

safe and lasting cure is gradually to assist Nature in removing the cause of the disease. This is an axiom too often overlooked.

A CASE OF TUBERCULOUS MENINGITIS WITH COMPLETE RECOVERY.

BY

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ALTHOUGH tuberculous meningitis is almost always fatal, most physicians with a wide experience have seen one or two cases which have suggested that recovery is possible. Most of these have been in children, with perhaps only partial subsequent recovery; and only in few cases has the diagnosis been proved bacteriologically.

These notes record the case of an adult, proved bacteriologically to have tuberculous meningitis, who has made a complete recovery. Had one supposed that the patient could get well, fuller clinical and pathological investigations would have been undertaken; but, although only one examination of the cerebro-spinal fluid was made, it is possibly more reliable in that there was no knowledge in the laboratory of the patient's antecedent tuberculous infection.

Clinically the case was never doubtful; the first lumbar puncture was performed in the fourth week of the illness, to relieve symptoms of intracranial pressure; the benefit was considerable, as was also the case after the second and third punctures; and although the fourth puncture, made in the eighth week, did not seem to do any good, and the case was regarded as hopeless, I certainly think that but for the earlier lumbar punctures the patient would have died from increased intracranial pressure.

A woman, aged 37 years, admitted on June 11th, 1919, was discharged quite well on December 14th, 1919.

Past History.—Twelve years ago she was treated by Sir Richard Luce, who removed a tuberculous kidney; has been quite well since.

Present illness began one week before admission; pains in limbs followed by intense headache; when seen in consultation with Dr. G. D. Moon two days before admission she was very irritable and rather excited; neck stiff, severe headache.

On Admission: Temperature 100°, pulse 88, respirations 24; drowsy, but at times very restless; head rather retracted, neck and legs stiff, Kernig's sign present, reflexes normal; no strabismus; lungs and heart normal; urine normal.

Diagnosis—in view of the symptoms and history—was never in doubt. Lumbar puncture was not performed until July 1st; the fluid was under pressure, appeared clear, and contained a few lymphocytes; tubercle bacilli were found.

Course.—For thirteen weeks the temperature was of an irregular intermittent or remittent type, usually reaching 102° or 103° in the evening; the pulse was irregular, but usually below 100, until the ninth or tenth week, by which time there was an extreme degree of prostration; the general condition varied between coma and delirium, with signs of distress and headache. In the twelfth and thirteenth weeks the temperature was not so high, and from the fourteenth onwards it was normal or subnormal, and she made a slow but steady convalescence. She was taking full diet in the nineteenth week. On her discharge in the twenty-eighth week, after having gained 18 lb. in eight weeks, she was perfectly well in every way. Her mental condition was normal, and there was no loss of memory, nor headache; the eyes were quite normal and the limbs were strong, with no rigidity nor increase of reflexes. Three months after discharge she returned to her household duties, looking and feeling quite well.

Lumbar puncture was not performed until the fourth week from the onset; it seemed to relieve the symptoms of intracranial pressure, and was repeated in the fifth, sixth, and eighth weeks (four times in all), but there was little relief if any after the last time, and the case was regarded as hopeless. On one day in each of the tenth, eleventh, and twelfth weeks morphine was administered to relieve noisy delirium.

Specific therapy in tuberculosis is not very satisfactory at present, but most infected persons have good natural powers of recovery. Possibly repeated lumbar puncture is worthy of routine trial in cases of tuberculous meningitis; by the opportune relief of intracranial pressure an odd case or two may "get its chance."

G. BOUCHÉ (*Le Scalpel*, March 6th, 1920) records two typical cases of lethal encephalitis which occurred at Andorlecht and Lens (Hainault) respectively. Two other cases had recently been recorded to the Medico-Chirurgical Society of Brabant and others had been observed in the neighbourhood of Bruges.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

NOTES OF TWO CASES OF HORSESHOE KIDNEY.

THE following two cases of horseshoe kidney were both discovered in the course of operations for renal calculi. In neither of them did the symptoms nor the examination of the patients give any indication of the presence of the abnormality. The condition itself, of course, does not usually give rise to any definite symptoms, and it is the exception for it to be diagnosed previous to operation or until a *post-mortem* examination is made, although in recent years a certain number of the more marked cases with abnormality of the pelvis or ureter have been diagnosed by the use of the cystoscope and pyelography. The frequency of its occurrence has been variously estimated: Morris,¹ from *post-mortem* examinations, places it at 1 in 1,000, but Thompson² puts it as high as 1 in 300. There is, however, a marked tendency for these kidneys to be the seat of pathological changes, so that the possibility of encountering it at operations on the kidney is probably higher than these statistics would indicate.

