

number of the men in this group make no claim upon demobilization, their symptoms having developed later and after they had resumed civilian employment. Analysis of these patients generally shows that their powers of adaptation were never good, and that prior to military life they had a marked tendency to expect external conditions to be made comfortable for them rather than strive to adjust themselves and to dominate their environment. As their environment naturally refuses to comply they endeavour to ignore everything which does not suit them. When confronted with their failures, they tend to explain these as due to lack of physical strength on their part or as due to the injustice of a system or of persons with whom they were brought in contact. Here again treatment resolves itself into getting the patient to face external reality, to remember and assess his past failures, disagreeable experiences, etc., at their true value. The success or otherwise of treatment depends very largely upon the intelligence of the patient.

It should be borne in mind that the making conscious of the forgotten—repressed—material is only a necessary first step, our ultimate aim being to readjust and re-educate the patient. This cannot be accomplished while his mind is refusing either consciously or unconsciously to deal with past unpleasant experiences, for these tend to cast a baneful influence over all the reactions of his subsequent life; hence the necessity for the removal of the resistance.

Limitation of space forbids my entering into the psychic mechanism involved in these cases, but I have dealt with this more fully elsewhere.¹

In conclusion, I would say that the remarks here made apply with equal force to civilian psychoneurotics, though the latter are as a rule more difficult to deal with, and require of the doctor a greater experience in the preliminary bringing to light of the repressed material. I feel that, at the present time, when so large a number of these cases are demanding treatment, it would be a great advantage if the profession as a whole realized the pathogenic effects of repression. The task of those who are engaged in the treatment of the conditions above referred to is rendered all the more difficult if the patient is fortified by medical advice in his efforts to forget.

REFERENCES.
¹ BRITISH MEDICAL JOURNAL, August 23rd, 1919. ² Brit. Journ. Psychol., vol. x, Part I.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

GASTRIC ULCER AFTER GASTRO-JEJUNOSTOMY.

In the BRITISH MEDICAL JOURNAL of November 29th, 1902, I made a brief reference, among other cases of gastric ulcer, to that of a man, aged 51, from Lancaster upon whom I performed pyloroplasty and gastro-jejunostomy on December 12th, 1901, on account of two ulcers; one near the pylorus I excised, and did pyloroplasty to widen the narrowed pylorus. The other ulcer, deep in the pylorus, could not be excised owing to complicated adhesions, but as an additional safeguard gastro-jejunostomy was performed at the large curvature of the stomach. A very good report was made in my hospital case-book by the dresser, Mr. A. B. Sykes, now of Formby, near Liverpool. The man made a good recovery and continued in good health and vigour nearly three years.

However, a report was made to me by Mr. C. W. Dean of Lancaster that the man had died on August 14th, 1904, having been admitted moribund into the (now Royal) Infirmary of that town. *Post-mortem* examination showed perforation of a fresh ulcer of the jejunum, where attached to the stomach. This last illness had lasted a couple of days, and the man might have had a chance if he had applied at first, when an operation would have been done, with good prospect of success, by the Lancaster surgeon.

The remarkable thing about this occurrence was the ulceration of the jejunum at its point of attachment to the stomach, and entirely away from the two gastric ulcers previously relieved.

Liverpool.

RUSHTON PARKER.

TREATMENT OF DELIRIUM TREMENS.

DR. F. WYATT-SMITH's note in the BRITISH MEDICAL JOURNAL of December 6th, 1919, raises several interesting points. Before the war it was my lot in twenty years of asylum work to treat many cases of this disease, and I cannot recollect one that did not respond to the old mixture of potassium bromide 30 grains, chloral hydrate 20 grains, and tincture of digitalis 10 minims, every four hours, with a calomel and saline purge to start with; nor do I remember losing a case, unless complicated by pneumonia. But since whisky drinking has become expensive the disease has practically vanished.

Dr. Wyatt-Smith's remarks on hyoscine and sulphonal should not be allowed to pass without a warning. Hyoscine hydrobromide is the most reliable sedative in states of acute excitement, and in doses of $\frac{1}{4}$ grain, combined with $\frac{1}{4}$ to $\frac{1}{2}$ grain of morphine, is my sheet anchor in such cases. But I have notes of three cases in which hyoscine given over extended periods had a cumulative effect, ending fatally.

