5. Pte. W. Extensive radiating scar, right cheek and right submaxillary region; limitation of opening. Fifteen treatments; current up to 22 milliampères. *Result:* Scar decreased in density (scar adherent to bone).

6. Lce.-Cpl. P. Long dense scar in right temporal region; limitation of opening. Fifteen treatments; current up to 24 milliampères. *Result:* Scar considerably softer; opening increased from 5 to 20 millimetres.

7. Driver W. Dense scar, left temporal region; limitation of opening. Twenty-five treatments; current up to 20 milliampères; gag used. *Result:* Improvement very slight.

8. 2nd Lieutenant J. Small dense scar, left masseter and left internal pterygoid region (adherent to bone). Fifteen treatments; current up to 10 milliampères. *Result:* Scar softer; ability to open mouth increased 10 to 25 millimetres.

9. Sgt. C. Dense radiating scars from angle of mouth to angle of mandible on same side; limitation of opening. Twelve treatments; current up to 14 milliampères; iodine ions. Massage employed. *Result:* Mouth opening increased from 4 to 12 millimetres; scar softened and loosened considerably.

10. Pte. H. Small depressed scar, left temporal region; painful; limitation of opening. Fourteen treatments; current up to 15 milliampères; iodine ions. *Result:* Pain decreased; otherwise improvement slight.

11. Pte. M. Dense depressed scar, right masseter region; limitation of opening. Twelve treatments; current up to 20 milliampères. *Result:* Scar considerably softer, but development of an abscess interferes with continuation of treatment.

12. Pte. F. Dense scar, right masseter region; limitation of opening. Eighteen treatments; current up to 20 milliampères; gag used. *Result:* Mouth opening increased from 3 to 10 millimetres; scar much more flexible.

13. Pte. K. Extensive cicatrization in left angle of mandible region; painful. Twenty-four treatments; current up to 20 milliampères; salicyl ions. *Result:* Scar considerably softer and more pliable; total absence of pain.

14. Pte. J. Extensive dense depressed scar, right masseter region; limitation of opening. Twenty treatments; current up to 20 milliampères. *Result:* Improvement slight.

15. Pte. P. Large depressed scar, right masseter region; limitation of opening. Twelve treatments; current up to 24 milliampères. *Result:* Mouth opening improved; scar less dense.

16. Pte. L. Dense scar, left masseter region (adherent to bone); limitation of opening. Eight treatments; current up to 9 milliampères. *Result:* Scar softer; mouth opening increased from 5 to 10 millimetres.

17. Cpl. W. Depressed scar, left masseter region; limitation of opening. Sixteen treatments; current 9 to 14 milliampères; gag used. *Result:* Mouth opening 3 to 8 millimetres; improving slowly.

18. Sgt. O'H. Long depressed scar, left temporal region; limitation of opening. Twelve treatments; current 7 to 11 milliampères; gag used. *Result:* Considerable improvement; mouth opening increased 5 to 10 millimetres.

19. Pte. W. Injury pterygoid region; passage of bullet from supraorbital region to lower border of mandible of same side; limitation of opening; complete closure. Eighteen treatments; current up to 20 milliampères; iodine ions; gag used. *Result:* Mouth opening increased from almost complete closure to 2 centimetres.

20. Lce.-Cpl. R. Dense depressed scar, right temporal region; limitation of opening. Fifteen treatments; current up to 10 milliampères; iodine ions; gag and massage employed. *Result:* Improvement slight.

21. Pte. B. Small scar, right angle of mandible; limitation of opening. Fifteen treatments; current up to 10 milliampères. *Result:* Mouth opening increased from 4 to 9 millimetres.

22. Pte. T. Dense scar, right temporal region. Six treatments; current up to 6 milliampères. *Result:* Improvement so far very slight.

23. Pte. W. Small depressed scar, masseter region; limitation of opening. Ten treatments; current up to 10 milliampères; massage employed. *Result:* Improvement marked; mouth opening increased 8 to 14 millimetres.

24. 2nd Lieutenant M. Long dense depressed scar, left temporo-mandibular region; limitation of opening; incomplete facial palsy. Eighteen treatments; current up to 20 milliampères; massage employed. *Result:* Marked improvement; mouth opening increased from 2 to 12 millimetres.

