theless spreading in the depth. While this might be so with improper technique, as by limiting the rays to the tumour itself, it cannot happen during the "stage of response" provided that a wide cone of rays is used, so that practically the whole chest, neck, and upper abdomen are exposed. The rays must also be filtered through at least 3 mm. of aluminium, and be highly penetrating. Under these conditions a growth which has already spread to the mediastinum can often be beneficially affected, so that it is almost inconceivable that any deep spreading should occur in the circumstances under discussion.

Nothing which has been said here is to be taken as meaning that the growth would not ultimately spread, in spite of *x*-ray treatment, supposing no operation to be done. Why this should be so we do not understand. But it appears that after a time the tissue response fails, as it does to arsenic in pernicious anaemia. Hence the necessity for operative removal, whenever possible, before the crest of the wave of improvement under *x* rays has been reached.

It is obvious that if we can increase resistance to cancer by *x* rays, we should do so after operation as well as before. Although we do not know what is going to happen in any individual case, we know that in a large percentage of all cases operated on for cancer of the breast, recurrence—or, at any rate, further growth—will occur. The rate of recurrence is estimated at 40 per cent. by the optimists, up to as high as 80 per cent. by the more pessimistically inclined. But even if we side with the optimists, two out of every five cases are certain to go wrong. So little do we know where the recurrence will occur—whether in the breast, in the stomach, the liver, spine, or ovaries—that a local effect, even though widely spead beyond the original site of the disease, must in itself be insufficient in many cases to prevent disaster. But the production of a general immunity is well worth aiming at. It may soon be possible, by using blood tests as criteria, to gauge scientifically the dosage at each sitting, the number of sittings in a course with their spacing, and finally, the intervals between successive courses.

Meanwhile, so long as we are not dealing with actual recurrence, we must be very careful to give too little rather than too much. The present writer feels that the possession of powerful apparatus has of late years led to unduly heavy dosage for prophylactic purposes. The experimentally verified fact that small doses of *x* rays raise immunity to cancer, whereas large ones decrease or abolish it, will, if kept carefully in mind, at least safeguard the radiologist from transgressing that fundamental therapeutic precept, *nil nocere*.

REFERENCE.

[1] The Cancer Problem and the World War, *Practitioner*, xcviii, pp. 229-230; The Effect of *X* Rays on the Resistance to Cancer in Mice, *Science*, 1915, N.S., X, 411, 842.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

FATAL POISONING BY WATER DROPWORT (OENANTHE CROCATA).

THE following case of poisoning by *Oenanthe crocata* is of interest because of its rarity and rapid course:

A single man, aged about 40, had for many years shown slight mental abnormality; I had seen him eighteen days before his death, when he was despondent and believed that he had committed some unforgivable sin. When summoned to him at 3 p.m., on April 24th, I found him lying on the floor of his bedroom; his face was bloated and livid, the eyes fixed and staring, and the pupils were dilated, his breathing was laboured and stertorous, and the pulse feeble. Blood-stained froth escaped from his mouth, and he was totally insensible and violently convulsed. Lying under his bed were a large number of roots, which when broken emitted a nauseous somewhat mouse-like odour like that of hemlock. When the convulsion had ceased the teeth were prized open and the stomach was repeatedly washed out with tepid water; the washings contained particles of vegetable débris, and had also the characteristic odour of hemlock. Lavage was continued until he had another violent and prolonged convulsion; when this had ceased respiration and circulation rapidly became fainter, and stopped ten minutes after my arrival. It appeared that he had gathered the roots in the early forenoon. He went to bed at 1.30 and an hour later was noticed to be restless and twisting. This was the first convulsion; he had two others before my arrival and was unconscious during his remaining three-quarters of an hour of life.