Dr. Wyatt-Smith says he never met anyone who had seen a case of haematoporphyrinuria the result of sulphonal. I have had three cases in my own experience, two ending fatally. One was in the early days of sulphonal, when it was boomed as an absolutely safe hypnotic, and occurred in the case of a strongly built girl the subject of chronic mania. She had sulphonal in 20 grain doses night and morning for some weeks, developed haematoporphyrinuria and died. The other fatal case arose in a young man after only two doses of 20 grains each, and was obviously due to an idiosyncrasy to the drug. I have also seen alarming coma result from a single dose of 20 grains in a woman. She was unconscious for twenty-four hours and needed strong stimulation with caffeine, etc., to bring her round.

I find veronal in doses of 7 to 10 grains preferable in every way to sulphonal and now rarely employ the latter drug. It is of the utmost importance, when prescribing any of these drugs over extended periods, to keep the bowels well open.

W. STARKEY, M.B., B.Ch.,
Medical Superintendent, Plymouth
Borough Asylum.

Ivybridge, S. Devon.

CALCIUM CHLORIDE AS A HAEMOSTATIC.

A SHORT time ago (November 8th, 1919, p. 597) Dr. Gwillim Davies related a case in which he had used calcium chloride with success as a haemostatic. On the first occasion he injected from eight to ten grains of the salt in solution into the gluteus, and on the second four grains. He mentioned that he was indebted to Dr. W. R. Grove of St. Ives for a knowledge of the value of the drug in this respect. We have received a communication from Dr. Grove expressing the opinion that the doses given by Dr. Davies were unnecessarily large, and, in fact, bordering on the unsafe.

Dr. Grove described his method in the *Guy's Hospital Gazette* of May 18th, 1918. He uses a solution of fused calcium chloride made up 1 in 4. If, as is the case when hard water is used, there is a precipitate, this is shaken up. Four minims of the fluid are drawn into the syringe, and boiled hot water is drawn up afterwards to the 20 minim mark; this is injected deeply into the gluteal muscles. The injection is painless. Dr. Grove has sometimes made the injection in patients who have been going about; these got slight stiffness afterwards down the leg. No external signs remained. He states that some years ago, at a meeting of the Cambridge Medical Society, Professor Dixon pointed out that while the value of salts of lime for increasing the coagulability of the blood was well known, their absorption from the intestine was practically nil. He therefore suggested a hypodermic injection, and recommended a dose of 1 grain. The hypodermic injection, however, produced sloughing of the skin, and therefore it must be given intramuscularly. Dr. Grove states that he has used the drug in the dose and in the manner described not only in haemoptysis, but also in haematemesis, in a case which presented signs of peritoneal haemorrhage after abdominal hysterectomy, and has found it useful also in certain cases of metrorrhagia. He states that it will be found of value in ruptured extrauterine pregnancy, before operation, and in typhoid haemorrhage. He also mentions having used it in a case of aortic aneurysm with apparent benefit. He points out that evidence as to the rate at which the salt is

excreted would be helpful; from clinical evidence he thinks that the blood soon returns to normal. Again, he asks whether, in old people with roughened arteries and a liability to thrombosis, it is safe to use the method. He also raises the point whether it would be better to use a still weaker solution.

Reports of Societies.

UTERINE CANCER.

At the last meeting in 1919 of the Section of Obstetrics of the Royal Academy of Medicine in Ireland, Dr. BETHEL SOLOMONS showed two specimens: (1) a carcinoma of the cervix; (2) a sarcoma of the uterus.

The uterus in the first case was removed by Wertheim's method from a woman of 31. She consulted him because of sterility. On examination he found a nodule in the cervix; he removed this, and the pathologist reported it to be an epithelioma. It was then necessary to decide between vaginal hysterectomy and Wertheim's operation. The disadvantage in the former was that the vagina was extremely narrow; the disadvantage in the latter was that the woman was very fat. After due consideration the abdominal operation was determined on, and after a Pfannenstiel's incision the operation was speedily accomplished. He dwelt on the advantage of this incision in fat women, as the fat area was avoided.