From the above notes we may conclude that ionization in the treatment of facial cicatrices is of undoubted value. The circulation through the scar tends to become re-established; there is loss of stiffness and adherence, permitting the play of underlying muscles and reduction of the limiting effect of the scar upon the masticatory muscles. It is a therapeutic measure which we think may be with advantage combined with the mechanical procedures of intermittent intra-oral gagging and massage. We find the results best when the gag is applied for an hour immediately before treatment. In cold weather it is a good thing to thoroughly warm the area to be treated with hot water, or by the use of radiant heat by means of a small cup reflector for fifteen minutes before commencing ionization.

In cases also where the edges of the flaps, after facial plastic operations, are rolled and thickened, causing retraction of surrounding normal tissue, we have found ionization of use in increasing the softness and flexibility, and so in diminishing the deformative effects of such scars.

In conclusion, we should like to thank Lieut.-Colonel Littlewood, C.M.G., the administrator of this hospital, for the encouragement and facilities he has afforded us; Captain J. le F. Burrow, R.A.M.C.(T.), officer in charge of the Neurological Department, for much help and criticism, and Captain W. Maxwell Munby, R.A.M.C.(T.), and Captain J. E. Mawer, R.A.M.C.(attd.), for their courtesy in sending us additional cases.

REFERENCES.

[1] Hollande; *La Restauration Maxillo-Faciale*, Paris, February, 1918.
[2] *British Journal of Surgery*, No. 21, 1918.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SHELL WOUND OF THE HEAD WITH LARGE FRAGMENT LODGED IN CEREBRUM: AFTER-HISTORY OF PATIENT.

As a rule the medical officer serving with the forces abroad is unable to follow cases of gunshot wound of the head and to hear what eventually happens to them, though probably those who are on pension boards see a number of old cases. It would be interesting to determine what proportion of these cases recover and how many later on develop cerebral abscess or mental symptoms, and when these dangers may be considered past. In the following case—of which I regret that, owing to the great pressure of work, I was unable to keep better notes—I had the opportunity of observing the condition nearly three years after the wound.

Pte. F. was admitted to my ward in a base hospital towards the end of September, 1915. He was quite unconscious, with flaccid paralysis of all limbs and symptoms of cerebral compression. There was a wound 4½ in. above and ½ in. anterior to the left external auditory meatus. A skiagram showed a large shell fragment lying in the right cerebral hemisphere. I trephined without delay (he had been wounded two or three days previously) at the site of the wound, enlarging the trephine hole with nibbling forceps. A large intracranial clot was evacuated and a few fragments of bone were removed from the superficial part of the track in the cerebral tissue. No attempt was made to remove the shell fragment.

The patient made an uneventful recovery, except for the fact that a few days after the operation he developed a small cerebral hernia, which soon subsided. He was then evacuated to England.

After-History:—About six months after receiving his wound he had his first fit. For a time he had a fit about every fortnight, and then about every six weeks. Eleven months ago he married, and had no fit till six months later. This fit was succeeded by an interval of three months without a fit, after which he had two fits on the same day. When seen in August, 1918, he had had no fit for two months. He had been working as a labourer for ten months, and for the last six months had been in a china warehouse earning 35s. a week. His wife stated that mentally he was quite normal. He stated that he gets practically no warning that a fit is coming on, and his chief anxiety is that he may get one while crossing a road in traffic. The fit involves the whole of the right side, including the face, arm, and leg, the head being turned strongly to the right. The twitching lasts about a minute, after which he remains unconscious for about another minute. For half an hour after he feels dazed.

When he was examined in August, 1918 (nearly three years after the receipt of the wound), no abnormality in reflexes, etc., was found. He did not suffer from headache. All the cranial nerves appear to function well.

A skiagram taken for me by Dr. R. T. Cooke showed a large oblong foreign body. Dr. Cooke calculated that the shell fragment is 3¾ in. deep (from left side), and that it is lying slightly to the right of the middle line.

Personally I do not consider any further operation advisable, as I think it might well leave him in a worse condition than he is in at present.

E. N. RUSSELL, M.B., B.C.Cantab.

CONDITION OF MUSCLES IN DISABILITY OF THE KNEE.

IN certain cases of unilateral knee-joint disability there is hypertrophy of the calf with atrophy of the thigh on the affected side.