Examination of the roots showed them to consist of a series of tubers, varying from two to ten in each plant, some of them oblong, smooth, and succulent, others thinner and more fibrous and tapering, like bunches of small parsnips, for which they are apt to be mistaken. Their colour was yellowish-white, and when cut across were found to be dotted over with little brown pin-head spots, the whole becoming yellow on exposure to the air. They were quite characteristic of the plant variously known as *Oenanthe crocata* (the classical name, from *oinos*, wine, and *anthos*, a flower—owing to the vinous scent of the flowers), "hemlock water dropwort," "horsebane," and "five finger root." It is also called "water hemlock," but this name is more accurately applied to an allied poisonous plant *Cicuta virosa*, or "cowbane." *Oenanthe crocata* is one of the most virulent of vegetable poisons, more deadly even than the more familiar *Conium maculatum*, or "spotted hemlock." It contains "oenanthotoxin," which causes convulsions by its action on the spinal medulla. The symptoms in this case were quite typical.

The plant is very common along the banks of ditches and small streams in this neighbourhood, where it is familiarly known as "hech-how." It has on several occasions in recent years caused the death of cattle, and a more remote instance is on record in which it proved fatal to a number of stranger seamen who partook of its roots under the impression that they were a harmless kind of parsnip.

T. HARVEY THOMSON, M.D., C.M., D.P.H.
Campbeltown, Argyll.

DIURNAL ENURESIS IN A CHILD: TREATMENT WITH GALVANISM.

A. A., aged 5 years, had suffered from frequency of micturition during the day only, and never at night. A fortnight after an attack of measles she had great frequency of micturition, passing water every five minutes. This was treated for a fortnight with increasing doses of belladonna, and then for a week with belladonna and lycopodium. The condition slightly improved; she then passed water about every twenty minutes, but no further improvement could be obtained. She was ordered small doses of iron, and galvanism was applied for ten minutes to the suprapubic region. After the first application the frequency was diminished to once an hour, and after the second application to once in two hours and a half. This was two months ago, and there has been no return. On each occasion two cells of the battery were used. The ampèrage was not measured, as my dynamometer is away for repairs.

STANLEY E. DENYER, C.M.G.,
M.D.Camb., F.R.C.S.Eng.,
Acting Honorary Physician, Hull Infirmary.

HEAT HYPERPYREXIA.

I SERVED with the Indian Expeditionary Force during the summer—May to August, 1916—at Nasireyeh on the Euphrates; as the troops were in tents and hospital reed huts we had not the luxury of electric fans or punkahs.

I was attached to a combined field ambulance as second in command, and had charge of the European cases coming into the field hospital.

The treatment that my commanding officer and I adopted was as follows: Our brigade was holding one bank of the river. We dug a trench 6 ft. long by 8 ft. broad and 4 ft. deep, and covered it with reeds. The majority of cases of hyperperexia came into hospital between 4 and 6 p.m. The rectal temperature was never less than 108° F. As these cases came in unconscious and cyanosed, on stretchers, they were placed across the trench and I injected $\frac{1}{15}$ grain of strychnine and then proceeded with artificial respiration and the lavage. I had relays of orderlies lent from the battalion, who poured water over them. The trench very quickly filled, so that the patients' bodies were immersed except their heads. The rectal temperatures fluctuated a good deal, so that it was never safe to stop the douching until the temperature remained fixed at, but never lower than, 101° F. An invariable sign of recovery was vomiting. After the patients had recovered consciousness they were immediately removed into one of the hospital reed huts, and thin calico sheets wrapped round them — heads and trunks. I posted orderlies who passed down the lines of patients and

poured water over them, thus keeping the sheets constantly wet. As soon as the sun went down they were brought out into the open and the same method repeated until there was a decided fall in the atmospheric temperature, which usually occurred after midnight. On the following day, before it began to get very hot, I gave each patient an intramuscular injection of 3 grains of quinine bihydrochloride; I had no case of gluteal abscess or sloughing. I was able to keep these patients under observation for eight to ten days before they could be evacuated. During the whole of this period and during the journey to the base wet sheets were used. No death occurred among 40 odd cases of this type of heat hyperpyrexia treated by this method.

In one case of the choleraic type, after transfusion with Rogers's hypertonic saline, the temperature from subnormal gradually rose in two days to 108° F., and, despite all efforts, the man died. I had one gastric case—an officer—who was treated with lavage and full doses of mercury perchloride, with opium and sips of champagne. He recovered. There was no opportunity of making blood examinations or chemical analysis of urine, nor could we use modern methods of treatment, but the result was a good testimony to our methods, though crude.