The second specimen removed was from a woman of 60 who complained of a stinking discharge, wasting and cachexia. On examination a tumour about the size of a six months fetal head was found in the vagina. This was removed by morcellation, and on reaching the cervix it was found that the os uteri admitted two fingers and the uterus was filled with a fetid tumour. The latter was removed with the spoon forceps and the uterus curetted. There were several pounds of the tumour, and the pathological report was giant-celled sarcoma. On examination of the patient after the removal of the tumour it was found that the uterus was fixed and that the growth extended to the right pelvic wall and evidently involved the intestines. The disease was so advanced that no further operation was possible. The patient was greatly relieved and there was no discharge.

Sir WILLIAM SMYLY agreed that in cases where cancer of the cervix had been diagnosed with certainty, even where the disease was very limited in extent, the most radical method possible should be employed.

Ovarian Insufficiency.

Dr. ASHE read a paper on ovarian insufficiency as a probable cause of epilepsy. He advocated the administration of glandular extracts in suitable cases.

Dr. SOLOMONS said he thought hypodermic medication of glandular extracts was probably an improvement on oral administration. He had had great success with corpus luteum extract, also with some of the combined extracts—for example, hormotone and ovo mammoid. He still felt that endocrine therapy was rather "a shot in the dark," and he hoped investigation would soon put endocrinology on a sounder basis. He had met many cases of epilepsy in connexion with menstruation, and he had found that some were benefited by glandular extracts, others by ergot, and others by anti-anaemic and anti-constipation remedies.

Sir W. SMYLY remarked on the importance, in young women, of preserving both ovaries if possible, because though it might appear that one would suffice, yet subsequently, as in one of the cases mentioned, it also might have to be removed. As to treatment by glandular extracts, he thought there was more likelihood of obtaining definite knowledge by the hypodermic injection of one than by the simultaneous introduction of half a dozen into the stomach.

Schultze's Forceps.

Sir W. SMYLY gave an exhibit of Schultze's forceps. He maintained that Schultze's spoon forceps, though not now such an important instrument as it was when first introduced into practice upwards of a quarter of a century ago, was still one of the best means of removing submucous myomata, whether pedunculated or not.

Dr. BETHEL SOLOMONS said that he found the original Schultze's forceps a most useful instrument. The absence of the lock made morcellation, which was sometimes a tedious operation, a quick one. He saw the advantages in the increased weight and in the lock devised by Sir William Smyly, but so far he was satisfied with the lighter instrument without the lock.

Reviews.

THE GREAT WAR AND THE R.A.M.C.

THE first volume of the popular medical history of the war, or *The Great War and the R.A.M.C.*, by Lieut.-Colonel F. S. BRERETON,¹ deals with the narrative of events during the first two months of the war. As pointed out in a short preface by Lieut.-General Sir John Goodwin, the author has had access to official documents and diaries so as to ensure accuracy.

The first two chapters give a general account of the Army Medical Service, and show the improvements, such as the sanitary sections with specialists in the destruction of flies, that produced the phenomenal contrast between the toll of disease, especially enteric fever, in the South African war and in the years 1914-19. The organization and various units of the R.A.M.C. are described and illustrated by a diagram, and by tracing the sick or wounded man from the front trenches to England. The failure of horse transport, which rendered the field ambulances immobile in the retreat from Mons, led to the substitution of the motor ambulance with incalculable benefit to the wounded. It is sad that the parsimony of the Government and the narrow outlook of ignorant individuals had blocked the Director-General's recommendation for motor ambulances before the war. The casualty clearing station—a new unit—to which the field ambulances passed the sick and wounded, proved to be a vital link in the medical arrangements, and again and again justified its establishment. The great debt of gratitude to the British Red Cross Society under the guidance of Sir Arthur Stanley and to the Order of St. John of Jerusalem is graciously acknowledged.