In a typical case, in which the left patella had been injured by gunshot but recovery took place with normal range of flexion, the left thigh was 1¼ in. smaller, while the calf was ½ in. larger, than the right.

This association may be found in cases of trouble inside or outside the knee-joint or affecting the extensor muscles, but, I believe, only in cases of moderate disability where the patient walks with slight or no limp, and the action of the lower extremity as a whole is maintained and increased action at the ankle and foot compensates the knee defect.

In a series presenting increasing knee-joint disability there may be shown less and less hypertrophy of the calf; a case with great disability will probably present moderate atrophy of the calf with great atrophy of the thigh.

I would be glad to know where in the literature I may find further information on this interesting point, as it appears to have definite value in estimating disability.

Liverpool. H. GRATTAN JOHNSTON, M.D., F.R.C.S.E.

PNEUMOCOCCAL PERITONITIS IN AN ADULT.

J. M., aged 53, was admitted to hospital on December 24th, 1918. He stated that for about two weeks he had had a little abdominal pain and slight cough, but he remained at his work until the evening of December 23rd, when the pain suddenly became more severe.

On admission the temperature was 99.6°, the pulse 100, respirations 30; the lower part of the abdomen was very tender and rigid, and there was hyperalgesia rather worse on the right side, but a little lower down than is usual in appendicitis.

As appendicitis seemed the most likely cause for the symptoms, I opened the abdomen by the usual gridiron incision. On cutting the peritoneum a quantity of pus appeared; this was diffused through the whole cavity and no primary focus could be discovered. It resembled the pus frequently found in empyema—a thin fluid with masses of fibrinous material in it. The coils of intestine showed a few loose adhesions. The appendix was removed, but, except for the fact that the surface took part in the general peritonitis, the organ was healthy. The pus was mopped up and the cavity drained. The pneumococcus was found in smears and cultures from the pus.

The temperature rose to 100.6° on the day after the operation, but fell to normal on the following day, and the patient was discharged cured on January 20th.

HENRY H. MACWILLIAM, M.B., D.P.H.

Walton Infirmary, Liverpool.

Reports of Societies.

SITE OF MALIGNANT STRICTURE OF THE OESOPHAGUS.

AT a clinical meeting of the West London Medico-Chirurgical Society held at the West London Hospital on February 7th, with the President, Lieut.-Colonel E. M. WILSON, C.B., C.M.G., in the chair, Dr. REGINALD MORTON showed a series of radiograms illustrating a short paper which he read on the most common site of malignant stricture of the oesophagus. The author stated that during the previous nine years he had examined in the West London Hospital many cases where this condition was supposed to be present, a proportion of which gave a negative result. Ignoring the latter, there remained sixty-six cases of definite obstruction practically all of a malignant character—less than half a dozen where the spasmodic element was the sole or predominating feature. He suggested that by *x*-ray methods the most common site of malignant stricture of the oesophagus would soon be decided. To determine this, radiologists should agree on some uniform division of the tube for purposes of description, and these divisions must have relation to familiar landmarks seen in that locality during *x*-ray examination. The division that he had adopted was chosen solely because of its convenience. The upper part lay above the sterno-clavicular joint; the next corresponded to the aortic arch and extended from the sterno-clavicular joint to as far below the arch as the joint was above it; the third portion included that part of the tube where it pierced the diaphragm; and the last one was the region immediately at and including the cardiac orifice. They might be described as (1) the upper, (2) the aortic, (3) the diaphragmatic, and (4) the cardiac portions. Applying this division to the series of sixty-six cases, eliminating one that was purely spasmodic as subsequent events proved, stricture occurred with equal frequency in the first and third portions, and also with almost equal frequency in the second and fourth portions. The disparity between the first pair and the second pair—"the odds and the evens"—was very striking, the latter being nearly four times that of the former. This contrast could be well shown in a tabular summary, thus:

1. Upper (suprasternal)	7
2. Aortic	25
3. Diaphragmatic	7
4. Cardiac	26
Total	65

ERYTHRAEMIA.

At a meeting of the London Association of Medical Women held on February 4th at the rooms of the Medical Society of London, with the President, Lady BARRETT, in the chair, Dr. FRASER showed a case of erythraemia.