CASE I.

A woman, aged 33, gave a history of attacks of pain in the left lumbar region for two years. They came on suddenly, sometimes with vomiting and with pain radiating towards the groin. No definite tumour could be felt in the left renal area, but there was tenderness and some rigidity of the muscles. The urine contained a small amount of pus. An x-ray photograph showed the shadow of a large calculus in the left kidney.

Cystoscopic Examination.—The bladder was healthy and the ureters normally situated. The right ureter was normal, and urine could be seen coming from it; the left was somewhat swollen and congested, and no urine was seen coming, although it was seen to contract. Indigo carmine was injected into the buttock, and was seen coming freely from the right ureter in twenty minutes, but none came from the left even at the end of forty minutes. Catheterization of the ureters confirmed this, normal urine being obtained from the right and nothing from the left.

Operation.—The left kidney was exposed by a lumbar incision. It was found lying rather lower than usual. There was a large stone in the pelvis, and marked atrophy of the kidney substance. The lower pole could not be brought up, and on further investigation it was found to be attached by a thick band of tissue to the lower pole of the right kidney. The right kidney lay partially across the middle line and its lower pole, which appeared normal in shape, could be distinctly seen. The connecting tissue was divided, and the left kidney removed. The patient made an uneventful recovery.

Specimen.—The kidney consisted of thinned and atrophied renal tissue round the pelvis, which was contracted on a stone the size of a bantam's egg. The connecting isthmus was composed of fibrous tissue.

CASE II.

A man, aged 29, gave a history of attacks of severe pain in the left renal region for about a year. The attacks were occasionally followed by slight haematuria. In the intervals he was perfectly well. Nothing abnormal was detected in the renal region. The urine was normal. An x-ray photograph showed a small shadow in the left renal area.

Cystoscopic Examination.—The bladder was healthy, and both ureters were normal and in the usual position. Indigo carmine was injected, and appeared freely at both ureters in twenty minutes.

Operation.—The kidney was exposed by a lumbar incision. It could only be partially raised up with some difficulty. The pelvis was small, and was situated on the anterior aspect, and behind it there was a mass of kidney substance about 2 in. broad extending across to the right side in front of the great vessels. The renal vessels entered the kidney from above and in front of this tissue. A small stone was found in the pelvis, and was removed by nephrolithotomy. When seen a year later the patient was perfectly well and had no pain or discomfort.

These two cases illustrate two of the varieties of horseshoe kidney: the first, where the lower poles are united either by fibrous tissue or by actual renal tissue, is probably the commoner; the second is not so common, as here the connecting renal tissue passed from the posterior part of the left kidney, and both poles were distinct and unattached. The fact that this second case was well and able to do manual work a year later is of interest in view

¹ Morris: *Surgical Diseases of the Kidney and Ureter*.

² Thompson: *Annals of Surgery*, September, 1911.

of Rovsing's³ description of symptoms of discomfort and inability to do heavy work from the presence of the renal isthmus in the middle line.

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FOREIGN BODY IN THE LEFT BRONCHUS.

On June 17th, 1919, I was asked to see a girl, aged 11, in the Oldham Royal Infirmary. The story was that on June 14th, while playing with a toy air balloon, she laughed, the balloon disappeared into her mouth, and she became cyanosed and could not speak. She rushed into the street, attracted the attention of a man there and, by pointing to her mouth, indicated what was wrong. He inserted his finger into the child's mouth and "pushed something down her throat." She was then able to breathe with comfort and to speak.

When I saw her, three days after, she looked like a patient suffering from pneumonia, very different from the picture of laryngeal or tracheal obstruction. The cheeks were flushed, the temperature 101°, respirations 46, pulse 104. She had slight cough, with a little muco-purulent expectoration. The whole of the left lung was dull to percussion; the breath sounds were markedly diminished over the whole of the left side of the chest, and resonance was slightly increased.

