

Their Management.—It is necessary to go into a little more detail here. Assuming the hospital to be in a safe situation, thoroughly competent management can go far to removing risk of danger. Vaccination again takes the first place. The staff, both resident and visiting, should be rendered immune; so should ambulance drivers, and all, such as carriers of provisions and stores, gardeners, etc., who have any reason to visit the hospital. Steps have to be taken also to prevent the conveyance of infection indirectly, as by clothing or person. The ambulance van in a city should not use busy streets liable to blocking of traffic when curiosity would gather passers by around the van. Quiet unobstructed side streets should be chosen for rapid transit. Theft from the hospital laundry should be carefully guarded against. Emergency nurses should not be employed, but only the trained and trusted staff who have been engaged in nursing other infectious diseases for the public health authority. It is an excellent arrangement, as under Dr. Claude Ker in Edinburgh, to get the nursing staff to forego their usual daily or weekly leave. They should be encouraged to remain within the grounds for a month or even more, and then there should be thorough disinfection prior to several days' continuous leave. The usual precautions as to overalls and caps should, of course, be observed. Goods for the hospital should be brought only within the gate and then taken in by the resident staff. There should be a separate gate for such traffic independently of the patients' gate. Letters regarding patients and official communications of any kind should be dictated by telephone to the local health office and then transmitted in writing. Visits to patients should be strictly limited, though in the case of a dying patient a visit cannot be refused, even if the visitor declines vaccination. He can at least be protected by overalls and subsequently dealt with as a contact.

Emergency Arrangements.—Small-pox should have a hospital to itself, but sometimes even yet local authorities are not so provided, and a safely situated hospital for ordinary infectious disease has to be utilized. In presence of small-pox in a county area I have repeatedly arranged for several local authorities to devote one of their institutions to small-pox, and for ordinary infectious diseases belonging to the district served by it to be treated at other hospitals in the county. This is made easier in practice by the fact that in the early stage of the disease at which a case is ordinarily diagnosed, the patient can safely be removed for quite a long distance in an ambulance wagon; and of course motor ambulances reduce the difficulty to a minimum. Where, however, circumstances make it necessary to treat small-pox in a hospital containing cases of other diseases, the position need not be despaired of. The vaccinal condition of all patients can be ascertained, and permission asked to vaccinate those who require it. If this is refused in any case the patient may probably be in a condition permitting discharge from the hospital, preferably to another hospital. Sometimes, however, a patient may be too ill for vaccination, and a certain amount of risk may be unavoidable. If so, it is part of the price that has to be paid for lack of vaccination or of a separate small-pox hospital. In Leicester, after its Method was departed from, in addition to having a small-pox hospital, the expedient was resorted to of commandeering, for small-pox, the whole of the ordinary infectious diseases hospital, by sending home all removable cases, whatever they might be suffering from. This was followed in 1892 by an extensive epidemic of scarlet fever. On another occasion in the same town such extension did not take place. Anyhow it will be agreed that small-pox is more to be feared than scarlet fever, and should have preference in isolation.

Ineffective Isolation.—Where a small-pox epidemic gets out of hand it quickly becomes futile to attempt to control it by hospital isolation, and efforts to do so are pitifully ineffective. Gloucester, Dewsbury, and Middlesbrough are cases in point.

Gloucester, taking Leicester for its guide, neglected vaccination, and surpassed even its mentor in the degree of its neglect. Also, its representatives told the Royal Commission about the cleanliness of their fine old city and called attention to its freedom from small-pox. Then when its trial came in 1895-96, though as a town of only 40,000 inhabitants it had not available the whole time of a medical officer, as Leicester had with its 200,000 population, yet with its 48 beds it had much more hospital accommodation

in proportion to its size, and it set out to follow the Leicester Method. But its type of infection, unlike Leicester's, was severe, and though this made diagnosis easier, the epidemic spread. After exhausting, and more than exhausting, its 48 beds it went on adding to its provision, so that in the end it had no less than 318 beds. But all was of no avail, and it had to fall back on vaccination and revaccination, ending its experiment by becoming the best vaccinated town in the British empire. Regardless of consistency, antivaccinationists have since then attributed the epidemic to insanitation.

Dewsbury, likewise defying vaccination and defying common sense in respect of every preventive measure, hopelessly failed by panic provision of hospitals to quell its epidemic.

Even Middlesbrough (population 90,000), with infantile vaccination extensively practised, but without systematic revaccination, and with a severe strain of infection in its epidemic of 1897-98, gradually increased its small-pox accommodation from 14 beds to the remarkable total of 822 beds; and in the end, as bewailed by the medical officer of health, they had "twenty-two blocks of temporary buildings which nobody knows what to do with, besides an enormous amount of bedding, beds, and other materials." Under such conditions house to house visitation for vaccination and revaccination is the only means to control an outbreak.

VI. DISINFECTION.

The object of disinfection is, of course, the destruction of the poison, and this ought always to be complete. It is a routine measure, and the modern methods available are well understood and thoroughly effective. Pawnshops and laundries may require attention where articles have been received from infected houses. In towns, shelters may conveniently be provided for poor persons whilst their houses are being disinfected. For security, articles which are difficult to disinfect, such as bedding, are not infrequently destroyed, and so the mind of the authorities is relieved of all anxiety on that score. A hospital superintendent of great experience has advised me that soaking of blankets, etc., in soap and water seemed to destroy all infection. Where a navy or a vagrant has occupied two or three different beds in a navvies' hut or common lodging-house with many inmates, disinfection is difficult and destruction expensive, but no necessary measure must be shirked on either ground. Not only may a lodger or navy have occupied in succession two or three different beds, but there may be in succession several introductions of the disease during an epidemic period, and the difficulty is manifest of carrying out thorough disinfection in the same lodging-house or hut time after time, perhaps at a few days' interval.

REFERENCES.