JOHN N. MCINTOSH, M.B., Ch.B.Edin.,
Sunderland. Captain R.A.M.C.(S.R.).

AN ACUTE ATTACK OF ASTHMATIC DYSPNOEA CAUSED BY FILARIAL EMBRYOS.

I WAS called at 7.30 p.m. on February 24th, 1920, to a man, aged about 50, who since the previous night had been unable to sleep and had breathed with great difficulty. He was unable either to lie down or sit up, and maintained a semi-recumbent position; his face and lips were blue; respirations were 28, pulse 100, temperature 99°. He denied having had a similar attack before, but said he had had malaria some years ago. Sibilant and sonorous rhonchi and large and small râles were heard all over the chest. The diagnosis was made of an acute attack of asthma, brought on by exposure during the previous night.

An injection of 0.5 c.cm. adrenalin (1 in 1,000) was made, and a mixture of potassium iodide and potassium nitrate prescribed; a blood smear was also taken from a finger. On the morning of February 25th the dyspnoea was still worse; the patient had not slept and had vomited the mixture. For his feeling of constriction of the chest a mustard plaster was prescribed, but without effect. A hypodermic injection of morphine gr. ½ was given, and belladonna was added to the mixture; the diagnosis of true asthma was now regarded with some doubt. The blood smear was examined in the afternoon, when two filarial embryos were detected; a leucocyte count showed the following picture—namely, increase of polymorphs and eosinophiles: Polymorphs, 80 per cent.; large mononuclears, 10 per cent.; small mononuclears, 6 per cent.; eosinophiles, 4 per cent.

It was now clear that the asthma was due to the irritation caused by the filarial embryos in the pulmonary capillaries; the failure of adrenalin, potassium iodide, belladonna, and morphine was explained. The same evening the opinion was expressed that the attack would now subside without further treatment, as the filarial embryos would retire into the lymphatic vessels and glands of the posterior mediastinum. At 7 p.m. the patient had no more dyspnoea, as foretold, but a few rhonchi and râles were present. Another injection of morphine ½ grain was given, and he slept comfortably; breathing henceforward was easy.

On the morning of the 26th the patient complained of heaviness of the right arm, and was unable to raise it. There was no loss of sensation, nor paralysis, and the symptom was attributed to the presence of microfilariae in the lymphatics of the axilla, a condition which would pass off as the embryos retired into the deeper lymphatic system, there to remain until another exposure or chill caused swelling of an extremity, filarial fever, or another attack of asthma.

F. F. BANA, M.B., M.R.C.S., D.P.H.,
Bombay. D.T.M. and H.

A COURSE of advanced lectures on diseases of the gastro-intestinal canal will be given at the Hôtel-Dieu, Paris, beginning on July 10th and ending on July 24th. The course will consist of lectures and demonstrations, and the fee is 150 francs. It is open to foreign as well as French doctors. At the end of the first week there will be a trip to Vichy and the spas of Auvergne.

Reports of Societies.

DIPHTHERIA BACILLI IN THE THROAT.

AT a meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine, on May 28th, the President, Dr. E. W. GOODALL, in the chair, Dr. P. HARTLEY and Professor C. J. MARTIN, F.R.S., read a paper on the apparent rate of disappearance of diphtheria bacilli from the throat. The authors had been able to study the apparent rate of disappearance of diphtheria bacilli from the throat under exceptionally favourable circumstances, as all the cases, 457 in number, occurred in soldiers in France, and treatment and methods of examination attained a degree of uniformity which is not likely to be met with in civil practice. The data, when subjected to statistical analysis, revealed some interesting features. When the numbers still carrying *B. diphtheriae* were plotted as ordinates, against periods of five days along the abscissa, it was found that after the first five days had elapsed the observations fell upon a regular curve. The numbers fall rapidly at first, and then more and more slowly. The form of the curve suggested a logarithmic relationship, and when the logarithms of the numbers remaining infective were plotted against time the points fell on a straight line. An equation to the curve enabled a series of calculated values to be arrived at, and these agreed in a remarkable way with the figures actually observed. The conclusion seemed justified that the rate at which a population frees itself from diphtheria bacilli can be represented by a simple expression which yields a constant (the constant being the tangent of the angle where the line cuts the abscissae). This constant expressed the velocity with which the carrier state apparently disappeared. Such a simple relationship suggested that the disappearance of bacilli from the throat was due to the operation of a number of small causes—that is, to chance—except in the relatively rare cases of persons with abnormal throats.

