bronchus, causing it to become sacculated, an abscess cavity ultimately forming. It may be asked whether a pulmonary abscess would have remained quiescent for so long a time without constitutional disturbance and fever. I have referred to the literature on the subject, but have met with no case quite parallel. The photograph shows exactly the shape and nature of the broken ox-tail bone, but is almost twice as large as the specimen.

Leven, Fife.

D. M. MACDONALD, M.O.H.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION OF DERMATOLOGY.

At a meeting on June 18th, Dr. J. J. PRINGLE, President, in the chair, Dr. I. J. DAVIES gave an account of *Carbon monoxide erythema* which occurred in 9 cases after an exposure of twenty hours as a result of a colliery accident in October of last year. The lesions chiefly involved the buttocks and covered parts of the body, and consisted principally of acute erythema accompanied by oedema. They were regarded as being angioneurotic in character. Five of the cases had peripheral neuritis. Dr. E. GRAHAM LITTLE showed a case of *Pellagra* with multiple peripheral neuritis and skin symptoms in a boy, aged 14, from Sussex. In the latter part of 1912 he was bitten on the chest when bathing. The lesion apparently suppurated and was cauterized by the local practitioner. This was followed by vomiting, intestinal pain, diarrhoea, and wasting. In August, 1913, he had a pleuritic effusion, and was tapped, the diagnosis being made of tuberculous pleurisy possibly complicated by Addison's disease. Last Easter he was "caught by the sun" and developed acute erythematous swelling and subsequent pigmentation and desquamation of the back of the hands, neck, nose, and forehead. No arsenic was given until May. There was no maize in the dietary. Lumbar puncture provided no cytological evidence, and there were neither mental symptoms nor

under the Insurance Act, and had one of the largest lists of patients. The funeral took place at Montrose on Monday, June 15th.

DR. ROBERT BURNS SCOTT, M.B., C.M., died at Easter Manbeen, near Elgin, on June 7th. Dr. Scott, who was 42 years of age, was a Morayshire man, and graduated at Aberdeen University in 1899. After acting as assistant to the late Dr. Mitchell, of Old Rayne, Aberdeenshire, and in Burnham Market, Norfolk, he entered into partnership with Dr. Badcock, Staveley. A few years ago he returned to his native county, and at Easter Manbeen he carried on his late father's farm, and built up a little practice in the surrounding district. In spite of failing health owing to chest trouble, he continued to work among his country friends, by whom his services were much appreciated. He put up a good fight to the very end, being of an optimistic, cheery disposition, and his early death is mourned by his many friends and medical colleagues, whose sympathy goes out to his widow and four young children.

THE death occurred on April 23rd of JAMES F. LOVE-GROVE, of Thirroul, New South Wales, at the age of 78. Dr. Lovegrove, who was born at Bray, Berkshire, received his medical education at Guy's Hospital, and took the diplomas of M.R.C.S.Eng. and L.S.A.Lond. in 1860. Before going to New South Wales he practised for some time at Timaru, New Zealand, and held the post of visiting surgeon of the Timaru Hospital. He had practised in New South Wales since 1895, principally at Gunning, where he was Government medical officer, and a Justice of the Peace. Afterwards he practised at Mittagong for about two years. He was a member of the British Medical Association and a worthy exemplar of the best traditions of the profession. Some two years ago he retired from practice and went to Thirroul, where he resided until his death. He leaves a widow and two daughters, one of whom is known for her skill with pencil and brush.

COLONEL HARRY BEECHAM BRIGGS, Bombay Medical Service (retired), died in Edinburgh on June 9th. He was born at Oxcombe on July 25th, 1851, educated at King's College Hospital, London, took the diplomas of L.S.A. and M.R.C.S. in 1875, and the degree of M.D.Lond. in 1876, and entered the Indian Medical Service as surgeon on September 30th, 1878. He became surgeon-major on September 30th, 1890, and lieutenant-colonel on September 30th, 1898; two days later, on October 2nd, 1898, he was placed on the "selected list" for promotion to colonel, for services in the Tirah campaign of the preceding year. Such special promotions have been very rarely given in the Indian Medical Service, only in some dozen cases in all in the history of the service. He was promoted to colonel on July 10th, 1905, and retired on January 1st, 1909. In his first years in India he served as civil surgeon of Sholapur (1880-83) and of Satara (1884-85). In 1885 he was posted to the 12th Bombay Infantry, now the 112th Infantry, in which he did most of his service. His war services included the Burma campaigns of 1885-87, when he received the medal with a clasp; and the Tirah campaign on the North-West Frontier of India in 1897, when he was mentioned in dispatches in the *London Gazette* on April 5th, 1898, and gained another medal and clasp, besides the special promotion mentioned above.