The patient, a married woman of 60, had for many years noticed some blueness of the face and hands during cold weather, with occasional epistaxis, but it was only after the death of her son in France eighteen months ago, which distressed her greatly, that she noticed swelling of the abdomen and other symptoms—for example, frontal headache, a feeling of fullness in the head, pain in the upper abdomen, and some loss of flesh. When admitted to the South London Hospital for Women in February, 1918, there was congestion and cyanosis of the skin of the face, ears, and neck; the mucous membrane of the mouth and tongue was purplish in colour, and the conjunctivae were injected; there was discoloration of the forearms and hands, and some dilatation of the veins of the legs. The arteries were thickened, the blood pressure measured 128 mm. of mercury; the heart was normal. A blood examination showed: Red blood cells 9,510,000, and white blood cells 30,000 per c.mm.; haemoglobin 130 per cent.; colour index 0.7. A differential count gave: Polymorphonuclear cells 86.8, lymphocytes 8.6, hyaline cells 1.4, and eosinophil cells 1.5 per cent.; no abnormal cells were seen.

The liver was enlarged, the edge being palpable three inches below the costal margin in the mid-clavicular line; the spleen formed a hard, somewhat nodular mass in the left hypochondrium, extending to the level of the umbilicus. The urine contained a trace of albumin, the specific gravity was 1013 to 1018, the urea excretion was fairly good, and there was no evidence of organic kidney disease.

The case was treated with calomel and saline aperients and a somewhat restricted diet. *X*-ray treatment was applied to the spleen. Venesection was not done. The subjective symptoms had now to a great extent disappeared, the liver was smaller, and the spleen, though not much changed in size, felt less hard; the abdominal pain was relieved by a belt, and the patient was living an ordinary life with little discomfort. The last blood count showed 8,000,000 red blood cells, 13,000 white cells.

Dr. Fraser then briefly discussed the etiology and pathology of the disease.

Dr. INNES PEARSE referred to the mental improvement sometimes seen in these cases after the performance of venesection, and mentioned a case of death closely following on *x*-ray treatment of such a spleen.

THE DANGER OF METAL ARTICLES WORN BY RADIOLOGISTS.

IN the course of a discussion at the Röntgen Society on February 4th, on the subject of protection in diagnostic work in view of the effects of scattered and secondary *x* rays, Dr. F. HERNAMAN-JOHNSON said that metal articles worn about the body, such as watches, rings, sock suspenders, or even coins in the pocket, might be a source of danger while working on *x* rays if the protection arrangements of the tube and couch were imperfect. Otherwise, given adequate protection of the apparatus, the only part for which the radiologist need feel concern, or which he need protect by body armour, was the hand used in examination. Dr. J. METCALFE gave some details from his own

the purpose of the war gratuity is prescribed by the Army Council. Officers who have completed more than one year's commissioned war service will receive a further sum in respect of each additional month or portion of a month of commissioned war service, subject to a maximum of forty-eight such increments. If with service overseas this monthly increment will be £1 for officers of ranks or appointments carrying a minimum gratuity up to and including £75, £2 where the minimum gratuity is £100 or £140, and £3 for officers of higher rank. If with no service overseas the monthly increments will be reckoned at half the above rates.

The gratuity will in no case be issuable in addition to any gratuity under Article 497 of the Royal Pay Warrant; nor to an officer whose services are dispensed with, or who resigns his commission for misconduct or for other causes held by the Army Council to disqualify; nor to one who has relinquished his commission owing to ill health due to his own misconduct; nor to one who before November 11th, 1918, voluntarily resigned his commission after less than two years' service; nor to one who relinquished it on account of ill health not due to military service after less than six months' commissioned service. The gratuity will be credited to the estates of deceased officers direct from the War Office.

The British Medical Association is making inquiries as to the position of temporary surgeons R.N. and of Territorial, Special Reserve, and temporary officers of the R.A.M.C. in respect of war gratuities.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following medical degrees have been conferred:

M.B. AND B.CH.—F. Gray.
M.B.—H. W. Hales.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

MR. T. B. JOHNSTON will begin on March 3rd, at University College, London, a course in anatomy for the Primary Fellowship Examination, specially suited for R.A.M.C. officers who are entering for the examination in May, 1919, under the special terms arranged by the Royal College of Surgeons. Particulars can be obtained from the Secretary of University College.

