THE FUNCTIONAL CONNEXION BETWEEN THE REPRODUCTIVE ORGANS AND OTHER GLANDS OF INTERNAL SECRETION.

BY

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IT has been shown previously that there is some definite connexion in white rats between the thymus gland and the gonads, more particularly in the male. In animals where a condition of hyperthymism had been established, there was found to be marked degeneration of gonads in the male, and sterility in the female; or—if the animal were young—delayed sexual development.[1] Further experiments, with *x* rays, failed to show that any very marked influence is exerted by the thymus directly on the gonads, but irradiation of the testes or ovaries determined hypertrophy of the thymus.[2] At the same time changes in the pancreas and suprarenal glands were usually observed, and it was to follow up the connexion between the suprarenal glands, pancreas, thymus, and gonads, that the present series of experiments was begun.

In the series previously reported it was thought that some of the changes observed in the female might have been due to the influence of pregnancy rather than to an indirect action of *x* rays through the ovaries. Consequently material has been collected from a large series of pregnant rats at various stages of pregnancy, and the results, it is hoped, will shortly be published.

At the same time a series of experiments was begun to investigate directly the functional connexion said to exist between the suprarenal cortex and the gonads. Owing to the difficulty of obtaining fresh material for feeding experiments, inoculation with various preparations of suprarenal cortex was tried. Full details of the preparations, method of experiment, and findings will be published later, but it was thought that the following preliminary note might be of interest. White rats only have been used up to the present.

Results.

1. In nearly every case the hair began to come out, although the coat was usually very fine and glossy. In a few cases, however, with young animals, the hair came out so much that the whole coat looked quite ragged.

2. The animals appeared to be perfectly healthy. There have been a very few exceptions, where the inoculations were pushed.

3. *Thymus.*—Macroscopically, no constant variation has yet been found. Microscopically, the whole gland appears unusually vascular, but otherwise normal.

4. *Pancreas.*—Hypertrophy of the islets of Langerhans has been observed, but is inconstant. Since the distribution and size of the islets varies so much in normal animals, further investigation of this point must be carried out before it will be possible to arrive at any conclusion.

5. *Suprarenals.*—The gland does not appear to be altered in size. Histologically the medulla is normal. The cortex, particularly the zona reticularis, is unusually vascular. Large spaces have been seen in the zona glomerulosa between the cells, the spaces containing blood and débris. Signs of disintegration are present in the two outer layers of the cortex.

6. *Testes.*—Very marked degeneration has been obtained. The degree of disintegration appears to depend on the duration of treatment, and the stages so far observed are exactly similar to the degenerative changes previously obtained under the action of *x* rays in graduated doses.

7. *Spleen and Liver.*—Normal.

The material from the female rats has not yet been examined microscopically.

In another series of experiments feeding the animals with desiccated suprarenal cortex brought about some change in the rate of growth.

If the feeding was begun at the age of about 4½ weeks, the rate of increase of weight was less, both in males and females, than in the controls. On the other hand, if the feeding was begun either earlier (at 3 to 3½ weeks) or later (at 5½ weeks), the rate of increase of weight was markedly greater in both males and females than in the controls.

The possibility of breeding from these treated animals and the microscopic examination of the glands is still under investigation.

The expenses of this research are being defrayed by a grant from the Royal Society.

REFERENCES.

[1] *Journ. of Phys.*, xlvii, 6, 1914. [2] Ibid., 1, 7, 1916.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

APPENDICECTOMY.

THE ileo-inguinal incision described by Mr. Whitelocke,[1] like the oblique inguinal incision of McBurney, may prove quite successful in uncomplicated cases of appendicitis, but very few surgeons nowadays would, I am sure, like to pin their faith to a definite diagnosis of an uncomplicated appendicitis. In fact, the mimicry of appendicitis by many different pathological conditions is so great that it is sound surgery to adopt an incision which will enable the surgeon to deal not only with a diseased appendix, but also with any accompanying pathological lesion which may be present.