¹ *Public Health*, February, 1917; and similarly elsewhere. ² *Medical Times and Gazette*, vol. i, 1868, pp. 5 and 32. ³ *Trans. Epidem. Soc.*, 1896-97. ⁴ *Vaccination Tract No. 12.*

(To be continued.)

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HERPES ZOSTER AND VARICELLA.

In view of the recent article by Dr. R. Cranston Low in your issue of January 25th, a case of similar concomitance may be worth recording.

On January 15th three brothers were admitted to hospital all suffering from scarlet fever. The eldest, who had no previous history of chicken-pox, had well marked right-sided herpes zoster, and, in addition to impetiginous spots on face and ears, there were one or two spots on the left side of the chest, which on healing have left a scar suggestive of a varicellar condition. On January 19th, four days after admission, one of the brothers developed a definite attack of varicella, and within fifteen days the youngest child also had chicken-pox.

Liverpool.

W. M. GRAY.

GONOCOCCAL PAPILLOMA OF THE UMBILICUS.
The rarity of the following case may make it worthy of record:

S. M., a girl of 19 years, was admitted into St. Thomas's Hospital with the typical signs of a gonorrhoeal infection

of some three weeks' duration. For this period there had been not only a copious discharge from the vagina, but an abundant yellow discharge from the umbilicus. Subsequent microscopic investigation demonstrated the presence of the gonococcus in both.

In spite of treatment the umbilical discharge persisted, the peculiar feature of the case being the presence of a pedunculated papilloma which rapidly increased until, in two months, it had attained the size of a small walnut. The surrounding abdominal wall remained unaffected.

In general appearance the growth was somewhat like a raspberry, and exactly resembled the gonorrhoeal "wart," as ordinarily seen on the vulva. It entirely concealed the umbilical depression, but when drawn aside the peduncle was exposed to view. The growth was painless and not tender on palpation.

During the week before removal it became very soft and spongy, and there exuded from its surface a profuse yellow discharge, similar to that which came from around the pedicle within the umbilical pit. It is noteworthy that papillomata likewise developed on the vulva and the perineum.

Caustics and astringents proved of little value. An elliptical incision was therefore made round the parts, and the whole of the umbilicus, together with the appertaining tumour, removed; the wound healed rapidly.

THOS. ANWYL-DAVIES,

Veneral Department, St. Thomas's Hospital, London.

CILIATED (?) AMOEBA IN LIVER ABSCESS.

In a patient suspected from clinical observation to have a liver abscess no protozoa or cysts were found on examination of the faeces. An organism was isolated from the urine which gave biochemical reactions of the paratyphoid group, but was not agglutinated by paratyphoid A or B, nor *suipestifer* or Gaertner serum. The patient died and *post mortem* a single abscess of the liver was found on the right side. It was more or less encysted; its walls were thick, firm and fibrinous. The cavity was smooth and contained pus, not chocolate coloured, but yellow and creamy. On microscopical examination of the pus, amoebae having a highly refractile ectoplasm were observed. A few red blood corpuscles were ingested in the endoplasm. The nucleus was excentric, but distinct. From the periphery of the nuclear membrane small cilia-like bodies in constant motion were evident. The movement was continuous, though at the time of observation no pseudopodia were being thrown out.

The pus was plated out and found to contain an organism similar in biochemical reactions to that obtained from the urine, as described above.

R. C. WATTS, M.D., D.T.M., D.P.H.,

Lieutenant I.M.S. (T.C.), formerly Garrett Fellow in Bacteriology, University of Liverpool.

PRIMARY SARCOMA OF THE PROSTATE IN A BOY.

CASES of primary sarcoma of the prostate seem sufficiently rare to justify a short record of a case. In the *BRITISH MEDICAL JOURNAL* of January 18th, 1919, Dr. Newman of Glasgow reported a case, and states that in 1858 Thompson was only able to discover 6 cases, and that in 1912 Burekhardt collected 24 cases.

A boy aged 3½ was brought from Grimsby to Dr. Nicholson on September 24th, 1918. He had had difficulty and pain on passing water for seven weeks, and had very frequently needed a catheter.

Mr. Hainworth was asked to see him with Dr. Nicholson and operation was advised. On September 26th, 1918, the bladder was opened suprapubically by Mr. Hainworth; it was normal, and the urethral opening was dilated; the prostatic urethra was occupied by a tumour the size of a golf ball, which was easily shelled out; the bladder was drained.

The specimen was sent to the Clinical Research Association. The report was: "A malignant growth having the structure of a sarcoma. It is composed of rounded or irregular cell elements in a very scanty stroma with thin-walled vessels. Large areas of it are undergoing myxomatous degeneration."

The child recovered from the operation, and was much more comfortable for some weeks, but recurrence was rapid, and death took place on December 8th, 1918.

FRANK NICHOLSON, C.B.E., M.D. Lond.,

Senior Physician, Hull Royal Infirmary.

E. M. HAINWORTH, F.R.C.S.,

Surgeon, Hull Royal Infirmary.

Reports of Societies.

THE SUPPORTS OF THE UTERUS.

A MEETING of the Section of Obstetrics of the Royal Academy of Medicine in Ireland was held on February 14th. Professor HASTINGS TWEEDY read a paper on the tendons of the uterus and their relations to the lower uterine segment. He said that gynaecologists were, or should be, agreed that the uterus owed its stability to fibro-muscular bands radiating in every direction from the muscles surrounding the os internum. These fibro-muscular bands were under the full control of the uterus; when the os opened they relaxed, when it closed they again became taut. They acted as true tendons to the muscle, and should be called "uterine tendons" rather than ligaments. These tendons constituted the true boundary between the cervix and the body of the uterus. They took up all strain from the cervix so long as they remained intact, with a closed os internum. In pregnancy the os opened and the ovum came to lie in the upper region of the cervix and beneath the uterine tendons. The cervix invariably hypertrophied at the part exposed to any continuous pressure. This pressure was exercised on it by the growing ovum, and thus the lower uterine segment formed.