UNIVERSITY OF BRISTOL.

THE following have been approved at the examinations indicated:

FINAL M.B., CH.B.—*Part II* (completing examination): A. G. Bodman, Elizabeth Casson, Evelyn B. Salter, A. D. Symons, R. F. White. *Part I.*: Sukhasagar Datta, T. H. A. Pinniger.
D.P.H.—J. W. Gilbert.

UNIVERSITY OF LEEDS.

DR. J. B. HELLIER has retired from the chair of obstetrics which he has held since 1908. He has been connected with the Leeds School of Medicine from his student days. He was appointed demonstrator in anatomy in 1881, became lecturer in materia medica and therapeutics in 1884, and was lecturer on diseases of women and children from 1889 to 1908, when he was appointed to the chair of obstetrics. He was Dean of the Faculty of Medicine in 1917-18. Dr. Hellier, who does not intend to retire from private practice, has been succeeded by Dr. E. O. Croft, who has been lecturer on gynaecology since 1908, and is a member of the staff of the Leeds Hospital for Women and Children and of the Maternity Hospital.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

AT the monthly meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on February 3rd, Major-General Sir William B. Leishman, K.C.M.G., C.B., F.R.S., was admitted an Honorary Fellow. At the same meeting the following were admitted as ordinary Fellows: Donald MacPhail, M.D., Coatbridge, and John Nairn Marshall, M.D., Rothesay.

M. M. LAFFERRE, the French Minister of Public Instruction, recently appointed a scientific commission to report on the faculties and laboratories in Alsace and Lorraine. It presented a scheme of reorganization of the University of Strasbourg. In accordance with a wish expressed by Alsatian students, the university was reopened on January 15th. Most of the professors of the Paris and provincial faculties, entrusted with the teaching till final arrangements can be made, were present at the ceremony. The immediate task of the new university is to afford Alsatian students the means of rapidly completing studies already begun or of commencing a first year curriculum drawn up in accordance with French methods.

Obituary.

E. O. PRICE, M.D.EDIN., J.P., Bangor.

DR. EMYR OWEN PRICE, who died on February 7th, was born at Holywell, Flintshire, on July 19th, 1857. He was educated at St. Asaph Grammar School and the Edinburgh High School, and graduated M.B., C.M. in the University of Edinburgh, 1879, and M.D., 1891. He was one of the founders of the Students' Union at Edinburgh. In 1882 he took the practice of Dr. Ellis at Bangor, and had immediately to face a severe epidemic of enteric fever. He was appointed medical officer and public vaccinator of the Bangor District and Workhouse, and later to the University College of North Wales and to the Normal College, Bangor. After some years he was elected honorary medical officer to the Carnarvonshire and Anglesey Infirmary and later honorary surgeon to the same institution, a post which he held with increasing interest and efficiency until the end. He had been president of the North Wales Branch of the British Medical Association, and for years the annual representative of his Division to the Council of the Association. While the National Insurance Act was under consideration and negotiations were proceeding between the medical profession and the Government, he was elected by the British Medical Association on the Advisory Committee. In that capacity he had to sacrifice a great deal of his time and energy, his vists to London were frequent and his labours were strenuous and valuable. In recognition of such splendid services the medical men of North Wales presented him with a motor car. He became the first chairman of the Panel Committee of the county, and continued to retain that position until about a year ago, when he found it necessary to ask to be relieved of its duties. A few days before that date, and when his strong and clear mind was in full vigour and activity, the shadow of the dread angina pectoris fell upon his brave and noble spirit with all the superadded force of the knowledge that at about his own age then, his father had succumbed from the same cause. Nevertheless, he responded with admirable courage and success to the many extra calls of the war period upon his time and strength. He continued to attend the operating theatre of the Infirmary at any hour of the day and night. He became one of the medical officers to the Military Hospital at Bangor, took his share of the duties left to the remaining men by those local colleagues who had taken commissions in the R.A.M.C., was the chairman of the Local Medical War Committee, and worked hard to find fit and available men for the front; took a very active part in the establishment of the V.A.D. centre at Bangor, and took charge with keen interest of the maternity and child welfare clinic. Finally, he even had the alertness to seize with vigour an opportunity to think out and prepare a scheme for a public health laboratory for North Wales in connexion with the proposed new science department as a soldiers' memorial in the University College of North Wales. He visited the various county councils of North Wales to present this scheme, and with convincing eloquence succeeded in carrying the scheme through. He was a justice of the peace for the county of Carnarvon. It is feared that the strain during the severe epidemic in November taxed his strength too greatly. His condition since Christmas had caused anxiety, but no one was prepared for the end, which came on February 7th suddenly.