From the story and the physical signs I concluded that the object, described to me as consisting of a wooden mouthpiece, with elastic balloon attached, was in the upper part of the left bronchus. No skiagram was taken, as I considered the chances of seeing any shadow small, and I did not wish to move the patient any more than could be helped, on account of the risk of moving the object into the trachea or larynx.

The patient was anaesthetized with chloroform. A Brüning's tube passed through the glottis showed the mouthpiece of the balloon about three-quarters of an inch below the bifurcation of the trachea, in the left bronchus, with the balloon folded between the mouthpiece and the spur of the bifurcation. The mouthpiece seemed pretty well fixed. Cocaine and adrenalin were applied to the spur and to the left bronchus above the object, which was gently freed with Brüning's spoon forceps, and then removed at the end of the tube with Paterson's forceps. The whole operation was comparatively simple, as it was easy to see and seize the object. The patient was perfectly well and the lung appeared quite clear in four days.

The wooden mouthpiece was $1\frac{1}{2}$ inches long, $\frac{3}{16}$ of an inch in diameter, and slightly expanded at either end. The fabric was more than twice the length of the mouthpiece, but being very thin occupied little space.

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THE INCISION IN CAESAREAN SECTION.

In connexion with the discussion on the incision for Caesarean section (BRITISH MEDICAL JOURNAL, November 15th, 1919, p. 633) the following facts may be of interest:

Since August, 1908, there have been ninety-two such operations at the S.P.G. Mission hospitals at Delhi and Karnal, Punjab; I performed twenty-two. Eight women were delivered by this method for the second time. In three cases I was the operator, and in two others I assisted. The line of incision adopted by me and most of the other surgeons has been the longitudinal in the upper part of the uterus, and the stitches (of silk or catgut) have been through the depth of the uterine wall not including the mucous membrane, with a second row of superficial stitches.

It was interesting to note that of the five "second Caesareans" within my experience only one had any signs of a scar in the uterus; the first operation on this patient had been performed eight years earlier in Quetta, and the scar was situated in the lower uterine segment. A few adhesions and the abdominal scar were the only indications of any previous operation in the others.

In contrast to what is usually taught in the British Isles, we have found that although almost all these cases have been in labour for three or four days, and have been examined by untrained native midwives before admission to hospital, we have had no cause to regret leaving the uterus *in situ*. The patients who have died have been few in comparison with the number who seemed so hopeless on admission that it was inadvisable to add to the shock by hysterectomy.

S.P.G. Mission, Delhi.

MINNIE W. BAZELY, M.D.

Reports of Societies.

RUPTURE OF VAGINA.

At a meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine held on April 8th, with the President, Mr. J. D. MALCOLM, in the chair, Dr. A. C. PALMER read a short communication on two cases of rupture of the vagina during labour, admitted to the obstetric department of the London Hospital.

Case 1.—An 8-para, aged 35, was brought by her doctor, who stated that the case was one of prolonged second stage with the head delayed in the pelvis. He had extracted a child, stillborn, weighing between 13 and 14 lb., after a hard pull with forceps. The perineum was torn. The placenta did not follow, and since the patient continued bleeding he decided to remove it. Following the umbilical cord, his hand passed into the abdominal cavity, where he found and removed the placenta. The case was then brought to hospital. Pulse 120, temperature 98° F., abdomen very tender. The uterus was found almost completely separated from the vagina, except for a narrow bridge in the region of the left uterine artery, and a small portion of the anterior wall of the cervix close to the bladder. There was much free blood in the peritoneal cavity. The uterus was removed as rapidly as possible, and the patient made a good recovery. Dr. Palmer believed that the difficulty was due to relative pelvic contraction owing to the very large size of the child.

Case 2.—A multipara was brought to hospital in a state of collapse (pulse 120, temperature 96.5° F.) by a midwife, having been in labour twenty-four hours. There had been good pains for fifteen hours, and since then the pains were described as tempestuous and different in character from the preceding ones. No manipulation and only one vaginal examination had been made. On the right of the fetus was a hard tumour about the size of a fetal head, and thought by the resident accoucheur to be possibly a fibroid. A moderate pull with forceps being unsuccessful, the child was delivered after perforation and crushing of the head by Mr. V. J. F. Lack, the resident accoucheur, who then noticed that the tumour was the contracted uterus, and that the child had been lying in the abdominal cavity, whence the placenta was removed manually. At an exploratory laparotomy Dr. Palmer found a large T-shaped tear in the posterior vaginal wall, beginning at the cervico-vaginal junction and extending almost down to the vulva, and much free blood in the peritoneal cavity. The uterus was rapidly removed. The patient was now convalescent. Four easy labours had occurred in spite of well-marked general contraction of the pelvis; the fifth had required forceps; the sixth was the case described.