In the series under consideration the criterion of freedom from infection chosen was three successive negative examinations of the throat at weekly intervals. The standard adopted was a compromise, and it was not claimed that three successive negatives excluded the possibility of discharging some convalescents who still harboured diphtheria bacilli. Other workers had deemed two, or even one, negative finding sufficient. The authors then analysed their figures in order to determine what the apparent rate of disappearance would be if one, two, or three successive negative examinations respectively had been taken as the criterion of freedom. The value for the constant K was 0.0363, 0.0264, and 0.0218 respectively. In the authors' experience the rate of discharge from hospital, as presumably free from infection, was 4.9 per cent. per day when three successive negatives were demanded, 5.4 per cent. per day on a basis of two successive negatives, and 7.1 per cent. per day if only one negative examination were required. The percentage of carriers missed, even when three negatives were demanded, was probably considerable, but the number would have been increased by 9.3 per cent. and 29 per cent. respectively if two or only one negative examination had been the criterion adopted.

The authors compared their results with those of earlier workers (Park and Beebe, 1894; Scheller, 1906; Tjaden, 1907). The figures of Park and Beebe and Tjaden showed the same logarithmic relation; those of Scheller, whose observations were made on out-patients, many of whom were lost sight of, were irregular. The striking fact was the difference in the rate of disappearance. In Tjaden's cases it was six times as rapid as in the authors' series on the same basis—namely, one negative finding. The data collected by Woodhead from all the hospitals of the Metropolitan Asylums Board for the years 1895 and 1896, and those published by the Massachusetts State Board of Health for the years 1896 to 1905, was also studied and analysed. The rate of disappearance of bacilli in the Metropolitan Asylums Board figures was a little slower than in the authors' series, while in the case of the American series the rate was considerably quicker. The interval before the steady fall began was much greater in these two series of cases, which might be due to the

and £250 after four years; £300 for a major-general after one and a half years' active service as such and £350 after three years.

The revised rates will be payable as from April 1st, 1919, to all regular officers who, being otherwise entitled, have rendered satisfactory paid military service during the Great War, including officers who have retired on pension before the war, have been re-employed as officers during the war, and have thereafter reverted to retirement. The pension of the latter officers will be re-assessed on their service prior to original retirement, except in the case of officers serving for increased pension under Indian Army Circulars, 1893, Clause 99. The new rates of pension will not be drawn by officers for any period during which they were re-employed. Unemployed service up to June 30th, but not beyond, will reckon for pension under these rules.

Temporary rank held during the Great War, followed by substantive promotion to that rank, will count as service in the rank towards pension. Service in the temporary rank of Brigadier-General or higher rank will count as service in the rank of Colonel or lower substantive rank held by the officer on retirement. The rules for the grant of Good Service Pensions are not affected by the revision.

Forms of application for revision of pension under the foregoing rules will be sent out as soon as possible. Any officer who comes within the terms specified, who does not receive a form of application within a fortnight of the present date [June 3rd] should address the Secretary, Military Department, Room 157, India Office, S.W.1, on the subject.

The revised rates of pension herein set forth will be subject to alteration, either upwards or downwards, after July 1st, 1924, to an extent not exceeding 20 per cent., according as the cost of living rises or falls, and after July 1st, 1924, a further revision may take place every three years, but in the case of an officer who entered the Indian Army before July 1st, 1920, the pension will not in any case be reduced below that which he would have received under the old scale, service for pension being calculated under the new rules.