After a brief but graphic description of mobilization in August, 1914, the detailed narrative starts. The cavalry field ambulances were naturally the first of the medical units to smell powder, about August 22nd, but the first casualty in the British Expeditionary Force was four days earlier, when two flying officers suffered disaster at Peronne on the Somme. The story of the terribly exhausting retreat from Mons gives a pathetic interest to an account of the hard and conscientious work of the R.A.M.C., crippled by the need for motor ambulances, which led to the capture of a number of medical officers who remained with the wounded; whereas the Germans, whose transport was similarly deficient, left their wounded exposed and unattended in the action of the Marne.

The reader passes with relief from the account of the retreat from Mons to the advance over the Marne after von Buelow and von Klück had been obliged to retrace their steps. The advance over the Marne showed practically for the first time the excellence of the British Field Ambulance, and during this week of rapid movement the scheme of evacuation so often practised on peace manoeuvres was carried out successfully. The description of the operations of the Second Division at the crossing of the Aisne contains an account of the heroic deaths of Lieut.-Colonel O. Dalton, Captain H. S. Rankin, and Lieutenant Huggan. The appendices give the staff of Surgeon-General Sir T. P. Woodhouse, the D.M.S. in France, who sailed with the Expeditionary Force in August, 1914, and the official report to the British Government on the horrors of Wittenberg.

In conclusion, a running summary of the military events accompanies the account of the movements of the R.A.M.C., and provides a most interesting and clear description on which Lieut.-Colonel Brereton may be heartily congratulated.

GENITO-URINARY SURGERY.

DURING the last six months or so a great number of books on venereal disease have been published, but the majority, it must be said, have added little to our knowledge of that important subject. In Major N. P. L. LUMB's book, *The Urethroscope in the Diagnosis and Treatment of Urethritis*,²

¹ *The Great War and the R.A.M.C.* By Brevet Lieut.-Colonel F. S. Brereton, R.A.M.C. London: Constable and Co. 1919. (Pp. 300; 9 maps and 2 appendices. Price 12s. 6d.)

² *The Urethroscope in the Diagnosis and Treatment of Urethritis: A Contribution to Urethroscopy.* By Major N. P. L. Lumb, O.B.E., R.A.M.C.(T.C.). London: J. Bale, Sons, and Danielsson, Ltd. 1919. (Demy 8vo, pp. 63; 40 illustrations. 10s. 6d. net.)

resist a force to which the osseous tissue yields." This is followed by an account of the only case he had met with "in nearly 200 cases of fractured fibula," entitled "Fracture of the fibula and rupture of ligaments, with dislocation of the foot outwards and upwards."

It follows from this that Mr. Rowlands's definition of Dupuytren's fracture as one in which "there are the lesions already described under Pott's fracture, and in addition either the inferior tibio-fibular ligaments are torn or there is a vertical fracture in the tibia just mesial to the tibio-fibular articulation," is not the true one.

After all, what matters in treatment is to make a clear division of all fracture-dislocations of the ankle into two, depending on their manner of production—namely, "abduction" fractures and "adduction" fractures. In the former, if an operation is required, the tibia is the bone to operate on, and in the latter the fibula; then, in recent cases, it will be rare indeed to meet with any difficulty. The later cases form a special class, and Mr. Rowlands is to be sincerely congratulated on the splendid result he obtained by transverse osteotomy in the case shown in Figs. 8, 9, and 10.—I am, etc.,

London, W., Dec. 11th, 1919.

PAUL BERNARD ROTH.

APPARENT SPONTANEOUS RUPTURE OF A NORMAL SPLEEN.

SIR,—In Major Shorten's interesting account of rupture of a normal spleen (BRITISH MEDICAL JOURNAL, December 27th, 1919, p. 844), two points call for comment:

1. Is spontaneous rupture (that is, without the application of force external to the organ) of the spleen possible, except as the result of effusion of blood or other fluid into the spleen itself? I should say "No." Some force is required, and there is none available. It is true that the fall was a slight one to rupture a normal spleen, but the organ may have been displaced by the previous accident, and so rendered more vulnerable. Here we have to choose between an improbability and an impossibility, so need not hesitate which view to take.