Professor A. F. DIXON said the supports of the uterus were the structures in the subperitoneal tissue. Some support, in addition to that furnished by the levator ani, was necessary to prevent the uterus being thrust downwards, or telescoped into the vagina by intra-abdominal pressure. The support was mainly applied at the lateral aspect of the cervix and at the lateral fornix of the vagina. Here the subperitoneal tissue was packed with smooth muscle and connective tissue fibres, radiating outwards along with the vessels and nerves which abounded in that region. This mass of dense subperitoneal tissue lay partly between the layers of the broad ligament, where they diverged as they reached the pelvic floor. The dense mass was continuous with the muscular wall of the cervix and the vaginal fornix, and not merely adherent to those structures; in front of them it was continuous in the muscular wall of the lateral angle of the bladder, and formed the "ureteral sheath." In considering the question as to how these supports acted in maintaining the uterus it was important to recognize that they were actually continuous with, or rather parts of, the uterine and vaginal walls. Too often the uterus was regarded as a hard, inert organ, pressed upon by neighbouring structures, and supported against abdominal pressure by inert fibrous bands or fascial layers. In reality, the thick muscular uterine coat must constantly be varying in the amount of its contraction. Waves of contraction passing over its surface had been noted in lower animals, and presumably similar contractions also occurred in the living human subject. Such contractions would normally pass on into the radiating muscle strands forming the lateral cervical and sacro-uterine "ligaments." In this way the uterus should be able to make tense its connexions and supports, and possibly shift its position to some extent by traction on, or through, the smooth muscle bundles radiating from its cervix. Similarly a contraction passing into the smooth muscle fibres which formed the round ligament might be counted upon to draw the fundus uteri forwards as the blood emptied itself. In conclusion, Professor Dixon suggested that in the normal living subject the upper part of the uterus had not the "floppy" condition found in the dead subject, but that it was held in position by the action of the various bands of smooth muscle fibre radiating from it.

Sir WILLIAM SMYLY said he had known that the subperitoneal tissue contained unstripped muscular fibres, and especially in the utero-sacral folds, which had been described as retractor muscles of the uterus, but he had no idea that the tissue around the cervix, and especially that of the cardinal or Mackenrodt's ligaments, contained so much of that tissue as had been stated by Professor Dixon. His description of those fibres as originating from the substance of the uterus and radiating to their pelvic insertions sufficiently explained the fact that that tissue was not ruptured in childbirth, as it certainly would be if arranged as a diaphragm across the pelvis. If he had correctly

SPECIAL CLINICAL MEETING, LONDON, 1919.

APRIL 8th, 9th, 10th, and 11th.

NOTIFICATION OF ATTENDANCE.

All Members of the Association who propose to attend the Special Clinical Meeting are earnestly requested to fill up and post this form as soon as possible.

Notices on matters of interest to those attending the Meeting will appear from time to time in the *Supplement* or the *Journal*.

Early intimation will greatly facilitate the arrangements for official entertainments as well as for private hospitality offered by members of the Association living in London.

OFFERS OF HOSPITALITY BY ST. THOMAS'S HOSPITAL.—In the event of members of His Majesty's Forces and others attending the Clinical Meeting in London being unable to obtain sleeping accommodation, the Treasurer and Governors of St. Thomas's Hospital have set aside the beds (60) in two vacant wards and will be able to provide breakfast. Early application should be made to the Honorary General Secretaries, Special Clinical Meeting, 429, Strand, W.C. 2.

It is my intention to be present at the SPECIAL CLINICAL MEETING in LONDON and

Please write
distinctly.

I expect to be accompanied by _____
Name _____
Address _____

I would like to attend the RECEPTION by the PRESIDENT at the GUILDHALL on April 8th.

" " " CONVERSAZIONE given by the ROYAL SOCIETY OF MEDICINE on April 9th.

For these Entertainments, to which ladies will be admitted, the accommodation is limited, and it may be necessary to ballot for tickets. Please indicate your order of preference and whether you will be accompanied by a lady.

DINNER.

A Dinner, to which ladies may be invited, will be held at the CONNAUGHT ROOMS, GREAT QUEEN STREET, W.C. (near Lincoln's Inn Fields), on THURSDAY, APRIL 10th, at 7.30 p.m. Applications for tickets should be made at once to the Secretaries of the Special Clinical Meeting, British Medical Association, 429, Strand, W.C. 2. The price of the Dinner Ticket, 10s. 6d. each, should be remitted by Postal Order with the application. As the number of Tickets is limited early application should be made.

Please reserve a seat for me at the Dinner, for which I enclose a remittance of 10s. 6d.

Signature _____

[See next page.]

GENERAL ARRANGEMENTS.

THE arrangements for the special clinical and scientific meeting of the British Medical Association to be held in London from April 8th to the 11th have been made by a committee of which Sir T. Clifford Allbutt, K.C.B., F.R.S., President of the British Medical Association, is chairman; it includes the Presidents of the Royal Colleges of Physicians and Surgeons in London; Sir William Osler, Regius Professor of Medicine, Oxford; the Directors-General of the Medical Departments of the Royal Navy, of the Army Medical Service, of the Army Medical Services, France, and of the Canadian Army Medical Service, the Director of Medical Services of the Australian Imperial Force, representatives of the medical services of New Zealand and South African overseas forces, the Medical Adviser to the Secretary of State for India, and the D.M.S. Royal Air Force.

LEAVE FOR OFFICERS.

The Director-General, Army Medical Service, has notified the Home Commands that special consideration is to be given to applications by medical officers for leave to attend the meeting. A similar notification has been issued by the Director-General, Medical Services, Overseas Forces of Canada.

ACCOMMODATION.