In each case the object of the hysterectomy was the control of haemorrhage and the removal of damaged and devitalized tissue as a prophylactic against puerperal sepsis.

Mr. EARDLEY HOLLAND said that rupture of the vagina in association with rupture of the lower uterine segment was much more common than was generally believed. It was not sufficiently realized how very greatly the vagina was stretched and drawn up by the uterus during obstructed labour. As an example of this he gave an epidiascopic demonstration of sections through the lower uterine segment from the case of a patient who had died undelivered during obstructed labour. In this case the retraction ring lay at a level of 11.5 cm. above the symphysis pubis, and below the ring the fetal head was enclosed by what was at first thought to be an enormously distended and elongated lower uterine segment. The sections showed, however, that only the upper 4.5 cm. consisted of the extended cervix, all below that consisted of the elongated and stretched vagina. The sections further demonstrated that in this case the lower uterine segment consisted of cervix only; if rupture had occurred, it would almost certainly have been in the vagina.

Dr. HERBERT SPENCER said that it was sometimes difficult to see the line of demarcation between the cervix and vagina in the second stage of labour, but he thought it was

³ Rovsing: *Zeitschr. f. Urol.*, 1911, vol. v, No. 8.

the pleasure of intercourse with him. But above all, it was the character of his life and his bigness of heart which endeared him to his compeers. His memory will always be cherished by those who had the advantage of his friendship.

Professor W. H. WILSON, of Cairo, writes:

The unlooked-for death of Alexander Ferguson at the comparatively early age of 49 is a loss to the Cairo School of Medicine which it will be difficult to repair; it takes place at a time of reconstruction and evolution when a man of his knowledge, geniality, and experience could ill be spared.

During the past nine months, when the measures for the reorganization of the school have been under discussion and illness made his attendance at the meetings of the School Council impossible, we have constantly felt how much might have been gained from his insight and strong common sense. By his friends and colleagues his loss is doubly deplored; none could fail to be attracted by the modesty, kindness, and humour which characterized his personality, or fail to admire the technical ability and wide knowledge of morbid anatomy, the subject in which he was really eminent, which he acquired in his close association with Coats and Muir, with both of whom he formerly worked for some years as assistant. In 1906 W. St.C. Symmers left Cairo for Belfast, and Ferguson was selected from a considerable number of candidates for the Professorship of Pathology at the School of Medicine, Kasr-el Aini. The appointment was determined by the number and varied nature of Ferguson's published papers and the brilliant testimonials to his capacity as a teacher which he received from those who knew him. In addition to his teaching work he acted as pathologist to the hospital. He was constantly engaged in research, but the large amount of routine work attached to his post, combined with ill health, which his colleagues could not fail to notice but which he himself persistently refused to acknowledge or give way to, accounts for the fact that little of his work was published between the years 1907 and 1915, when his military duties gave him no further chance of scientific work.

Three papers may be referred to illustrating the type of scientific work to which he gave his time: "An account of a form of splenomegaly with hepatic cirrhosis endemic in Egypt," in collaboration with H. B. Day, M.D. Lond., *Annals of Tropical Medicine and Parasitology*, vol. iii, No. 3, November, 1909; "Parasitic granuloma," in collaboration with Owen Richards, F.R.C.S., M.Ch. Oxon., *Ibid.*, vol. iv, No. 2, July, 1910; "Lesions of bilharzial disease," *Glasgow Medical Journal*, January, 1913.

Ferguson recorded in the second of the above papers the discovery of the *Leishmania tropica* in the peculiar circumscribed epidermic papillomata of the disease, an observation of some significance in relation to the condition described in the first paper and the possible occurrence of kala-azar in this country. The third of these papers is a very brief and partial account of the mass of investigation Ferguson carried out on this disease.