SURGEON-MAJOR-GENERAL ROBERT LEWER, Army Medical Staff (retired), died at Wickham Lodge, Southsea, on May 29th, aged 78. He was the eldest son of Mr. Edward Lever, of Wimborne. After matriculating at London University, he entered King's College Hospital, and before qualifying served in the Royal Navy during the Russian war of 1855, when he took part in the expedition to the Baltic and the bombardment of Sveaborg, receiving the medal. He took the diploma of M.R.C.S. in 1856, that of L.S.A. in 1857, and that of L.R.C.P.Edin. in 1860. Entering the army as assistant surgeon on August 1st, 1857, he became surgeon in 1869 and surgeon-major in 1873, and after attaining the highest rank as surgeon-major-general

retired on October 3rd, 1895. During the regimental period, which did not come to an end till half-way through his nearly forty years of service, he served for the greater part of the time in the Royal Horse Artillery and in the 9th Lancers. His war service in the army comprised the Afghan war of 1878-80, when he was present in the night attack on the rear guard on June 6th, 1879, at the operations around Kabul and Sherpur, the defence of Sherpur cantonments, the famous march under General Roberts from Kabul to the relief of Kandahar, and the battle of Kandahar on September 1st. For his services he was mentioned in dispatches, and received the Afghan medal with two clasps, Sherpur and Kandahar, and the bronze star given for Roberts's march.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Johannes Assmuth, for many years a leading neurologist of St. Petersburg, aged 76; Dr. Theodor Lippmann, a well-known practitioner of Berlin, aged 72; Dr. Samuel O. L. Potter, for many years professor of the principles and practice of medicine in the Cooper Medical College, and since 1896 in the College of Physicians and Surgeons, San Francisco, author of a work entitled *Materia Medica, Pharmacy, and Therapeutics*, which has gone through many editions, and of other writings; Dr. Friedrich Schäfer, reorganizer and director of the medical service of the Siamese army; and Dr. M. Wolters, professor of dermatology in the Medical Faculty of the University of Rostock.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

Degrees.

M.D.—A. E. A. Carver, G. B. Fleming.
M.C.—W. S. Perrin.

Examinations.

The following candidates have been approved at the examinations indicated:

SECOND M.B.—Part I, *Anatomy and Physiology*.—A. M. Ahmad, D. J. Batterham, D. C. Beaumont, W. H. Blackburn, T. A. Butcher, F. D. Chapman, R. S. Corbett, G. P. Crampton, J. M. Downie, A. Drewe, J. R. Earp, H. W. Eddison, R. W. Fawcett, L. F. L. Firman-Edwards, G. A. Fisher, R. French, E. O. Goldsmith, G. A. Goulden, W. S. Gross, E. A. H. Grylls, J. S. La Fontaine, J. H. Le Brasseur, G. Lyon Smith, W. J. MacCombie, H. H. Marten, C. K. Mowll, D. M. Muir, C. L. Odum, A. Orr-Ewing, R. R. Powell, I. M. Rattray, D. W. R. Richardson, E. N. Showell Rogers, O. S. Thompson, G. H. Ward, C. R. H. Weekes, A. Winfield.

THIRD M.B.—Part I, *Surgery and Midwifery*.—S. G. Askey, W. F. Bensted-Smith, E. C. Bradford, F. L. Cassidy, G. M. Cowper, K. B. Dickson, C. L. Gimblett, C. H. M. Gimlette, H. Hartridge, J. B. Hunter, C. C. Kerby, F. G. Lescher, G. Madge, R. W. Meller, R. K. Merson, A. B. Pavey-Smith, J. W. Pigeon, W. B. Purchase, E. C. Rayner, G. D. Read, J. R. Rees, J. E. Sharp, A. G. Shera, H. A. Smith, R. Stansfeld, C. R. A. Thacker, J. R. A. Todhunter, H. G. Wiltshire.