Hotel accommodation in London is difficult to obtain: many of the large hotels are still occupied by various Government departments, and the others are very full. Private hospitality will be offered by members living in London, but the full extent to which such hospitality will be available has not at present been ascertained. Meanwhile, those who intend to be present at the meeting are advised to secure rooms as early as possible. The offer by St. Thomas's Hospital is mentioned on p. i.

ENTERTAINMENTS.

A reception arranged by the *Metropolitan Counties Branch* of the British Medical Association will be held at the Guildhall, London, kindly lent by the Lord Mayor, on the evening of Tuesday, April 8th. The guests will be received by Sir T. Clifford Allbutt, K.C.B., F.R.S., Regius Professor of Physic, University of Cambridge, President of the British Medical Association.

On Wednesday evening, April 9th, the *Royal Society of Medicine* will hold a reception at its house, 1, Wimpole Street, W.1. The guests will be received by Sir H. D. Rolleston, K.C.B., President of the Society.

On Thursday evening, April 10th, a *Dinner* will take place at the Connaught Rooms (10s. 6d. without wine).

Ladies may be invited to these entertainments, including the dinner. Academic or evening dress or uniform can be worn at the receptions at the Guildhall and the Royal Society of Medicine. The number of invitations which can be issued is in each case limited, and early application should be made.

The President of the *Royal College of Surgeons of England* will hold a reception at the College, Lincoln's Inn Fields, on Wednesday, April 9th, from 4.30 to 6 p.m., when there will be an exhibition of Hunterian and Listerian relics, etc. Tea will be served at 4.30 p.m.

The President and officers of the *Royal College of Physicians of London* will receive members who would like to see the portraits and books at the College on Thursday, April 10th. Tea will be served at 4.30 p.m., and at 6 p.m. Sir H. D. Rolleston will give a Lumleian Lecture on cerebro spinal fever in the Library.

Stamp.

The SECRETARIES,

Special Clinical Meeting,

British Medical Association,

429, Strand, London, W.C. 2.

PROVISIONAL PROGRAMME.

The meetings of the Sections will be held at the Imperial College of Science and Technology, South Kensington, which has been placed at the disposal of the Association by the Rector, Sir Alfred Keogh, G.C.B., M.D.

SECTION OF MEDICINE.

DISCUSSIONS will be held as follows:

Wednesday, April 9th.—10 a.m. to 1 p.m.

War Neuroses.—Chairman: Sir DAVID FERRIER, M.D., F.R.S. Introducer: Lieut.-Colonel F. W. MOTT, F.R.S., R.A.M.C.

Thursday, April 10th.—10 a.m. to 1 p.m.

Influenza.—(In conjunction with the Section of Preventive Medicine and Pathology, *q.v.*) Chairman: Colonel HAVEN EMERSON, Medical Corps, U.S.A. The subject will be treated under the following headings:

1. Clinical Aspects. Introduced by Major-General Sir WILMOT HERRINGHAM, C.B., A.M.S.
 - (a) Short account of epidemics of 1918 in France. Contrast between clinical features of spring and autumn epidemics—for example, respiratory complications.
 - (b) Epidemic in England. Contrasts and resemblances to above.
2. Epidemiology. Introduced by Captain M. GREENWOOD, R.A.M.C.
3. Etiology. Introduced by Major F. B. BOWMAN, C.A.M.C.

N.B.—The pathological aspects will be treated by means of demonstrations.

Friday, April 11th.—10 a.m. to 11.30 a.m.

Venereal Disease.—Chairman: Sir WILLIAM OSLER, Bt. The subject will be introduced by Brevet Colonel L. W. HARRISON, D.S.O., K.H.P., Lecturer in Venereal Diseases, Military Hospital, Rochester Row. A discussion will follow.

11.30 a.m. to 1 p.m.

Prognosis in Cardio-vascular Affections.—Chairman: Sir JAMES MACKENZIE, M.D., F.R.S. Introducer: Dr. THOMAS LEWIS, F.R.S. A discussion will follow.

DEMONSTRATIONS.

The following demonstrations have been arranged to begin at 2.30 p.m. on each day:

Wednesday, April 9th.

- Neurological Cases. National Hospital for Paralyse and Epileptic, Queen Square.
- Diseases of the Chest. Brompton Hospital.
- Mine Gas Poisoning. Lieut.-Colonel D. Dale Logan, D.S.O., R.A.M.C.

Thursday, April 10th.

- Newer Methods in Cardio-diagnosis. National Heart Hospital, Westmoreland Street, Marylebone.
- Cases and Specimens illustrating Cardio-vascular Disease. Dr. Thomas Lewis, F.R.S., at University College Hospital.
- Drawings of Throat in various Acute Infectious Diseases. Dr. H. Drinkwater, at St. Thomas's Hospital.

Friday, April 11th.

- Air Force Tests at Royal Society of Medicine.
- War Neuroses. Lieut.-Colonel F. W. Mott, F.R.S., Maudsley Clearing Hospital, Denmark Hill. A discussion will follow. Cinematograph demonstration by Lieut.-Colonel A. F. Hurst, R.A.M.C., of illustrative cases.
- Interesting cases by members of the staff of the Hospital for Sick Children, Great Ormond Street.

Venereal Disease.—On each day there will be a demonstration at the Military Hospital, Rochester Row, by Colonel L. W. Harrison, D.S.O. The demonstration will be in three parts, each lasting half an hour. Visitors are requested to attend the parts in the order specified on the slips which will be handed to them at the door.

A. Syphilis:

1. Examination of patients.
2. Spirochaete specimens under dark-ground illuminations.
3. Apparatus for the administration of antisyphilitic remedies.

B. Prevention of Venereal Disease—Gonorrhoea:

1. Early Treatment.
2. Abortive Treatment.
3. Irrigation.
4. Instruments for the diagnosis and treatment of chronic gonorrhoea.
5. Cases of interest.

C. Laboratory:

- Microscopical specimens.
- Complement fixation in Gonococcal Infections.
- Gonococcal Vaccines. " Syphilis.