This were no place to refer at length to Dr. Price's many and various accomplishments. He was a richly gifted man, strong in character and intellect, widely read, endowed with sound common sense, and possessed an ever ready and witty speech. He will be greatly missed as adviser, friend, and counsellor, both locally and in the Representative Body. He is survived by his wife, three daughters, and one young son.

DR. JOHN ALBERT MANTON, a well known Sheffield medical practitioner, died on February 4th from pneumonia following influenza. He was born at Wakefield in 1864, and studied medicine at St. Bartholomew's Hospital and at the medical schools of Leeds and the University of Durham, obtaining the M.R.C.S. and L.R.C.P. diplomas in 1886. Two years later he began practice in the Park

district of Sheffield. Among other early appointments, he was demonstrator of anatomy in the Sheffield School of Medicine. For many years Dr. Manton took a prominent part in municipal life as a member of the city council and a guardian. In addition to the work of a large private practice, he held the appointments of medical officer to the Sheffield Post Office and to the Education Department. He spent his holidays in travel, and made good use of his experiences, both on the platform and in various literary contributions. He visited Serbia in 1899, and wrote a series of sympathetic articles on life in the Balkans, in recognition of which he was appointed by King Alexander of Serbia a Chevalier of the Order of St. Sava. He was an enthusiastic cyclist, and was for many years president of the Sheffield Road Club, in this way adding year by year to his knowledge of local roads and of the antiquarian lore of the countryside. Dr. Manton leaves a widow, a son, and two daughters. He was for many years a member of the Sheffield Division of the British Medical Association.

THE death took place at Pretoria, on October 23rd, of Dr. DONAL M. BARRY, pathologist on the staff of the Pretoria Hospital. Dr. Barry was born in Ireland, and was educated at Clongowes Wood College and Queen's College, Cork, whence he graduated M.B., B.S., of the late Royal University of Ireland, in 1908. In his student days he was a well-known footballer. After a short period of practice in England, he was appointed house-surgeon to the Pretoria General Hospital. He returned home in 1914, and, after obtaining the D.P.H. diploma, was appointed pathologist to the Pretoria Hospital. The heavy strain of the recent influenza epidemic in South Africa overtaxed his health, and he fell a victim to influenzal pneumonia. Dr. Barry was a member of the Pretoria Branch of the British Medical Association. His untimely death is deplored by a wide circle of colleagues and friends.

IN the JOURNAL of February 8th there appeared a brief notice of the death of Dr. H. S. COGHILL, West African Medical Staff. The following further particulars are supplied by one who knew him intimately and had worked much with him: From 1909 to 1911 Dr. Coghill was demonstrator at the London School of Tropical Medicine. In 1913 he and Dr. H. M. Hanschell were sent by the Colonial Office to Sekondi, Gold Coast, to take part in the investigation of non-malarial fevers. Later Dr. Coghill left for the Northern Territories of the Gold Coast to investigate a reported outbreak of yellow fever. His careful work there brought to light facts proving that a disease clinically closely resembling yellow fever had been known among the natives for at least two generations. The disease—in recurring epidemics—had always come from the north in the Sudan. *Stegomyia calopus* was found right up to the Sudan frontier. The Hansa traders coming down to the coast from the Sudan and Northern Territories knew the disease. The importance of this—if it be yellow fever and not, say, "infective (spirochaetal) jaundice"—is that it explains the infection of the coast periodically with yellow fever, always a puzzle before, for no direct ship communication with known yellow fever centres existed. Coghill was generosity and honour personified; great patience and care marked his work. A large number of friends in West Africa must mourn his death, and the service itself has suffered a heavy loss.

Medical News.

DR. JOHN ADAMS, of Glasgow, happily recovered from a serious illness, was among those who attended the investiture on February 18th to receive the M.B.E.

A COURSE of lectures and demonstrations on surgical dyspepsia will be given at the London Hospital Medical College by Mr. A. J. Walton, assistant surgeon to the hospital, beginning on Monday next.