Mr. Whitelocke seems to emphasize the fact that the ileo-inguinal incision will prevent the occurrence of hernia, but surely the well-tried incision of Battle—where the rectus muscle is left intact—is much to be preferred, seeing that the occurrence of hernia after Battle's incision is relatively very uncommon, even after appendicectomy for suppurative appendicitis. Through the same incision also any complication can be dealt with at the same operation, and thus prevent the surgeon from performing an incomplete operation.

I recently had under my care at the Victoria Hospital, Keighley, three patients who well showed the advantages of Battle's incision. In each case the doctor sent the patient to hospital with a diagnosis of acute suppurative appendicitis, but in the first case there was a well marked gangrenous appendix firmly adherent to an ovarian dermoid cyst with torsion of its pedicle. The second was a gangrenous appendix adherent to a pyosalpinx, and the third a gangrenous appendix adherent to the bladder. In each case I am convinced that the complete surgical treatment required would have been quite unsatisfactorily performed by the ilio-inguinal incision.

Another patient, a young lady aged 22 years, was operated upon by me at a nursing home for what was clinically an ordinary recurrent appendicitis. My diagnosis in this case was confirmed before operation by a very eminent surgeon. At the time of operation the appendix showed the ordinary signs of chronic inflammation with two faecal concretions in its lumen. Having used Battle's incision, I examined the other abdominal organs, and found a shrunken gall bladder full of stones. By extending the original incision upwards I also performed cholecystectomy. In this way the patient was in all probability saved the necessity for a further operation at a later date.

Similar experiences are common to every surgeon, so that, unless we have more certain evidence for the diagnosis of a definite uncomplicated appendicitis, surgeons will, I have no doubt, prefer to use an incision with a much wider application than that afforded by the ilio-inguinal one suggested by Mr. Whitelocke.

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ACUTE OEDEMA OF THE LUNGS.

THE cases described in recent issues under the title "Acute suffocative catarrh," especially those of Dr. Anderson and Dr. Gale, appear to me to be identical with the disease called "acute oedema of the lungs," of which a description is to be found in the latest edition of Osler's *Practice of Medicine*.

Some years ago I had the opportunity of observing the following case: A man, aged 57, previously strong and healthy, was awakened about midnight by a feeling of suffocation. Almost immediately after large quantities of

[1] BRITISH MEDICAL JOURNAL, February 14th, 1920, p. 211.

frothy watery fluid poured from his mouth and nostrils; there was no evidence of blood in the fluid. The complexion was extremely pallid and the skin was cold and clammy; dyspnoea was intense. In spite of all assistance the patient died in about a quarter of an hour.

About four years ago I read for the first time Dr. Langdon Brown's *Physiological Principles in Treatment*. In the notes upon the condition termed "acute oedema of the lungs" I at once recognized the diagnosis of my case.

The condition has been explained upon a theory that the left side of the heart, for some reason or other, fails, whilst the right side continues to work as usual. In this way it is presumed that the lungs become engorged, so that the fluid contents of the blood are forced into the air spaces, thus accounting for the great amount of frothy watery expectoration which is so noticeable a feature in these cases.

I must confess that, to me at any rate, this theory is not satisfactory. In the entire absence of past evidence, why should the heart be constantly the first organ called upon to afford an explanation for so many cases of death which may be difficult otherwise to account for?

In urticaria following food poisoning, and in so-called angioneurotic oedema no person would call immediately upon the heart for an explanation of the oedema. I fail to see why the lungs should not be the site of the oedema in some of the cases. Such an occurrence would account fully for the rapidity of onset and the usual early fatal termination which seems to be so frequent in the cases recorded.

One point which the correspondence on the subject has brought out is, that the disease is probably more common than it is usually thought to be.

The very nature of the cases necessitates their falling into the care of general practitioners much more frequently than hospitals. Upon this point of view, however, Sir James Mackenzie, in his address on "Clinical Research," dwells much more eloquently than I can. "I saw," he states, "that I must look for assistance to those who had undergone experiences similar to my own, and it is for this reason that I seek the help of the general practitioner."