Secretaries of Section.—Colonel R. J. MILLARD, C.M.G., D.D.M.S., A.A.M.C., 429, Strand, W.C.2, and Dr. H. BATTY SHAW, 122, Harley Street, W.1.

SECTION OF SURGERY.

Discussions on the following subjects have been arranged to take place in the morning of the day indicated.

Wednesday, April 9th.

Gunshot Wounds of the Chest.—Chairman: Sir GEORGE MAKINS, G.C.M.G. Introducers: Colonel T. R. ELLIOTT, D.S.O., F.R.S., and Colonel G. E. GASK, C.M.G., D.S.O.

Thursday, April 10th.

Wound Shock.—Chairman: Sir ANTHONY BOWLBY, K.C.M.G. Introducers: Professor W. M. BAYLISS, F.R.S., and Dr. H. H. DALE, F.R.S.

Friday, April 11th.

A Review of Reconstructive Surgery.—Chairman: Sir ROBERT JONES, C.B. Introduced by Major R. C. ELMSLIE and Major W. R. BRISTOW, R.A.M.C.

DEMONSTRATIONS.

Wednesday, April 9th.

- 2.30 p.m.—On Orthopaedic Methods, etc.; at the Special Surgical Hospital, Shepherd's Bush.
- 2.30 p.m.—At the Royal College of Surgeons, Colonel J. G. Adami, F.R.S., C.A.M.C., for Major Rhea, C.A.M.C.: Bone Inflammation and Bone Repair.
- 3.30 p.m.—At the Royal College of Surgeons, Specimens illustrating Wounds of Arteries, by Sir George Makins.
- 4.30 p.m.—Reception at the Royal College of Surgeons—Hunterian and Listerian Relics.

Thursday, April 10th.

- 2.15 p.m.—Cases of Plastic Surgery of the Face, by the staff of the Queen's Hospital, Sidcup; at the Imperial College of Science, South Kensington.
- 3.15 p.m.—Cinematograph Lecture illustrating the Organization of a Hospital for Limbless Cases, by Sir John Lynn-Thomas; at the Imperial College of Science, South Kensington.
- 3.30 to 4.30 p.m.—Professor Arthur Keith, F.R.S.: Specimens illustrating Fractures of the Skull; at the Royal College of Surgeons.
- 4 p.m.—Cinematograph Lecture on the Treatment of Fractured Femur, by Major Pearson, S.A.M.C.; at the Imperial College of Science, South Kensington.

Friday, April 11th.

- 2.30 p.m.—On Orthopaedic Methods, etc.; at the Special Surgical Hospital, Shepherd's Bush.
- 2.30 p.m.—Material at the Army Medical War Museum, 5, Avenue Studios, 76, Fulham Road, S.W.1, by Lieut.-Colonel F. S. Brereton, R.A.M.C.
- 2.30 p.m.—Colonel W. T. Lister, C.M.G.: Demonstration of Specimens illustrating War Injuries of the Eye; at the Royal College of Surgeons.
- 3.30 to 4.30 p.m.—Mr. C. Wallace, C.B.: Specimens illustrating Gunshot Wounds of the Abdomen; at the Royal College of Surgeons.

Secretaries of Section.—Mr. C. H. S. FRANKAU, D.S.O., F.R.C.S., 57A, Wimpole Street, W.1; Mr. C. MAX PAGE, D.S.O., F.R.C.S., 134, Harley Street, W.1.

SECTION OF PREVENTIVE MEDICINE AND PATHOLOGY.

Discussions have been arranged for the morning meetings on the following subjects:

Wednesday, April 9th.—10 a.m. to 1 p.m.

The Dysenteries: Bacillary and Amoebic.—Chairman: Colonel S. L. CUMMINS, C.M.G., A.M.S. Introducers: Colonel L. S. DUDGEON, C.M.G., A.M.S., and Professor W. YORKE.

Thursday, April 10th.—10 a.m. to 1 p.m.

Influenza.—(At a joint meeting with the Section of Medicine, *q.v.*)

Friday, April 11th.—10 a.m. to 12 (noon).

Malaria.—Chairman: Sir RONALD ROSS, K.C.B., F.R.S. Introduced by Lieut.-Colonel S. P. JAMES, I.M.S. A Demonstration on malaria and an exhibition of specimens, arranged by Sir Ronald Ross.

12 (noon) to 1 p.m.

A communication will be made on a "Filter-passing" Virus in Certain Diseases, with especial reference to Polyneuritis, Encephalitis, Trench Fever, Influenza, and Nephritis, by Major-General Sir JOHN ROSE BRADFORD, K.C.M.G., C.B., F.R.S., A.M.S., Captain E. F. BASHFORD, R.A.M.C., and Captain J. A. WILSON, R.A.M.C.

DEMONSTRATIONS.

Demonstrations have been arranged to take place in the afternoon, beginning at 2.30.

Wednesday, April 9th.—On Malaria. At the London School of Tropical Medicine.

Thursday, April 10th.—On the Pathology of Dysentery, by Colonel L. S. DUDGEON; Entamoebae, by Professor W. Yorke and Dr. F. W. O'Connor; The Local and Remote Effects of Injections of Quinine on Tissues, by Colonel L. S. DUDGEON. At St. Thomas's Hospital, Albert Embankment.

Friday, April 11th.—On the Anaerobic Bacteria which Infect Wounds, together with an Exhibition of Specimens and Drawings illustrating Anaerobic Bacteria, by Miss Muriel Robertson. On the subject of Filter-passing Viruses in Influenza and other Diseases, by Major-General Sir John Rose Bradford, K.C.M.G., C.B., F.R.S., A.M.S., Captain E. F. Bashford, R.A.M.C., and Captain J. A. Wilson, R.A.M.C. On Rickettsia Bodies, by Dr. J. A. Arkwright. At the Lister Institute of Preventive Medicine, Chelsea Gardens.