UNIVERSITY OF EDINBURGH.

UNIVERSITY COURT.

Post-graduate Courses.

At the meeting of the University Court on Monday, June 15th, Principal Sir William Turner in the chair, it was agreed, on the recommendation of the Senatus, to grant the use of rooms in the university for the purposes of the Edinburgh post-graduate courses in medicine to be held in August and September.

Surgical Pathology.

Mr. James M. Graham, M.B., Ch.B., was appointed University Lecturer on Surgical Pathology in the Department of Surgery.

Usher Institute.

A statement of the bacteriological work performed for the city in the Usher Institute of Public Health and of the expenses incurred in connexion therewith during the year ended May 15th was submitted. The other business was of a non-medical nature.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following have been recommended for the degree of M.D.:

M. Moritz (commendation), G. Renshaw (commendation), G. W. Bury, S. J. Clegg, A. H. Holmes, A. Porter, Charlotte E. Warner, H. V. White, W. A. B. Young.

QUEEN'S UNIVERSITY OF BELFAST.

Honorary Degrees in the Medical Faculty.

At the meeting of the Senate on June 18th the Standing Committee presented its report, which dealt with a large number of important questions, one being that of honorary degrees in the Faculty of Medicine. The original statute gave power to grant honorary degrees in all the various faculties save that of medicine. Strong exception was taken to this restriction at the time, and the matter was brought before Convocation at its first meeting; a resolution asking the Senate to consider the question went through the hands of various committees, and the opinion of counsel was finally taken; the opinion was to the effect that the restriction was illegal; the Standing Committee recommended the Senate to adopt the revised statute which read as if the words "other than degrees in medicine" were not contained therein. No other university or licensing body in Ireland suffers from this restriction; the old Queen's University, its successor the lately defunct Royal University, Trinity University of Dublin, the National University, the Royal Colleges of Surgeons and of Physicians, all had or have the power of granting an honorary medical degree, and it is hoped the Queen's University of Belfast will soon have the same privilege. It is felt that occasion may arise when the grant of such a degree would be appropriate, while an honorary degree in another faculty would be meaningless. It would be required that the recipient should already be registered.

Lecturer in Applied Anatomy.

Mr. P. T. Crymble, M.B., F.R.C.S.Eng., has been elected to the new lectureship of Applied Anatomy in the University. Mr. Crymble has had a distinguished career in this school, and since graduation has done some valuable work in anatomy. His appointment will carry both the confidence and the best wishes of the profession and of the school.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

Surgery.—*C. D. Day, *G. Mes.

Medicine.—*L. B. Clarke, *H. Dudley, *A. J. Frädersdorff, *R. J. Hearn, *G. W. Maw.

Forensic Medicine.—R. J. Hearn, C. Ward.

Midwifery.—C. D. Day, A. J. Frädersdorff, G. Mes, C. Ward, J. A. Watson.

* Section I.

† Section II.

The diploma of the Society has been granted to Messrs. G. Mes and C. Ward.

Medico-Legal.

ALTERATION OF AGREEMENTS.

ABSENCE OF DUE NOTICE.

On May 8th the Divisional Court granted Dr. Alfred Salter, of Bermondsey, a rule for a *mandamus* directing the Insurance Committee of the County of London to show cause why it should not reinsert his name on the panel.

The case came before a Divisional Court consisting of Justices Bray, Avory, and Atkin. Mr. Gore-Browne, K.C., and Mr. Neilson, instructed by Messrs. Hempsons, appeared in support of the rule. Mr. Leslie Scott, K.C., M.P., and Mr. T. Mathew, instructed by Messrs. Charles Russell and Co., showed cause against the rule. The facts of the case appear sufficiently from the text of the following verbatim report of the judgement, delivered on June 23rd:

Judgement.

Mr. Justice Bray: The judgement I am about to read is the judgement of the court.