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TREATMENT OF THE RUNNING EAR.

I HAVE just received the JOURNAL of August 23rd, 1919, and read "Efficient treatment of the chronic running ear," by Mr. A. J. Wright, F.R.C.S., of Bristol, and I feel bound to ask certain questions and state my own experiences:

1. When does Mr. Wright consider a discharge from an ear chronic? On reading his letter I am not clear whether he has not mixed up chronic cases with long-lasting acute cases.
2. Does Mr. Wright seriously wish us to believe that syringing ears is modern treatment, and that syringing will "prevent stagnation of discharge in the middle ear"? How does the lotion get into the recesses of the middle ear?
3. Does Mr. Wright deny that the antrum is, in a great number of cases, the cause of the persistence of the discharge? If he do not, how can syringing affect the antrum?

I agree most heartily that greater care should be given to the treatment and the treatment carried out at least twice daily, and that by a specialist who knows every move in the game. I disagree most strongly with the use of hydrogen peroxide and syringing. Both, in my opinion, do harm. If the doctor have patience, he should sit down and carefully sponge out the discharge, using Politzer's bag to expel gently what is in the middle ear, and leave the meatus and membrana dry. Painting with ether—despite its stinging, which I warn my patients about—or alcohol will harden the skin and prevent or cure external otitis, which is so common, and obviate softening and proliferation of the epithelium of the membranes.

What I complain about is that the acute discharges are not attended to properly. I agree with many otologists that if the acute discharges last more than ten days without showing signs of clearing up, or if the temperature remains elevated and accompanied with middle-ear or mastoid pain, the mastoid should be opened up. This has been my practice, and I can truthfully say that the results have been excellent, the perforation closing and excellent hearing resulting.

But I cannot understand the bringing about of cessation of chronic discharges in two to three weeks. I have secured that with prolonged acute discharges. In my opinion chronic discharges are due to three things chiefly: first, to infections of the Eustachian tubes and nasopharynx; secondly, to infection of one or more of the mucous spaces in the attic, with bone trouble among the ossicles; and thirdly, infections of the antrum, including the lining and bone. In the case of Eustachian trouble cure may be looked for, but the nose and throat must receive attention—a point not mentioned in Mr. Wright's letter. In the other two instances I agree with Mr. Adair Dighton that nothing short of a mastoid operation will cure most of these cases, as I believe that the majority have bone infection at bottom.

If Mr. Wright can persuade specialists to give more personal attention to these cases, and not to leave them to house men or inexperienced persons, he will benefit humanity.

I am sorry I cannot agree with his statements. My simple mastoid operations, numbering about 200, show easily 75 per cent. of cessation of discharge and healing of the perforation with excellent hearing.

Christchurch, N.Z. T. A. MACGIBBON, M.D.

Reports of Societies.

ALCOHOL AS A THERAPEUTIC AGENT.

AT a meeting of the Therapeutical Section of the Royal Society of Medicine on February 17th, Dr. H. H. DALE presiding, a discussion took place on the value of alcohol as a therapeutic agent.