Secretaries of Section.—Dr. J. A. ARKWRIGHT, Lister Institute of Preventive Medicine, Chelsea Gardens, S.W.1; Major A. M. W. ELLIS, C.A.M.C., 429, Strand, W.C.2.

POPULAR LECTURE.

A popular lecture, on A Casualty Clearing Station at Work, will be given by Major-General Cuthbert Wallace, C.B., C.M.G., Surgeon to St. Thomas's Hospital, at the Queen's Hall, Langham Place, W., on April 9th, at 5 p.m.; the chair will be taken by Sir John Goodwin, K.C.B., Director-General Army Medical Service.

EXHIBITION.

An exhibition of surgical instruments, hospital furniture, drugs, foods, sanitary appliances, etc., will be held in the Physics Examination Hall, Imperial College of Science and Technology, South Kensington, from Wednesday, April 9th, to Friday, April 11th, both days inclusive. Information as to space, which is being rapidly allotted, can be obtained from Mr. W. E. Warne, Acting Financial Secretary and Business Manager, 429, Strand, W.C.2.

THE WAR COLLECTION AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The collection of pathological specimens from the seat of war in France will be on view daily from 10 till 6 (on Saturday 10 till 1) at the Royal College of Surgeons, Lincoln's Inn Fields, W.C.2. It comprises a large and complete series of gunshot fractures of the bones; and another series, equally complete, of gunshot injuries of the different organs and soft structures, as well as specimens of disease incident to warfare, the effects of gassing, trench nephritis, gas gangrene, etc.

Special demonstrations, each occupying about one hour, will be given at the College on each day, as notified under the Section of Surgery.

COTTAGE HOSPITALS.

There will be an exhibition at the Imperial College of Science of plans of Cottage Hospitals, kindly lent to the Association by architects. It is also hoped to exhibit plans and photographs of two military hutted hospitals.

GENERAL SECRETARIES.

The General Secretaries of the meeting are:

Mr. CUTHBERT WALLACE, C.B., C.M.G., F.R.C.S., 26, Upper Wimpole Street, W.1.

Dr. GORDON HOLMES, C.M.G., 101, Harley Street, W.1.

Mr. S. MAYNARD SMITH, C.B., F.R.C.S., 28, Wimpole Street, W.1.

The Chairman of the Programme Subcommittee is Colonel J. G. ADAMI, F.R.S., C.A.M.C., Pembroke House, 133, Oxford Street, W.1.

Communications regarding accommodation, entertainments, etc., should be addressed to the "General Secretaries of the Special Clinical Meeting," British Medical Association (Room 46A), 429, Strand, W.C.2.

In 1864 he entered St. Thomas's Hospital Medical School, then at the old Surrey Gardens, in Newington. The school was small, and carried on with difficulty, but there was a powerful staff, among them Risdon Bennett, Peacock, and Bristowe, Solly, Le Gros Clark, and Simon. He took the diploma of M.R.C.S.Eng. in 1868, and that of L.R.C.P.Edin. in 1870. After holding lunacy appointments, for some time being assistant medical officer at St. Andrews, Northampton, he went into practice with the late Dr. Hugh Kerr of Halesowen and Cradley Heath. Here it was he did his life's work. For nearly a quarter of a century he worked as hard as a man could work. It is not too much to say that he gained the good will and esteem of all. He was a charming personality, and always held high the honour of his profession. In 1904 he moved to Sidmouth, and practised there with great success until 1918, when ill health (heart trouble) compelled him to retire. He may truly be said to have died in harness, having worked with his successor Dr. Spence-Bernard up to December last. When he died he was on a visit to his brother-in-law Mr. George C. Franklin at Fareham. He was laid to rest in the cemetery there on March 20th amid the keen regrets of loving relatives. At the same time a memorial service, largely attended, was held at the parish church at Sidmouth. De Denne was a good and consistent churchman, and acted for many years as churchwarden at Cradley, and afterwards at Sidmouth.

He leaves a widow, two sons—Lieutenant Henry de Denne, R.N.R., and Paymaster Lieutenant Commander Cecil de Denne, R.N.—and two daughters. The youngest son, Sublieutenant Geoffrey de Denne, Devonshire Regiment, was killed in France on October 4th, 1917.

DR. ERNEST FRANK SYRETT, of Dovercourt, died after a brief but painful illness on February 20th. He was born at Ramsgate in 1869, and was educated at Maidstone. He studied medicine at St. Bartholomew's Hospital and obtained the London Conjoint diplomas in 1891 and the M.B. and B.S. degrees at Durham University in 1893, proceeding to the M.D. degree two years later. After holding the post of resident medical officer to the Fleming Memorial Hospital for Sick Children at Newcastle-on-Tyne, he served for a short period as a medical officer in the Peninsular and Oriental Line. Subsequently he practised first at Nayland, near Colchester, and later at Dovercourt, where he held most of the public medical appointments, including that of M.O.H. for the borough of Harwich. Dr. Syrett was typically an able country general practitioner. Quick at absorbing knowledge and ready in applying it, he was also very competent in organizing his work. In this way he was able to carry on a wide general practice in addition to performing satisfactorily the duties connected with his numerous public appointments. His services in connexion with the war hospitals and other military matters at the fortified town of Harwich had obtained for him the friendship and respect of the naval and military authorities. He was extremely popular with his patients, and his popularity was increased in private life by his keenness as a sportsman. He married in 1899 Maude, elder daughter of the Rev. J. D. Gray, M.A., and leaves a widow and three children.

Universities and Colleges.

UNIVERSITY OF LIVERPOOL.

At a congregation held on March 20th the following degrees were conferred:

M.D. (*in absentia*).—S. F. Linton.
M.B., Ch.B.—S. D. McAusland (with honours, Class I), W. T. Davies, P. E. Gorst, R. R. B. Roberts.

UNIVERSITY OF MANCHESTER.