This was an application by Dr. Salter to make absolute a rule for a *mandamus* directing the London Insurance Committee to insert his name in the panel or medical list (I will call it "a medical list") for the year 1914. The facts were not in dispute, and were as follows:

Dr. Salter's name was entered by the London Insurance Committee (whom I will call the Committee) on the first medical list formed on January 14th, 1913. Before entering upon his duties he signed a document in the form of a letter directed to the Committee called an "agreement between medical practitioners and Insurance Committee for the period ending 14th April, 1913," by which he agreed to undertake the medical attendance and treatment of insured persons upon the terms and conditions mentioned therein, and desired his name to be included in the medical list for a defined area. I will call this the first agreement. The first clause incorporated the National Insurance Act, 1911, the National Health Insurance Regulations, 1912, or other Regulations for the administration of medical benefit made by the Commissioners and in force for the time being in the area, and provided that the agreement should cease to have effect

in the event of the Commissioners exercising any of the powers conferred on them by the proviso to Subsection (2) of Section 15 of the Act. Clause 11 is as follows:

The practitioner shall order in the form provided by the Committee for the purpose such drugs and prescribed appliances as are requisite for the treatment of any patient other than those which the practitioner may under this agreement, or any agreement hereafter to be made with the Committee, himself supply. Provided that if the practitioner orders any drug not included in the list from time to time supplied to him by the Committee, he shall give such order on a special form provided by the Committee for that purpose.

On the 18th March he was invited by the Committee to sign a further document, which he did. The further document, which I will call the second agreement, was in the following terms:

I hereby agree that the agreement signed by me and made with the London Insurance Committee by which I undertook to provide medical treatment for insured persons under the National Insurance Act, 1911, shall, with the modifications referred to below, continue in force after 14th April, 1913, subject only to the right of the Committee to vary the terms of the agreement in accordance with the regulations of the Insurance Commissioners as from the commencement of any subsequent medical year by giving notice to me not later than two calendar months before the date fixed by the Committee for the revision of the medical list, and to my right to determine the agreement at the end of the current or any subsequent medical year by giving notice to the Committee not later than one calendar month before the said date of revision. I further agree that the method of remuneration contained in the said agreement for the period to 14th April, 1913, shall remain in force during the continuance of the said agreement, subject to the right of the Committee to vary the terms as aforesaid, and that I will accept for the purposes of the said agreement, and as a substitute for the form contained in the second schedule thereto the form set out in the schedule hereto.

In pursuance of Clause 11 of the first agreement the Committee provided Dr. Salter with books of forms for medical prescriptions, containing carbon sheets in order that orders for drugs might be given in duplicate. The duplicate forms were for the convenience of the chemist in order that he might keep a record of the prescription. Dr. Salter did not write the prescriptions in this form in duplicate, and his attention was called to this by the Committee by letter of the 16th July, 1913. Dr. Salter answered this by letter of July 21st, in which he said that he refused to write a copy of the prescription for the chemist's bookkeeping purposes, as it was entirely outside any obligation laid upon him by the National Insurance Act. On the 21st August the Committee replied by calling his attention to Clause 11 in the first agreement, and requesting him to conform to it. Dr. Salter answered this on September 17th, declining to write duplicates. He said: "I am advised on the highest legal authority that I am under no obligation in this respect. I am not only perfectly willing, but am desirous of conforming to all or any reasonable requirement of your Committee, but to call upon me to act as a clerk to the chemist is unreasonable," and he explained the additional time it involved. The Committee did not reply, and took no further step in that matter. On the 19th September, 1913, the National Health Insurance Joint Committee made some provisional regulations under Section 15 of the National Insurance Act, 1911, one of which authorized the Committee to fix the date of revision of the medical list at any date between November 1st in any year, and the succeeding January 11th; and in pursuance the Committee fixed the date for the next revision of the list for January 8th, 1914. On the 7th November, 1913, the Committee sent a circular letter to Dr. Salter and the other doctors on the medical list as follows:

Dear Sir,—The Insurance Committee for the County of London are informed by the Insurance Commissioners that it may be desirable to make some variation in the form of the agreement with the practitioners on the medical list for the county. I am therefore directed by the Committee to give you notice, as a matter of form, that the terms of the agreement will be varied as from the commencement of the ensuing medical year—namely, 12th January, 1914. A further communication on the subject will be forwarded to you as soon as possible after the Committee have received from the Insurance Commissioners the revised Regulations and form of agreement.