Dr. DALE said that many such discussions had been complicated by the intrusion of views on the common use of alcohol. It ought to be possible to hold strong opinions as to the value or the danger of alcohol in daily life without committing oneself to the admission or rejection of it in therapeutics. The known actions of alcohol might be divided into those of a food and those of a drug. Beyond dispute alcohol could be used by the body as a source of energy. There were limitations to the power of the body to use alcohol in this way, but there was no longer any room for doubt that the body could oxidize considerable amounts. As a source of energy alcohol had certain peculiarities. Like dextrose alone among ordinary constituents of diet, it required no digestion; it could be rapidly and completely absorbed, and it was not susceptible to fermentation by yeasts and bacteria. The mere value of alcohol as an emergency food, therefore, should give it a place in rational therapeutics. One very specialized type of treatment in which alcohol was used purely for the supply of energy was during the preliminary period of starvation which introduced the modern treatment of diabetes. As for the use of alcohol in convalescent diet, when they had once dismissed as quite unsupported by evidence the traditional notion crediting alcohol with a specific effect on metabolism or a special body-building power, they were left to individual opinions that would be coloured by the relative importance attached to the immediate comfort of the patient on the one hand, and the danger of habit-formation on the other. It was still a debatable question how alcohol influenced respiration. The good effects might be attributed not to direct action on the respiratory centre, but to such indirect actions as the lessening of an excessive reflex excitability; in so far as alcohol could restore a quiet, deep breathing, it ought to be of value. Among the several conditions which were probably confused under the vague expression "shock" it might be expected that those in which inhibitions were predominant would get some benefit from alcohol; in others, in which a toxaemia causing peripheral stagnation in the blood was the predominant factor, there seemed no likelihood of alcohol doing good. It would not be without value if the Section registered a protest against what he held to be the superstitious view that alcohol was a sort of specific against infection, influenza in particular. There was no evidence for a specific prophylactic action of any kind. Alcohol was a mild sedative and narcotic, and a superficial vaso-dilator. On the lines of these demonstrated actions he believed that such therapeutic value as it possessed could be explained, and its inclusion in the pharmacopoeia could be defended. The value of alcohol in therapeutics had, however, been discounted by its indiscriminate and unreasonable use.

duction of serum, or even more so. I have no wish, however, to raise controversial points, but I hope, in view of the disastrous results to the community, both military and civil, of the last outbreak of influenza, that attempts will be made in the next epidemic to reduce the mortality by judicious tapping in suitable cases; this will, I believe, include the majority of bad ones; if properly done it is without risk.

Increased pressure on the vital centres in the medulla, if severe or prolonged, cannot be anything but disastrous, and if positive and reliable evidence is required in support of such an obvious proposal, no stronger fact can be adduced than the immediately beneficial effect of a satisfactory flow from a spinal puncture in spinal meningitis.

As a profession we are conservative, and rightly so, for by following those lines we exclude quackery; but it is well to remember that it took 300 years to apply a ligature to a bleeding vessel, and with all respect to authority we are prone to repeat in our textbooks fallacies which have been handed down year after year, to the detriment of the public and also to the reputation of the profession.—I am, etc.,

Broadstairs, Feb. 1st. H. V. DREW, F.R.C.S.

WAR HONOURS.

SIR,—I am quite in sympathy with your correspondent upon the above subject. I acted for nearly two years as A.M.O. to one of our largest county council mental hospitals, as did others of my friends, like myself upwards of 70 years of age, and was responsible at night for 1,000 patients, several of them shell-shock cases. The Army Council decline to bestow any medal upon the doctors, as they were not appointed by it but by the county council. I consider this rather straining a point. Soldiers were received daily and at all times, and examined on the spot. I press this, being one who contracted illness, which has nearly cost me my life, as was the case with others at my age (some died). It is a great satisfaction to have done something by way of help in this unprecedented war; nevertheless I think the authorities should bestow some sort of decoration upon those who volunteered for some duty at the onset.—I am, etc.,

February 18th. ANOTHER M.R.C.S.

SIR,—May I ask a question—namely, how is it that one never sees or hears mention of the excellent services rendered by the Admiralty surgeons and agents during the war—men whose care in the selection of recruits for the navy accounts to a great extent for its physical and mental constitution? Surely those men who have rendered such conspicuous service to the nation deserve some recognition from the Government. Not being connected with the navy, I have no other interest beyond wishing for fair play.—I am, etc.,

February 22nd. EXPOSTULATOR.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

AT a congregation held on February 20th the degree of M.D. was conferred upon T. E. Sandall, E. E. Paget-Tomlinson, and J. T. Fox.

UNIVERSITY OF ABERDEEN.