The Diploma in Public Health has been granted to Dr. James Walker.

The following candidates have been approved at the examinations indicated:

THIRD M.B. AND CH.B. (*General Pathology and Morbid Anatomy*).—S. Almond, Martha F. Barritt, Phyllis M. Congdon, Margaret McF. Corbold, Dorothy M. L. Dyson, A. M. El-Aguizy, P. Fildes, J. Harris, E. Jones, Gertrude B. Leigh, H. A. Lomax, A. Maude, J. S. Robinson, Annie Rothwell, G. Talbot, S. J. Woodall.
D.P.H.—(*Part I*): A. W. Baker, G. H. T. N. Clarke, G. J. Crawford, A. Heath, M. E. A. Latif, J. L. Meynell, E. N. Ramsbottom, H. F. Sheldon, E. H. Walker. (*Part II*): J. Walker.

UNIVERSITY OF LEEDS.

The Council of the University of Leeds on March 20th conferred upon Dr. J. B. Hellier, late Professor of Obstetrics, the status of Emeritus Professor.

UNIVERSITY OF DUBLIN.

The Senate of the University of Dublin has unanimously resolved to confer the honorary degree of Doctor of Medicine upon the following members of the university in recognition of their services in the war: Major-General Sir J. Murray Irwin, D.M.S., Third Army; Major-General H. M. Thompson, D.M.S., First Army; Major-General W. T. Swan, D.M.S., Palestine; Major-General J. J. Gerrard, D.M.S., Fifth Army; Major-General F. R. Newland, D.M.S., Italy; Major-General J. J. Russell, D.D.M.S., Irish Command, formerly D.D.M.S., Rouen.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a special meeting of the President and Fellows of the Royal College of Physicians of Ireland on March 14th Major Harold Pringle, R.A.M.C., M.D., F.R.C.S.I., Chief Assistant to the Professor of Physiology, and Lecturer in Histology, University of Edinburgh, was elected King's Professor of Institutes of Medicine in the School of Physic in Ireland.

Medical News.

At the graduation ceremony of the University of Aberdeen on March 25th Sir James Galloway, K.B.E., M.D., F.R.C.P., formerly consulting physician with the British armies in France, was admitted to the honorary degree of LL.D.

In the march of the Guards through London on Saturday, March 22nd, the following representatives of the Guards Division, R.A.M.C., took part: Colonel H. B. Fawcens, C.M.G., D.S.O., Assistant Director of Medical Services, Major J. F. Sandison, D.A.D.M.S., and one officer and ten other ranks from each of the three field ambulances of the Division—namely, the 3rd, 4th, and 9th Field Ambulances.

A DISCUSSION on the elimination of insanitary areas will be opened by Dr. F. E. Wynne (M.O.H. Wigan) at a meeting of the Royal Sanitary Institute, at St. Helens, on the evening of Friday, April 4th.

MAJOR-GENERAL SIR ROBERT JONES, C.B., F.R.C.S., lecturer in orthopaedic surgery, Liverpool University, has consented to act as honorary consultant to the Ministry of Pensions for orthopaedic cases.

COLONEL W. H. WILLCOX, C.B., C.M.G., will deliver the Lettsomian Lectures before the Medical Society of London on "Jaundice" on April 28th, April 30th, and May 2nd, at 11, Chandos Street, Cavendish Square, W.1, at 9 p.m. on each day.

DR. H. H. DALE, F.R.S., and Colonel W. THORNE, M.P., have been appointed members of the Central Control Board (Liquor Traffic) in succession to Sir George Newman and Mr. Philip Snowden, respectively, who have resigned.

In the Ecole des Infirmières, Brussels, of which Miss Edith Cavell was the principal, a portrait plaque has been placed alongside a medallion of Madame Depage, so well known to British surgeons as the wife of the secretary of the International Surgical Society.

The Society of Medical Sciences of the Grand Duchy of Luxembourg at a recent meeting unanimously passed a resolution in favour of the reorganization of medical studies on French lines. The society at the same time expressed its sympathy with the French profession, particularly in Alsace and Lorraine.

The forty-third anniversary of the opening of the Johns Hopkins Medical School was celebrated with appropriate rites on February 22nd. An address was delivered by Dr. George E. Vincent, president of the Rockefeller Foundation, New York.

The Lord Chancellor has sanctioned the reappointment by Dr. Waldo, His Majesty's Coroner for the City and Borough of Southwark, of Major Danford Thomas to act as his deputy. Major Thomas rejoined the Territorials in 1914, and was gazetted to the 7th Battalion, London Regiment, and has served in France during the last three years of the war.

At Belfast Assizes, before Mr. Justice Dodd, on March 24th, Nathaniel Osborne McConnell, M.B., B.S., R.U.I., a Belfast medical practitioner, was found guilty of the murder of Mary Jane Reid, whose death it was alleged was the result of an illegal operation. The jury added a strong recommendation to mercy. Sentence of death was passed by the judge.

THE Brazilian Medical Commission, the head of which is Dr. Nabuco de Gouvea, rendered considerable service to the Allies in Europe. On arrival at the port of Dakar, French West Africa, all the fifty members were severely attacked by influenza, and many died.

AT the request of the National Council for Combating Venereal Diseases, the London School of Medicine for Women has, in conjunction with the Royal Free Hospital, the Elizabeth Garrett Anderson Hospital, and the London Lock Hospital, arranged a course for the instruction of qualified medical women in the treatment of venereal diseases. The fee for the course, which will begin on Monday, May 19th, and end on May 31st, is £5 5s. Further particulars can be obtained on application to the Warden and Secretary, London School of Medicine for Women, 8, Hunter Street, W.C.1.