It was to the subject of bilharziosis that he devoted most of the time he could spare for research. The unique collection of specimens prepared by him from the rich *post-mortem* material now in the pathological museum of the school is evidence of the interest he took in a disease in regard to the morbid anatomy of which he was the recognized authority. It is a matter of profound regret that much of his work must remain unrecorded; fortunately he was able to contribute the pathological section of the chapter on bilharziosis in Byam's *System of Tropical Medicine* (in the press).

Many of Ferguson's observations may also be found in F. C. Madden's *Surgical Diseases of Egypt*. His opinion, which I cannot find recorded, but which I recollect his expressing in a paper read before the Cairo Scientific Society some years ago, that the travelling of the ova through the tissues to the mucous surfaces was due to the excretion by the myracidium of a digestive enzyme, which softened the tissues in the path of the ovum, is of considerable interest and is perhaps supported by the eosinophil character of the surrounding leucocyte invasion.

Probably the most difficult task he carried out was the compilation of the admirable descriptive catalogue of the pathological collection attached to his department.

In the autumn of 1915 Ferguson received a commission with the rank of major in the R.A.M.C. This rank he retained, although for the greater part of the time carrying out the duties of a consultant, until the end of his service in 1919. The first duty he took over was that of Director of the Central Laboratory for the Alexandria District at

No. 21 General Hospital. His success in co-ordinating the work of the various laboratories in that district led to his being given the task of directing the work of the bacteriological and other laboratories attached to all hospital units with the Egyptian Expeditionary Force. This took him to Kantara and eventually to Palestine and Syria; there is little doubt that the hardships and exposure to which he was inevitably subjected aggravated a latent weakness of the lungs and was responsible for the condition which eventually carried him off. In November, 1918, he was appointed to direct the Pathological Section of the Commission to inquire into the incidence of Pellagra among the Turkish prisoners of war in Egypt. The work of this Commission was crowded into a short two months, and the share of it which fell to Ferguson was far too strenuous for his failing health. For his services he received the Order of the O.B.E.

Late in May of 1919 he went on leave to England. The state of his health, overfatigued by the voyage home, gave great anxiety to his friends on his arrival in Scotland. During the next six months considerable improvement took place, and in December he thought himself fit to return to his duties at the Medical School in Cairo. A chill taken on board ship during the journey gravely aggravated his condition, and he arrived in Cairo suffering from severe bronchial trouble. After two months' illness he passed away quite suddenly while reading in bed at 8 p.m. on February 22nd, the cause of death being heart failure. No one could wish for a more peaceful end.

He leaves a widow and two sons of 6 and 7 years of age, at present at school at Dollar, N.B. His family have the sympathy of all his friends. The funeral, which took place next day, was attended by a great part of the British colony in Cairo and many of his old students.

The Services.

DEATHS IN THE SERVICES.

MAJOR NORMAN SEPTIMUS WELLS, I.M.S., died in the Middlesex Hospital on April 20th, aged 43. He was born on December 22nd, 1876, educated at Edinburgh, where he graduated M.B. and B.Ch. in 1900, and entered the I.M.S. on January 29th, 1901, attaining the rank of major on July 29th, 1912. Before the war he was in civil employ in the United Provinces, but rejoined the army for military duty, and served throughout the war, being mentioned in despatches in the *London Gazette* of July 13th, 1916, and receiving the O.B.E. on June 3rd, 1919.

Universities and Colleges.

UNIVERSITY OF GLASGOW.

At the graduation ceremony on April 20th the following degrees were conferred:

M.D.—*Daisy A. M. Clark (Mrs. Gale).
D.Sc.—Dr. John W. McNece, Dr. John B. Orr.
M.B., Ch.B.—†J. W. S. Blacklock, *A. D. Brown, *P. A. Mackay, *R. G. Howat, A. M. Beaton, A. K. Pegg, R. R. S. Bowker, Annie B. Cameron, J. P. Chisholm, G. M. Cooper, W. N. Duguid, R. Fletcher, T. Fletcher, R. A. Forsyth, T. D. Hunter, G. Jamieson, Chung U. Lee, B. Levine, A. M'C. Macintosh, W. M'Kendrick, J. M'K. Maxton, J. S. Meighan, Marjorie Mitchell, T. F. Noble, P. C. Rankin, R. S. Reid, J. Sachs, Marguerite L. Sclanders, Cecilia Siskin, T. S. Stirling, A. Strang, H. A. Summers, J. L. Turpie, J. D. Williamson.