AMONG those upon whom the Senatus of the University of Aberdeen has decided to confer the honorary degree of LL.D. are Dr. William Bulloch, F.R.S., professor of bacteriology in the University of London; Major-General Sir Robert Jones, K.B.E., C.B., inspector of Military Orthopaedics, A.M.S.; Dr. David Nicolson, C.B., Lord Chancellor's visitor in lunacy; Sir Daniel Hall, K.C.B., F.R.S., secretary of the Ministry of Agriculture; Mr. J. H. Jeans, secretary of the Royal Society; and Sir J. C. Bose, D.Sc., founder director of the Bose Research Institute, Calcutta.

THE Finnish medical journal *Duodecim*, which has hitherto been published monthly in Finnish, will in the future appear as *Acta Societatis Medicorum Fennicae Duodecim*. Contributions to this journal will be published in English, French, or German. This change in the Finnish journal is in response to the growing determination on the part of Finnish scientists to publish their investigations under their own auspices and yet to make them accessible to the world at large.

The Services.

ROYAL ARMY MEDICAL CORPS.

STRENGTH AND ARRANGEMENTS FOR THE FUTURE.

A MEMORANDUM[1] giving details of the work of the various departments of the War Office in connexion with the reconstruction of the Army since the armistice has been issued, amplifying the speech of the Secretary of State in introducing the Army Estimates for 1920–21 on February 23rd. In a note attached to the memorandum Mr. Churchill says that the work of demobilizing the large forces on foot at the armistice and of bringing into being the army of the future was so gigantic that he had been compelled to confine himself in his speech to the larger issues.

Territorial R.A.M.C.

In dealing with the Royal Army Medical Corps, the memorandum notes that a Territorial Section has been added to the War Office, which it is hoped will be a permanent section to deal with medical questions and personnel of the new Territorial army. The medical section of that army will be reorganized on its pre-war basis, with such additions and alterations as the war had shown to be necessary. The war showed the importance of casualty clearing stations, and it is proposed to form and maintain these medical units. Regimental medical officers will be appointed to battalions and will be carried on a Divisional List, which will include also officers of field ambulances and casualty clearing stations, and will show their seniority. Field ambulances will be organized with a head quarters and two sections. Sanitary Sections will be allowed to each Division; it is proposed to form them into companies and place them under the Director of Hygiene for technical training. Specially qualified medical officers, such as pathologists, *x*-ray specialists and hygienists, will be allowed for in the organization. General hospitals will be formed in connexion with universities and medical schools. A large number of physicians and surgeons of universities and hospitals will be required, and will be given the opportunity of training in the military duties of hospital administration. They will be carried on a special list.

Dental Corps.

It is proposed to form a dental corps, consisting of 110 officers and 132 other ranks (mechanics and orderlies).

Directorates of Pathology and Hygiene.

Reference is made to the establishment of Directorates of Hygiene and Pathology, according to the plan we announced some time ago. For each there will be a Director and Deputy at head quarters, and Assistants and Deputy Assistants in the important commands and districts at home and abroad. Officers will henceforth be able to continue to work in these special subjects throughout their service, instead of being compelled, as has hitherto been the case, to abandon them in order to take up administrative duties on attaining a certain seniority. Promotion to the higher ranks is now open to such specialists, and it is hoped that this will attract to these branches men from whose labours the army may expect to reap constantly increasing benefit. Each Director will have the aid of a strong Advisory Committee of experts, both civil and military, which will not only strengthen his hands in technical matters, but help to secure effective collaboration with other workers in these subjects, whether in a civil profession or in the medical branches of other departments of the State.

Strength: Officers.

The pre-war establishment of officers R.A.M.C. was 1,068; on the date of the armistice the strength was 14,461, and in addition 1,524 civil medical practitioners were employed. At present 3,338 officers and 322 civil medical practitioners are employed, and the number is continually being reduced in conformity with the reduction in hospital population. At the armistice the number of patients in the military hospitals in the United Kingdom was 316,000; on May 1st, 1919, it had been reduced to 112,000, and on February 1st, 1920, to 28,000. The policy had been to close the smaller hospitals and transfer the patients to hospitals which could be retained, and in this way the number of vacant beds had been kept as low as possible. In order to

[1] [Cmd. 565.] Price 3d.