It will be observed that the letter gave no indication whatever as to the nature of the variations proposed. It was admitted by counsel showing cause on behalf of the Committee that this was not a good notice under the second agreement. On the 6th December the Committee sent a further circular letter to Dr. Salter in the following terms:

Dear Sir,—With further reference to my letter of the 7th November, 1913, giving notice of the Committee's intention to vary the

Medical News.

WE are asked to state that the South African Civil Surgeons' dinner will not take place this year.

PROFESSOR ALEXIS THOMSON has been reappointed surgeon to the Royal Infirmary, Edinburgh, for a further period of five years from September 1st next.

THE annual general meeting of the West London Medico-Chirurgical Society will be held on July 10th at the West London Hospital.

THE annual exhibition of specimens added to the museum of the Royal College of Surgeons of England during the past twelve months will be open from July 2nd—the day for the election of members of Council—until the end of the month, when it will be on view for inspection by the Clinical Congress of Surgeons of North America, which holds its fifth annual session in London this year.

SIR STCLAIR THOMSON has been elected an Honorary Fellow of the American Laryngological Association. This distinction, which is the blue ribbon of American laryngology, is, we believe, seldom bestowed on more than one representative of each country. The only representatives of Great Britain who have previously received the honour are Morell Mackenzie, Manuel Garcia, and Sir Felix Semon. Up to the end of 1913 there were only four living Honorary Fellows of the association—Professors Chiari, Massei, Moure, and Sir Felix Semon.

THE prizes at the London (Royal Free Hospital) School of Medicine for Women will be presented on Monday, June 29th, at 4 p.m., by the Vice-Chancellor of the University of London, Sir Wilmot Herringham; Mrs. Garrett Anderson, M.D., president of the school, will be in the chair. The prizes at Guy's Hospital Medical School will be distributed by the Right Hon. Sir George Reid, G.C.M.G., High Commissioner for Australia, on Thursday, July 9th, at 3 p.m. As already announced, Sir Clifford Allbutt will distribute the prizes at St. Thomas's Hospital on Tuesday, June 30th, at 3 p.m.

The final meeting of the organizing committee of the seventeenth International Congress of Medicine in London, 1914, will be held at the house of the Medical Society of London, on Tuesday, July 7th, at 5 p.m. It will be proposed to appoint a large national committee of Great Britain and Ireland for the purpose of the International Congresses of Medicine, with Sir Thomas Barlow as president, and Dr. Clive Riviere and Mr. H. J. Paterson as secretaries. On the same evening the president will give a *conversazione* at the Royal College of Physicians of London.

FROM a report presented to the managing committee last April it appears that the library of the Tropical Diseases Bureau now contains 1,100 bound volumes, mainly serial publications, about double this number of reprints, and some 600 reports, bulletins, and pamphlets. The ninth number of the third volume of the *Tropical Diseases Bulletin* contains notices of a large number of papers on the treatment of dysentery by emetine. All these papers indicate that the treatment is extraordinarily beneficial; in some, however, attention is drawn to the occurrence of subsequent relapses. In the same issue some interesting papers on cholera are abstracted, and leprosy is also dealt with.

THE meteorological observations for the year 1913 made by Mr. John Dover, at Totland Bay, Isle of Wight, show that the year was remarkable for the relatively small variations in temperature, the heavy rainfall, and the deficiency of sunshine, although in this latter respect the station held a high place among health resorts in England; the highest place in the year was taken by Felixstowe with 1,691 hours of bright sunshine; Dover, Broadstairs and Bognor, and Totland Bay, with 1,597 hours, followed not far behind. On the cover of the pamphlet is a "wind rose" showing the percentage of wind from various quarters in 1913 and the averages for the fourteen years. The diagrams are remarkably similar, and show a predominance of westerly winds, which in 1913 constituted 51 per cent. and in the fourteen years 52 per cent.