* With commendation.

† With honours.

The Bellahouston Gold Medal for eminent merit in thesis for M.D. has been awarded to Dr. Harry S. Hutchison, and Dr. R. T. Leiper has been awarded the Straits Settlements Gold Medal in tropical medicine.

The Asher Asher Gold Medal in laryngology and rhinology has been conferred upon Mr. James N. Tennent.

In the notice of the annual report of the Medical Department of the Local Government Board for 1918-1919, published on January 31st, 1920, p. 164, attention was directed to the disquieting remarks made by Dr. A. W. J. Macfadden, C.B., in the section dealing with the work of inspectors of food. This part of the report is now published separately by H.M. Stationery Office, and can be obtained, price 3d., through any bookseller. In it the insanitary condition of many private slaughterhouses is described, the inadequacy of existing arrangements for their inspection pointed out, and important recommendations for their improvement made.

DR. THOMAS LEWIS has in the press with Messrs. Shaw and Sons a volume on *The Mechanism and Graphic Registration of the Heart Beat*. It is an enlarged and revised edition of his earlier volume entitled *The Mechanism of the Heart Beat*.

Medical News.

ON the evening of presentation day at the University of London (Wednesday, May 19th) a graduation dinner will be held at the Guildhall; it will be attended by the Lord Mayor and Sheriffs in state, and the President of the Board of Education intends to be present. The graduation ceremony will take place in the afternoon at the Albert Hall. This is, we believe, the first occasion on which a graduation dinner has been held.

SIR JAMES CRICHTON-BROWNE, M.D., F.R.S., will deliver the first Maudsley memorial lecture before the Medico-Psychological Association of Great Britain and Ireland. The lecture will be given on May 20th at 3.30 p.m. at the house of the Royal Society of Medicine, 1, Wimpole Street, W.

ON Wednesday next, May 5th, at 5 p.m., Dr. W. Blair Bell, gynaecological surgeon to the Royal Infirmary, Liverpool, will deliver a lecture on the surgical treatment of prolapse of the uterus and vagina at the house of the Royal Society of Medicine, 1, Wimpole Street, W.1. All members of the profession are invited to attend.

A MEETING of the Medico-Legal Society will be held to-day (Friday, April 30th) at 8.30 p.m., at 11, Chandos Street, W.1, when a paper will be read by Dr. Mackenzie Wallis, lecturer in chemical pathology, St. Bartholomew's Hospital, on the purity of ether and chloroform in its relation to anaesthesia. Dr. Bernard H. Spilsbury will exhibit specimens.

IT is proposed to commemorate the opening of the 48th General Hospital, Salonica, by a dinner in London on June 24th. Officers who have been connected with the unit and wish to take part are requested to communicate with Mr. B. Holroyd Slater, F.R.C.S., St. Luke's Hospital, Bradford.

A THIRD 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 May 13th. In addition to work in the out-patient department the beds attached to the clinic are available for the reception and study of suitable cases. 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, Vernon Place, Southampton Row, W.C.1. (Telephone: Museum 2432.)

THE Lord Mayor will preside at a meeting to be held at the Mansion House on May 11th at 3 p.m. for the purpose of bringing before the Lord Mayors and Mayors of the country the objects and scope of the People's League of Health.

RULES (No. 560, price 1d.) have been published by the Minister of Health for the procedure to be adopted when a local authority has refused permission to demolish a house, and the owner wishes to appeal to the tribunal established under Section 5 (2) of the Housing (Additional Powers) Act, 1919.

IT is proposed to hold a reunion dinner for officers who were attached to No. 2 British General Hospital, Mesopotamia. Officers are requested to communicate without delay with Dr. Urban Marks, 1, Trinity Place, Swansea.

SIR ARTHUR NEWSHOLME, who has returned from America, has in the press a volume of American addresses on Public Health and Insurance, which will be published by the Johns Hopkins University Press.

AT a special general meeting of the Röntgen Society to be held at 11, Chandos Street, W.1, on May 4th, at 8.15 p.m., a proposal will be submitted to raise the annual subscription of ordinary members from £1 ls. to £2 2s.