for the introduction of micro-organisms from without, under the existing conditions of the case. Neglect of any of the recognized remedies for cystitis would tend to shorten life. Death was due to cystitis, and not to malignant disease. Sir E. Marshall Hall, after an unsuccessful submission that there was no case to go to the jury, intimated that he would call no evidence. Having objected to the expression quack doctor, he argued that this was an attempt to burk any form of medical practice not carried on by a duly registered member of the medical profession. The whole principle underlying this prosecution was "Down with the unregistered man! Protection for the members of the medical profession!" In the course of his summing up the judge said that the law was that when a person, licensed or unlicensed, dealt with the health of another he was bound to use competent skill and give sufficient attention, and if the patient died from want of either, the person was guilty of manslaughter. The jury found the prisoner guilty, and in sentencing him to four months' imprisonment with hard labour, his Lordship said he quite agreed with the verdict; had they not returned it the jury would have been doing something quite wrong and against the public interest. The real danger of unqualified men was when they got a really dangerous case and they did not know much about it, and the patient kept on getting worse, and a proper doctor was not called in until it was too late. He could not help thinking the prisoner was more misguided than anything else. He knew the effect of this conviction would be to destroy the prisoner's practice.

Medical News.

THE annual meeting of the Royal Medical Benevolent Fund will be held at 11, Chandos Street, London, W.1, on Tuesday, March 16th, at 5.30 p.m.

A Society of Medical Officers of Maternity and Child Welfare Centres has been formed, and a draft constitution will be submitted to a meeting at Bedford College, Regent's Park, London, on Friday, March 26th, at 5 p.m. Medical officers in charge of centres who have not received an invitation to join the society are asked to communicate with the secretary, Miss Halford, National League for Health Maternity and Child Welfare, 4, Tavistock Square, London, W.C.1.

AT a meeting of the Central Midwives Board for England and Wales held on February 19th, Sir Francis Champneys in the chair, it was announced that Sir Francis Champneys, Dr. W. S. A. Griffith, and Mr. C. Sangster had respectively been re-elected as their representatives on the Board by the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries of London.

A SECOND post-graduate course of instruction in the diagnosis and treatment of venereal disease is being arranged by Mr. K. M. Walker at St. Bartholomew's Hospital Clinic, Golden Lane, E.C., established by the Corporation of London. The course will be held on Thursday afternoons at 5.30 p.m., commencing Thursday, March 4th. The beds attached to the clinic are available for the reception and study of suitable cases in addition to work in the out-patient department. There are still a certain number of vacancies. Any medical practitioner wishing to attend is invited to send his name to the Secretary, National Council for Combating Venereal Diseases, 81, Avenue Chambers, Southampton Row, London, W.C.1.

STEPS have been taken to form a properly constituted Old Students' Association at King's College, London. A committee was lately formed which has drawn up a provisional constitution, and a general meeting will be held on Thursday, March 4th, at 6 p.m., at the College, to ratify it. It has been possible to send notices of this meeting only to those old students whose names are on the register, but it is hoped that the meeting will be made widely known, and that as many old students as possible will be there.

A DEPARTMENT for diseases of children and a child welfare consultative centre will be opened at the Great Northern Central Hospital, Holloway Road, N., on March 1st. There will be two sections—medical and surgical—and patients, who must be children under 12 years of age, will be received on Monday afternoons at 2.30 p.m.

A PRACTICAL advanced course in operative ophthalmology will be given during May and June at the Hôtel-Dieu, Paris, by Professors De Lapersonne and Terrien, with the assistance of the heads of the clinic and laboratory. The course is open to foreign as well as French doctors and students. The class will be limited to forty and the fee is 100 francs. Communications should be addressed to the Secrétariat de la Faculté de Médecine, Paris.

THE Huddersfield Royal Infirmary has received an anonymous gift of £1,000 for the endowment of a bed in memory of the late Dr. Peter MacGregor of Huddersfield.