2. The state of the gall bladder was quite consistent with an attack of biliary colic.

It is time textbooks taught, what most surgeons know, namely, that the great majority of gall stone attacks are due to plugging of the neck of the gall bladder, and not to the passage of a stone along the ducts.—I am, etc.,

Bolton, Dec. 28th, 1919.

R. D. MOTHERSOLE.

THE MACHINERY OF THE ASSOCIATION.

SIR,—I note in the SUPPLEMENT for December 13th an invitation to members of the Association to submit to a special committee, which is considering the subject, suggestions as to desirable modifications in the machinery of the Association. Doubtless many suggestions will be submitted. I hope to send some myself. But serious consideration should be given by the committee and those sending suggestions as to the essential functions which the Association is intended to perform by means of its modified and, we will hope, perfected machinery.

It would be well, I think, if those interested would carefully study a series of supplements to the *New Statesman*, issued a year or so ago on professional organization. I do not suppose that all medical men would agree as to the accuracy of the history of organization of the medical profession set out in the special supplement dealing with our profession. But there are valuable lessons to be learnt from it and from the particulars given of efforts made by other professions to secure adequate organization. Particularly valuable, I thought, was the classification of the objects to be obtained by professional organization. The writer or writers of these supplements seemed to incline to the ideal of a single body constructed so as to be able to secure the fulfilment of all the objects that should properly be aimed at by professional organization.

My own personal experience of organization as applied to the medical profession leads me to doubt the feasibility of any attempt to reach this ideal so far as medicine is concerned, and nothing that I read at the time in the various supplements convinced me that it was any more likely to be successful in other professions. If I am wrong and it is possible and desirable for a single body to do the necessary work, and the Association decides to endeavour to occupy this position of great responsibility, its machinery must be adapted to this end. But if, as I hope, the Association intends to play a less ambitious part, it must define either the work it wishes to do or the work it wishes to leave to other bodies, and secure a constitution adapted to its task limited in this positive or negative manner.

The three divisions of the work of professional organization, if I remember aright, laid down in the article to which I have referred above are as follows:

- (1) The control of admission into, and continuance within, the profession.
- (2) The development of the knowledge which forms the basis of the profession's work.
- (3) The maintenance of the standard of professional work and conduct, and the safeguarding of the social and economic interests of its members.

If this classification is accepted it will be for the committee to advise the Association as to the changes, if any, in its machinery which are desirable to enable it to carry out all or any of these classes of work.

Personally I believe it would be wise for the Association to confine its energies to (3), leaving (1) and (2) to the General Medical Council and the Royal Society of Medicine respectively. For this limited though still considerable and highly important work the Association would be best equipped by completing the good work begun chiefly by Horsley of democratizing its constitution, in the light of the experience now being gained with some pain and difficulty in respect to representative government in industry.

I hope that any members who may agree with me that more complete democratization of the Association is desirable will send to the committee suggestions as to the best means of carrying it out.—I am, etc.,

London, W., Dec. 15th, 1919.

LAURISTON E. SHAW.

Universities and Colleges.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on December 17th, 1919.

The following were recognized as teachers of the university in the subjects at the institutions indicated:

Guy's Hospital Medical School.—Mr. T. B. Layton (Aural Surgery), Mr. William M. Mollison (Laryngology), Dr. Nathan Mutch (Clinical Medicine).

London School of Medicine for Women.—Mrs. Mary F. L. Keene (Anatomy).

Hospital for Sick Children.—Mr. L. E. Barrington-Ward (Diseases of Children).

Professor A. E. Boycott, F.R.S., having relinquished his military duties, has resumed the appointment of Director of Research under the Graham Legacy Committee.

The Vice-Chancellor, Sir Cooper Perry, in view of his appointment to be Principal Officer, has from February 1st, 1920, resigned his office, and Dr. Sydney Russell Wells was elected Vice-Chancellor for the remainder of the year 1920. Dr. Russell Wells was also elected chairman of the Brown Animal Sanatory Institution Committee.

An additional first examination for medical degrees will begin on March 22nd. Forms of entry, to be obtained on application to the Academic Registrar, must be returned, accompanied by the proper fee, by February 23rd.