Revised rates of leave pay, pay while on duty in Europe, and unemployed pay will be announced shortly. Officers will be free to elect the revised rules or to remain under existing rules, but they must be finally accepted as a whole, that is, it will not be permissible for an officer to elect the existing rates of unemployed pay and the new scale of pensions, or vice versa.

ANNUAL DINNER IN LONDON.

The annual dinner in London of the Indian Medical Service took place on the evening of June 8th, when Major-General G. F. A. Harris, C.S.I., formerly Surgeon-General, Bengal, was in the chair. The officers present were:

Major-Generals: Sir R. Havelock Charles, G.C.V.O., T. Grainger, C.B., P. Hehir, C.B., C.M.G., C.I.E.

Colonels: C. W. Carr-Calthrop, C.B.E., J. Crimmin, V.C., C.B., C.I.E., Sir P. J. Freyer, K.C.B., C. M. Goodbody, C.I.E., D.S.O., D. E. Hughes, G. B. Irvine, C.B., W. H. Ogilvie, C.M.G., J. J. Pratt.

Lieutenant-Colonels: A. Alcock, C.I.E., W. G. P. Alpin, O.B.E., J. Anderson, C.I.E., W. R. Battye, D.S.O., A. T. Bown, R. Bryson, J. T. Calvert, C.I.E., R. H. Castor, D. G. Crawford, C. Duer, R. H. Elliot, F. F. Elwes, S. C. Evans, A. B. Fry, C.I.E., D.S.O., G. H. D. Gimlette, C.I.E., T. A. Granger, C.M.G., H. Greany, A. W. M. Harvey, J. G. Hulbert, C. H. James, C.I.E., S. P. James, J. Lloyd Jones, J. G. Jordan, R. W. Knox, D.S.O., Clayton Lane, S. Little, T. R. Mulroney, R. A. Needham, C.I.E., D.S.O., A. H. Nott, S. Browning Smith, C.M.G., R. F. Standage, R. Steen, T. H. Symons, O.B.E., W. H. Thornhill, J. H. Tull Walsh, Ellacott L. Ward, C.B.E., J. W. Watson, C.I.E., H. G. L. Wortabet, H. R. Woolbert, A. C. Younan.

Majors: W. M. Anderson, C.I.E., A. Cameron, S. Chuckerbutty, R. G. G. Croly, J. Forrest, C. A. Godson, M.C., E. T. Harris, D.S.O., A. H. Napier, E. S. Phipson, M. Purvis, J. J. Robb, W. C. Ross, W. R. J. Scroggie, C.I.E., F. E. Wilson.

Captains: U. J. Bourke, W. B. Keyworth, N. N. G. C. McVean, J. G. B. Shand, H. Stott, O.B.E.

The guests were the Editors of the *British Medical Journal* and of the *Lancet*.

ROYAL NAVAL MEDICAL CLUB.