THE Senate of the University of London has appointed Dr. James McIntosh to the University chair of pathology tenable at the Middlesex Hospital Medical School, and Dr. Sidney Russ to be the first incumbent of the Joel chair of physics at the Middlesex Hospital Medical School.

THE Brighton Division of the British Medical Association has arranged a series of six clinical demonstrations, beginning March 4th, to be held at the Sussex County Hospital and the Children's Hospital. The demonstrations are open to all members of the profession.

QUEEN ALEXANDRA'S Field Force Fund, which was brought into existence in November, 1914, was demobilized last month. During the five years of its existence it sent out parcels to the number of nearly a quarter of a million to regiments in Europe, Asia, Egypt, Africa and the Cameroons. The surplus in hand is £3,000, and Queen Alexandra has decided that the annual interest shall, with certain limitations, be paid to the Village Centres Council for the benefit of the disabled ex-service men at the Village Centre, Enham, Hampshire.

IT is proposed to hold a reunion dinner in London, towards the end of April, for all ranks, men and women, of No. 34 (the Welsh) General Hospital and the Welsh Hospital, Netley. No. 34 General served as an Indian hospital of 3,000 beds, under the War Office, and the Welsh Hospital, Netley, was supported by Wales throughout the war. Colonel A. W. Sheen, A.M.S., formerly officer commanding successively the two hospitals, will preside at the dinner. Those wishing to attend are asked to notify Dr. R. L. Mackenzie Wallis, 55, Townshend Road, N.W.8.

AT a meeting of the Vienna Medical Society on January 30th Professor K. F. Wenckebach delivered a eulogium on the late Sir William Osler, the audience rising from their seats as a token of mourning.

THE Ministry of Health have been notified of a case of plague on the ss. *Alps Maru*, which arrived in the Port of London on February 9th from Japan, and entered the Millwall Dock on February 14th. One of the crew fell sick on February 15th, and as he was suspected on February 17th to be suffering from plague he was removed to the isolation hospital. The diagnosis of plague has been confirmed by the Bacteriologist of the Ministry from material obtained from the patient. The vessel has been removed to the Port Mooring Station for infected ships, and all necessary precautions have been taken by the port sanitary authority to prevent spread of infection.

PUBLICATION of the *Revue de la Tuberculose*, suspended during the war, is about to be resumed. It is the organ of the French tuberculosis society (Œuvres de la Tuberculose), and publishes its scientific proceedings. The *Revue* will be enlarged, and will in future publish original articles, as well as abstracts from other periodicals.

THE second number of *Discovery* (London: Murray, 6d. net; 7s. 6d. a year post free) is an advance on the first. It contains articles by Professor W. L. Bragg on crystal structure and by Mr. C. G. Darwin, of Cambridge, on the number of the elements, which seem to us exactly to fulfil the need which the periodical is intended to meet.

DR. MARCEL LABBÉ has been nominated professor of pathology and therapeutics in the Paris Faculty of Medicine.

THE Prussian Diet has appointed a commission consisting of Abderhalden, Lubarsch, Morawitz, Posner, Schittenhelm, Stephan, Stolte, Uhlenhuth, and others, to investigate the value of Friedmann's remedy for tuberculosis.

THE Hague bookselling firm of M. Nijhoff has celebrated the third centenary of the foundation of Batavia by issuing a catalogue of books concerning Netherlands India. It includes a section on medicine and on anthropology, containing books chiefly in Dutch, many of them on subjects concerned with tropical medicine.

AT a session of the "Gesellschaft für soziale Medizin, Hygiene und Medizinalstatistik," Professor Kayserling of Berlin proposed that a tuberculosis law should be enacted in Germany. It should aim exclusively at the prevention of tuberculosis, and no clause should be accepted which did not take into consideration the welfare of the patient. His principal points were (1) compulsory notification of every infectious case; (2) official organization of a network of dispensaries through which the law could be administered on a provident basis; (3) provision of hospital accommodation, free of charge, for advanced cases, dangerous to their home surroundings; (4) exclusion of infectious cases from employment bringing them into intimate contact with children, and (5) introduction of general measures affecting occupations and public health.