Dr. W. L. Symes will give a course of eight lectures in the Physiological Laboratory of the university on physiological balanced solutions on Tuesdays at 5 p.m., beginning on January 27th. Dr. J. W. Trevan will deliver at St. Bartholomew's Hospital a course of eight lectures on the reaction of the blood and acidosis on Wednesdays at 4.30 p.m., beginning on January 28th. Dr. Pembrey and Mr. J. H. Ryffel are giving a course of eight lectures at Guy's Hospital on the regulation of respiration on Thursdays at 4.30 p.m., beginning on January 8th. These courses, which are free, are recognized as advanced lectures which a candidate at the B.Sc. Honours examination may name for part of his examination.

Medico-Legal.

UNQUALIFIED TREATMENT OF VENEREAL DISEASE.

HEAVY fines were imposed at the Newcastle-on-Tyne Police Court on December 16th for infractions of Section 1 of the Venereal Disease Act, 1917; the charges were of having (not being duly qualified medical practitioners) unlawfully for reward prescribed a remedy for venereal disease and given certain advice. Mr. V. B. Bateson, the deputy town clerk, who conducted the prosecution, stated that the Act was directed to getting rid of backstairs shops, where persons suffering from the disease received inexpert and inadequate treatment. He mentioned that in Newcastle a scheme had been established whereby any person suffering, or believed to be suffering, from such disease might have the highest measure of medical skill free of charge, and with absolute secrecy. In one of the cases heard, in which there were four informations, the bench imposed a penalty of £50 in each (£200 in all). In another case there were two informations against each of two defendants, and the penalty in each case was £50 on each summons. In a third case the bench imposed a penalty of £50 in respect of each of two summonses, or £100 in all.

BRIGADE SURGEON WILLIAM GEORGE ROSS, R.A.M.C. (retired), died at Thornton Heath, Surrey, on December 25th, 1919, aged 79. He was educated at Edinburgh University, where he graduated M.D. in 1862, and entered the army as assistant surgeon on October 1st, 1862. He retired with the rank of brigade-surgeon in 1885. In the regimental days he served in the King's Liverpool Regiment (the 8th Foot).

SURGEON-MAJOR GEORGE KENNETH POOLE, Bengal Medical Service (retired), died at Upper Norwood on December 19th, 1919. He was born in March, 1832, the son of the Rev. John Poole of Kensington. He received his medical education at the London Hospital, and took the diploma of M.R.C.S. in 1855 and the degree of M.D. at Erlangen in 1863. He entered the I.M.S. as assistant surgeon on March 14th, 1855, being nominated by Mr. W. T. Prinsep, and was one of the last to receive his commission by nomination, after the introduction of competitive examination in January, 1855, getting a vacancy caused by Assistant Surgeon T. F. Clarke, nominated in December, 1854, not joining. He became surgeon in 1867, and surgeon-major in 1873, retiring on May 7th, 1876, forty-three years ago. After his retirement he was consulting surgeon to the Dalrymple Home for Inebriates, and surgeon-major of the Lambeth National Reserve.

CAPTAIN GEORGE ALAN MITCHELL, R.A.M.C.(S.R.), was reported as having died on service, in a casualty list published on December 29th, 1919. He was educated at Liverpool University, where he graduated M.B. and Ch.B. in 1918, took a commission as lieutenant in the Special Reserve of the R.A.M.C. the same year, and was promoted to captain after a year's service.

Medical News.

A POST-GRADUATE course in neurology will be given at the National Hospital for the Paralysed and Epileptic, Queen Square, W.C.2, during January, February, and March, beginning on Monday, January 19th. The fee for the course is seven guineas; further particulars can be obtained from the Dean of the Medical School. A course of practical pathology, the fee for which will be five guineas, will be given by Dr. J. G. Greenfield if there is a sufficient number of entries.

A COURSE on the diagnosis and treatment of the nervous disorders due to war will be given in the clinique of Professor Gilbert at the Hotel-Dieu, Paris, beginning on January 26th. It has been organized by Professor Maurice Villaret with the co-operation of ten other lecturers who have given particular attention to neurology, and will include demonstrations on orthopaedics and treatment by exercises. The course will extend over three weeks and will occupy both mornings and afternoons. It will be essentially practical and clinical. The fee for the course, which is open to foreign doctors, is 150 francs, payable to the Secrétariat de la Faculté de Médecine, Paris.