MAJOR-GENERAL WILLIAM C. GORGAS, formerly Surgeon-General of the United States Army, has been named a Commander, and Dr. Simon Flexner, director of laboratories of the Rockefeller Institute for Medical Research, an Officer of the French Legion of Honour.

THE murderous severity of influenza is illustrated by two recent reports. The one is that fully one-seventh of the population of Papetee, Tahiti, have died of influenza, the elder generation having been virtually wiped out. The other is the estimate that in Mexico the epidemic of influenza caused approximately 432,000 deaths.

Major-General Sir Robert Jones, C.B., F.R.C.S., Major R. C. Elmslie, F.R.C.S., and Major W. H. Trethowan, F.R.C.S., have been elected honorary surgeons to the Royal National Orthopaedic Hospital, London. Arrangements are being made for the establishment of a country branch for the hospital as well as for the enlargement of the present buildings.

THE Medical Research Committee has issued a report by Captains H. Marrian Perry and H. L. Tidy, R.A.M.C. (H.M. Stationery Office. Price 9d.) on an investigation of an epidemic caused by *Bacillus aertrycke*, a so-called "food poison infection," of which Drs. A. J. Jex-Blake and W. James Wilson gave an account in the BRITISH MEDICAL JOURNAL of September 21st, 1918, p. 310.

THE Section of Laryngology of the Royal Society of Medicine has arranged to hold a summer congress on Friday, May 2nd. Papers will be read in the morning; in the afternoon there will be demonstrations of cases, operations, specimens, and instruments, and it is proposed to arrange a pathological museum. The meetings of this section have been well attended during the war, among those present being many American and overseas laryngologists, and they are invited to take part in the summer congress.

PROFESSOR F. DE LAPERSONNE will begin a course of ten lectures on the surgery of the eye and orbit on March 11th. The course will be given at the Hôtel Dieu, Paris, and will include operative surgery. It is intended for doctors and students of allied and neutral countries. Professors Lapersonne and Terrien and Dr. Velter will begin on May 6th an advanced course on practical ophthalmology and laboratory work, open to French and foreign students. Further particulars can be obtained on application to Professor Lapersonne, at the Hôtel Dieu.

AT the meeting of the Executive Committee of the War Emergency Fund of the Royal Medical Benevolent Fund, held on February 4th, Lieut.-Colonel Sir Alfred Pearce Gould in the chair, several applications for assistance were received, and grants amounting to £450 were made. Applications for assistance, marked "Confidential," should be addressed to the Honorary Secretary, 11, Chandos Street, Cavendish Square, W.1. For this Fund about £21,000 has been raised; it is believed that a further £9,000 will be required. Subscriptions should be addressed to the Honorary Treasurer, at the above address.

THE programme of the Rockefeller Foundation for 1919 includes large enterprises in public health and medical education and the completion of its war work. The public health activities will be directed chiefly against yellow fever, tuberculosis in France, malaria, and the hookworm disease. General Gorgas is the head of the Yellow Fever Commission. The Commission on Tuberculosis in France will continue its work with a larger budget; the war against hookworm will be waged in twelve States of the American Union and twenty-one foreign states and countries. Grants have been made for special studies and demonstrations in mental hygiene, for school hygiene and public health at Johns Hopkins University, and for the development of public health nursing. The chief work on medical education will be the development of training in modern medicine in China.

AN order by the Food Controller dated February 14th removes the restrictions on the use of lard in the preparation of articles other than foodstuffs, and it may accordingly now be used in the manufacture of ointments and other medicinal preparations. It will be remembered that the committee appointed by the Home Office in August, 1914, to deal with the question of economy in the use of drugs during the war, issued a memorandum on medicinal oils and fats, which was published in the JOURNAL of September 14th, 1918, p. 296. It was stated therein that since lard could no longer be dispensed either as such or as an ingredient of a prescription, a base consisting of 5 per cent. wool fat, 10 per cent. hard paraffin, and 85 per cent. soft paraffin had been placed on the market as a suitable substitute for most cases in which lard would have been ordered. Formulae were constructed containing this base (named for convenience *Adeps factitius*), and these and other war emergency formulae were published by the Pharmaceutical Society in the *Codex Addendum*, 1918.