IN the *London Gazette* of March 21st an Order was published signed by the Home Secretary stating that he is satisfied, as the result of an inquiry conducted by the Certificates of Naturalization (Revocation) Committee, that Ludwig Freyberger, to whom a certificate of naturalization was granted in 1897, has shown himself by act and speech to be disaffected and disloyal to His Majesty. The Home Secretary accordingly revokes the said certificate as from March 6th, 1919, and orders it to be given up and cancelled. (The name of Ludwig Freyberger appears in the current issue of the *Medical Register* with the qualifications M.R.C.S.Eng. 1893, L. 1893, M. 1894, R.C.P. London.)

AT the annual meeting of the National Hospital for the Paralysed and Epileptic, Queen Square, London, it was stated that throughout the war seventy beds had been provided for soldiers suffering from nerve injuries and affections, and that this work was being followed up by special provision, in three branch hospitals, for discharged men, in connexion with the Ministry of Pensions. The Massage School, managed in conjunction with University College Hospital, had a prosperous year in 1918, and awarded seventy-eight certificates. The new hostel in connexion with the school proved most successful. The expenditure of the hospital and its Finchley branch increased from £19,108 in 1914 to £30,230 in 1918.

AN agreement signed in Paris on November 26th, 1918, has now been published by the British Foreign Office. Under it the Imperial War Graves Commission is recognized as the only British organization having the task of caring for British soldiers' graves in France. The land for the cemeteries has been purchased by the French Government and presented to the British. In a limited number of instances of isolated graves the bodies will be transferred to the cemeteries. The Commission is represented in France by a mixed commission, French and British. Provision for the care of graves in French communal cemeteries will be subject to French laws and regulations. The erection of monuments is subject to the control of the Imperial Commission.

A FRENCH Medical Congress of Syria was held recently at Beyrouth under the presidency of Professor de Brun, Dean of the Faculty. Among those who took part in the proceedings, in addition to the representatives of the local faculty, were Professors Lépine of Lyons and Alezais and Silhol of Marseilles. The Congress passed a resolution inviting France to organize an official system of gratuitous medical assistance in Syria and Palestine, helping the development of existing institutions while respecting rights already acquired. The Faculty of Beyrouth had at the beginning of the war eleven professors and twelve *chefs de clinique*, with 320 students. All the latter were orientals.

THE annual report of the Florence Nightingale Hospital for Gentlewomen at 19, Lisson Grove, N.W. (formerly the Hospital for Invalid Gentlewomen) shows that the number of patients treated during 1918 was 460; of these 329 were discharged cured. The number of operations was 403. A large proportion of the patients were connected with officers of the navy, army, and air force, and 27.5 per cent. were recommended by the Officers' Family Fund. Many of the other patients admitted were relatives of members of various other professions. The committee offers its thanks to the physicians and surgeons who generously devoted their time and skill to the service of the patients. Members of the staffs of general London hospitals, of the Samaritan Hospital for Women, Grosvenor, Soho, Chelsea, New, and South London Hospitals may recommend patients who are eligible for admission and take charge of them, provided that their medical attendance is gratuitous. It is optional for the surgeon to select his own anaesthetist.

Letters, Notes, and Answers.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL* are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the *JOURNAL* be addressed to the Editor at the Office of the *JOURNAL*.

THE postal address of the *BRITISH MEDICAL ASSOCIATION* and *BRITISH MEDICAL JOURNAL* is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the *BRITISH MEDICAL JOURNAL*, *Atiology*, *Westrand*, London; telephone, 2631, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, *Westrand*, London; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Medisecra*, *Westrand*, London; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Service Emergency Committee is Royal College of Physicians, Edinburgh.

LETTERS, NOTES, ETC.

"M.O." asks whether the Italian "War Zone" ribbon has been granted to officers and other ranks who served on the Italian front.

SERVICE IN MALTA.

"VOLUNTEER 1914" writes: The 1914-1915 Star is being given to all engaged in any theatre of war on those dates who are not already in possession of the Mons Star. It is not to be given to those who served in Malta in 1914-15, or in some hospital ships in the Mediterranean during that time. Malta was an overseas base, for the reception of sick and wounded from Gallipoli, just as Alexandria and Cairo were, and had as much or as little of the atmosphere of war as these latter places. Many medical officers were dispatched to Malta in 1914-15 in spite of their requests to be allowed to serve elsewhere, but this fact that they were early volunteers and not conscripts is not to be recognized by the War Office in any way. Is this strictly fair?

"R.A.M.C.(T.C.)" writes to the same effect, adding that Malta was a hotbed of dysentery and enteric fever during the summer of 1915.

CALOMEL CREAM.

IN response to inquiries, we give below a model specification which may be found convenient in ordering calomel cream:

Filled Tubes of Calomel Cream.

Levigated calomel	4 parts by weight
Liquid paraffin (B.P.)	1 part
Hydrous wool fat (B.P.)	7 parts

To be filled into a collapsible tube of pure tin, size $\frac{3}{8}$ in. by $\frac{1}{4}$ in., with elongated nozzle about $\frac{3}{8}$ in. long, $\frac{3}{8}$ in. diameter, parallel for two-thirds of its length from neck, but having a curved taper for the terminal one-third. The cap to slip slightly over the nozzle and to be secured by an indentation near its base, or by the edge of the cap being buried into a shallow groove at the base of the nozzle; the cap to be sufficiently firmly fixed to resist pressure of filling, but to be easily removed when the calomel cream is required for use. All parts of the nozzle to be quite smooth and free from sharp edges. Each tube to contain 35 to 40 grains of the cream, and to be packed in a small stiff cardboard box.

THE ETIOLOGY OF INFLUENZA.

A Correction.

IN the paper under the above heading, by Gibson, Bowman, and Connor, published in the *JOURNAL* of March 22nd, on page 334 (col. 1, line 32), for 1μ to 2μ read 0.1μ to 0.2μ .

THE following appointments of certifying factory surgeons are vacant: Thorne (Yorks, West Riding), New Southgate (Middlesex).

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *postes restantes* letters addressed either in initials or numbers.