WE learn from the *Journal of the American Medical Association* that under the new internal revenue regulation relating to the supply of alcoholic liquor to doctors in the United States, it is necessary for those who desire to purchase or prescribe such liquors for their patients to procure a permit. The permit allows the prescription of liquor for medicinal purposes only. A doctor is also allowed to purchase not more than six quarts of alcoholic liquor during any calendar year for professional purposes only.

MR. H. E. POWELL, for some years sublibrarian, has been appointed librarian to the Royal Society of Medicine, in succession to Mr. C. R. Hewitt, who, as was recently

announced, has been appointed librarian to the League of Red Cross Societies. Mr. Powell first joined the staff of the library as a pupil about eighteen years ago, and has earned his promotion by making himself thoroughly acquainted with the contents and purpose of the library and placing his knowledge at the disposal of readers.

DR. RUSSELL WELLS, Vice-Chancellor of London University, presided over the medical missions meeting held on April 21st in connexion with the 219th anniversary of the Society for the Propagation of the Gospel. He deprecated the idea that medical missions meant the dispensing of so much medical skill on the understanding that the recipients listened to so much teaching. It was the duty of Christians to distribute the great gifts which had come to them, not for the purpose of securing direct conversion, but as the natural overflow of a grateful heart; those who received the benefit of medical missions would regard a religion that prompted such altruism as something worth inquiring into. If asked to choose between a medical missionary one who had an indifferent knowledge of medicine but had the gift of preaching, or one who knew medicine well but had no such preaching gift, he would unhesitatingly prefer the latter. It was stated at the meeting that more medical men were badly needed in the fields covered by the operations of the society, especially at Singapore and Malacca. Medical men attached to the society are taking part in medical education at Peking and Tsi Nan Fu. The income of the medical missions department of the society last year was £15,178.

A LETTER, signed by Lord Willoughby de Broke, Sir Bryan Donkin, Sir W. Arbuthnot Lane, Sir James Crichton-Browne, and Dr. H. Wansey Bayly, has been addressed by the Society for the Prevention of Venereal Disease to county councils, county boroughs and municipal boroughs, and to medical officers of health throughout Great Britain. In this communication allusion is made to the serious effect of venereal disease on the national health and to the misery and suffering of which it is the cause; at the same time it is declared that "the clearest and most definite evidence exists to show that venereal diseases can be readily prevented by the adoption of immediate disinfection after exposure to infection." The society states that its members favour all measures which, by promoting a higher standard of morality, tend to prevent the spread of venereal infections, but realize that there will always remain a large class who will continue to practise promiscuous intercourse. The policy of the society is stated to be purely educative; the authorities are not asked to provide "packets" or anything of that kind, but to issue advice in the same way as about tuberculosis and influenza, pointing out how persons should protect themselves against venereal disease.

IN consequence of the general increase in masters' salaries and in the cost of living, as well as in order to provide alterations in masters' superannuation grants on the lines of the Superannuation Act of 1918, the Council of Epsom College have been compelled to increase the school fees as from September next for all boys, whether entering the school for the first time or at present there. The fees have been increased for the sons of medical men from 70 guineas to 100 guineas; for lay boys from 80 guineas to 120 guineas, and for day boys from 25 guineas to £40. The Council felt that it had no alternative but to make these increases, as the loss on the working of the school for the past year amounted to £3,779 15s. 10d. The charitable contributions in aid of the foundation cannot of course be expended in defraying any of the expenses of the school beyond paying for the education of foundationers.

THE legislature of South Carolina has passed a bill framed by the State Medical Society requiring all "chiropractors, osteopaths, and other healers" to submit to examination before the State board of medical examiners.

THE Surgeon-General of the United States Army has asked for a grant for the publication of the medical and surgical history of the war. Much of the material for this history, *The Journal of the American Medical Association* states, is already collected and its publication depends on the action of Congress. The first portion of an unofficial history of the Canadian Army Medical Corps appeared at the end of 1918, and the German history, in nine volumes, is promised this year. Our contemporary emphasizes the importance of prompt publication of records which have so great scientific and historical value, and trusts that there will be no repetition of the twenty years' delay which followed the War of the Rebellion. Considerable progress has already been made with the British official medical history of the war, of which Major-General Sir W. G. Macpherson is Editor-in-Chief: the offices are at Stanhope House, Kean Street, Kingsway.