DR. AND MRS. ALFRED C. JORDAN gave two concerts in aid of the *Empress of Ireland's* sufferers, on the evenings of Friday and Saturday, June 19th and 20th, at 13, Upper Wimpole Street. The programmes included some beautiful examples of instrumental and vocal chamber music, in the

performance of which Dr. and Mrs. Jordan were assisted by the well known artists, Mr. Edward Isaacs (pianoforte), Mr. Carl Fuchs and Miss Adelina Leon (violoncello), and Mr. Charles Copland (songs). Among the many letters of encouragement received was a message from Their Royal Highnesses the Duke and Duchess of Connaught, wishing success to the concerts. After reading this message Dr. Jordan made sympathetic reference to the genial good comradeship of Captain Kendall and the splendid efforts of Dr. Grant, the ship's surgeon. He described the sociable and musical side of life on board the ill-fated liner. As the result of the concerts the substantial sum of £74 was collected. This amount will be added to the Mansion House Fund.

ENGLISHMEN are born travellers, and the immense improvement which has taken place during the last half-century in the comfort and rapidity of transit has no doubt helped to foster the love of wandering which seems to be inherent in Britons of both sexes. But up to the present Spain has been somewhat neglected by the ordinary tourist. The Anglo-Spanish Travel Exhibition at Earl's Court has been organized by the Royal Commissioner for *Tourisme* in Spain for the express purpose of making that country better known to the British public. The Spanish section contains some beautiful reproductions of typical Spanish scenery and architecture, which should inspire many with the desire to see the originals; and no more complete change could be devised than a holiday spent amid such novel picturesque surroundings. The exhibition gives a most attractive glimpse into the life of an interesting and hitherto little known country, and should do much to increase the goodwill already existing between Great Britain and Spain.

FROM an article in the *Transactions* of the Cremation Society of England we learn that in Germany four new crematories—at Tilsit, Esslingen, Greifswald, and Goerlitz—were opened during the year 1913. This brings the total number in that country up to forty. It has also been decided to establish a crematory in the Grand Duchy of Luxemburg. The total number of bodies burnt in 1913 was 10,168, being an increase of 1,298 on the number for 1912 and a total of 56,555 since the opening of the first crematorium in 1879. In Paris the total number of bodies disposed of by cremation during 1913 (not including amputated limbs, embryos, and so forth from hospitals) was 590; at Marseilles there were 57 private cremations, at Rouen 7, and at Rheims 3. In Switzerland, in addition to the crematories already established at Zurich, Basel, Geneva, St. Gall, Bern, Lausanne, Chaux-de-Fonds, Winterthur, Bienne, and Aarau, one was installed at Davos Platz in January, 1914. Cremation not being legal in Belgium, it has been decided to erect a crematorium on French territory adjacent to the Belgian frontier at Feignies. In Holland the sanction of the State has recently been obtained, and a crematory is now in course of erection at Haarlem under the auspices of the Netherlands Cremation Society. In South America the municipality of Buenos Aires, Argentina, has recently erected a complete installation in the Western Cemetery.

THE annual general meeting of the Society for the Relief of Widows and Orphans of Medical Men was held on May 27th. The report stated that the 125th anniversary of the foundation of the society occurred in 1913. A legacy of £37,250 had been received from the late Mr. James Brickwell, and the annual income from it, amounting to £1,331 10s., would be available for the increase of grants to widows over the age of 65 by £25 per annum, and under the age of 65 by £10 per annum. Grants under the Copeland Fund might be increased by £20 per annum, and grants to orphans might be increased in certain cases by £15 per annum. The invested funds of the society (£139,500) yielded an income of £4,511 10s., and £330 8s. was received in annual subscriptions and donations. During the year 1913 the sum of £3,760 was distributed among 46 widows and 10 orphans. Since the last annual meeting five new members of the society had been elected and seven had died. The society consisted of 300 members, a very small proportion of the number of medical men eligible for membership, which is open to any registered practitioner who at the time of his election is resident within a 20-mile radius from Charing Cross. Should any member remove beyond the limits of the society he still continues to be a member. The annual subscription is 2 guineas, the payment of this sum for 25 years constituting the subscriber a life member. Further information can be obtained from the Secretary, 11, Chandos Street, Cavendish Square, W. A special general meeting of the society was held on June 24th to confirm the alteration of certain by-laws.