THE National Association for the Prevention of Infant Mortality and for the Welfare of Infancy has arranged for two courses of advanced lectures on infant care. One is intended for crèche nurses and probationers, and the other for teachers, infant welfare workers, mothers, etc. The first course is being given at the Essex Hall, Essex Street, Strand, W.C., on Thursdays, from 7.30 to 8.30 p.m., commencing on January 8th; the fee is 10s. for the course, or 1s. for any individual lecture. The second course will be given at the Morley Hall, George Street, Hanover Square, W.1, on Mondays, from 5.30 to 6.30 p.m., commencing on January 12th, the fee for which is 5s. for the course, or 1s. for any particular lecture.

PROFESSOR ARTHUR KEITH will give six lectures on John Hunter's observations and discoveries in anatomy and surgery, at the Royal College of Surgeons of England, on Mondays, Wednesdays, and Fridays during the last two weeks of this month. The lectures will be given at 5 p.m., and the first, on January 19th, will deal with Hunter's contributions to our knowledge of the heart and blood vessels.

PROFESSOR G. ELLIOT SMITH will begin a course of lectures on fine art anatomy at University College, London, on January 15th, at 5 p.m.

The address by Sir Humphry Rolleston on the uses and methods of application of post-graduate teaching will be given on Tuesday next, at 4.30 p.m., at the Prince of Wales's General Hospital. Members of the profession are invited to attend.

MR. JOSEPH WATSON of Wetherby has presented the sum of £50,000 to the Leeds General Infirmary as a new year's gift, stipulating that £10,000 shall be invested for the benefit of a nurses' pension fund.

THE offices of Epsom College have been transferred from 37, Soho Square, W., to 49, Bedford Square, W.C.1.

AN order has been issued by the Ministry of Health continuing the regulations for the compulsory notification of acute encephalitis lethargica and acute polio-encephalitis until further notice.

DR. ROBERT DONALDSON, M.A., F.R.C.S., D.P.H., has been appointed Pathologist and Curator of the museum at St. George's Hospital. The appointment was held by the late Dr. R. Salusbury Trevor; since he died the work of the curator has been carried on by Miss Helen Ingleby, M.R.C.P., and Sir Humphry Rolleston, K.C.B., has been supervising the pathological laboratory honorarily.

THE League of Red Cross Societies has informed the presidents of the twenty-eight National Red Cross Societies, members of the League, that a meeting of the General Council will be held at Geneva on March 2nd, 1920. The business of the meeting will be the appointment of additional governors, the discussion of the progress of the League on the lines indicated at the Cannes conference, and of future development in general.

DR. GEIKIE COBB'S book, *The Organs of Internal Secretion*, of which the second edition was noticed in our columns last March, has been translated into Spanish by Drs. De La Poza and Toutain and into Italian by Professors Belfanti and Valagussa.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

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, *Antiology*, 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.

QUERIES AND ANSWERS.

FETAL MOVEMENTS.

A CORRESPONDENT raises the question whether it is possible to deduce any facts as to a child's future size, physical development, and sex from the violence of the fetal movements in utero at the seventh month.

. The answer, so far as we are aware or can ascertain, is a general negative. It would not be unreasonable to expect that a child that was particularly lively in utero at the seventh month and subsequently, would prove at birth to be healthy and well developed; but nothing could with any safety be deduced as to sex or other particulars. There are other factors to be considered besides the fetus—for example, the nervous susceptibility of the mother, the thickness or thinness of the uterus and abdominal walls, the presence or absence of the placenta anteriorly, the quantity of liquor amnii, and so forth.

INCOME TAX.

E. E. F. inquires whether a local assessment charging 1s. 9d. in the £ on his military pay for service in the Egyptian Expeditionary Force is correct.

. The rate, 1s. 9d. in the £, is the correct rate for the years mentioned provided that the amount of the total income