THE annual dinner of the Royal Navy Medical Club took place at the Trocadero Restaurant on May 28th, 1920, when the Medical Director-General of the Navy, Surgeon Rear Admiral Sir Robert Hill, K.C.M.G., C.B., C.V.O., was in the chair. The guests were Sir George Lenthal Cheatle, K.C.B., C.V.O., and Surgeon Commander E. J. Steegman, O.B.E., R.N.V.R. The following members were present: Surgeon Captain O. W. Andrews, C.B.E., Surgeon Commander E. L. Atkinson, D.S.O., Surgeon Commander A. R. Bankart, C.V.O., K.H.P., Surgeon Rear Admiral P. W. Bassett-Smith, C.B., C.M.G., Surgeon Commander G. D. Bateman, Surgeon Commander C. T. Baxter, Surgeon Captain C. M. Beadnell, Surgeon Commander K. D. Bell, Surgeon Rear Admiral W. Bett, M.V.O., Surgeon Commander R. St. G. S. Bond, Surgeon Rear Admiral J. Chambers, C.M.G., Surgeon Commander C. J. E. Cock, Surgeon Captain E. C. Cridland, Surgeon Commander F. J. A. Dalton, C.M.G., Surgeon Rear Admiral G. A. Dreaper, Surgeon Commander J. S. Dudding, Surgeon Commander J. H. Fergusson, Surgeon Commander A. F. Fleming, D.S.O., Surgeon Commander A. Gaskell, C.B., O.B.E., Surgeon Captain J. F. Hall, C.M.G., Surgeon Rear Admiral D. T. Hoskyn, Surgeon Commander R. Hughes, Surgeon Commander W. W. Keir, C.M.G., Surgeon Commander H. A. Kellond-Knight, Surgeon Commander M. H. Knapp, Surgeon Commander R. H. McGiffin, O.B.E., Surgeon Rear Admiral Sir D. J. P. McNabb, K.B.E., C.B., Surgeon Lieutenant Commander J. H. B. Martin, Surgeon Commander P. M. May, Surgeon Commander N. S. Meiklejohn, D.S.O., Surgeon Commander J. O'Hea, Surgeon Captain F. W. Parker, O.B.E., Surgeon Commander J. H. Pead, Surgeon Captain E. A. Penfold, D.S.O., Surgeon Commander B. P. Pick, Surgeon Commander S. Roach, Surgeon Commander M. L. B. Rodd, O.B.E., Surgeon Commander R. A. Ross, Surgeon Lieutenant Commander F. L. Smith, Surgeon Captain W. H. S. Stalkartt, Surgeon Lieutenant Commander H. E. R. Stephens, O.B.E., Surgeon Commander J. Stoddart, Surgeon Commander E. Sutton, C.M.G., Surgeon Commander J. A. Thompson, Surgeon Commander A. J. Wernet.

ARMY FEES FOR CIVILIAN DOCTORS.

AN Army Council Instruction lays down that civilian medical practitioners giving professional attendance to soldiers will now be paid day fees ranging from 3s. 9d. to 7s. 9d., according as the distances travelled vary from under one mile to under five miles. Night fees for similar distances will range from 5s. 3d. to 13s. 3d. Extra fees will be allowed for distances over five miles, but the limit for an ordinary visit will be £1.

HONOURS.

FOREIGN DECORATIONS.

THE following decorations have been conferred in recognition of valuable and distinguished services rendered during the war:

By the President of the French Republic.

Order of the Legion of Honour.—Chevalier: Dr. Septimus P. Sunderland. *Médaille d'Honneur avec glaves "en Vermeil":* Colonel Arthur D. Ducat, D.S.O., T.D., A.M.S.(T.F.), Captain Matthew Wallace Paterson, O.B.E., M.C., R.A.M.C.(S.R.), and Captains Richard Payne Pollard, M.C., and David Jobson Scott, O.B.E., M.C., R.A.M.C.(T.F.). *Médaille des Epidémies "en Argent":* Temporary Captain (acting Major) James Robertson Anderson, R.A.M.C.

By the King of Rumania.

Order of the Star of Rumania (with Swords).—Chevalier: Captain Duncan Campbell Lloyd Fitzwilliams, C.M.G., R.A.M.C.(T.F.).

Sir W. R. Smith, M.D., ex-Sheriff of the City of London, has been appointed by the King of the Hellenes a Commander of the Order of George I, and has received from the President of the Chinese Republic the decoration of Second Class, with Grand Cordon, of the Order of the Excellent Crop.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

DIPLOMA OF PSYCHOLOGICAL MEDICINE.

THE dates for the next examination have been fixed as follows: For Part I, October 13th, 14th, and 15th; for Part II, December 1st, 2nd, and 3rd. The examination for Part I will be held in Cambridge; that for Part II in London.

Course of Instruction for the Diploma.

Courses of instruction for both parts will be held in Cambridge from July 19th to August 21st. For Part I Dr. Thacker, Anatomy and Physiology of the Nervous System; Dr. Lowson, Psychology. For Part II Dr. Prideaux, Psychopathology; Dr. Archdale, Diagnosis, Prognosis and Treatment of Mental Disorders.

The fee for the full course is 10 guineas; the course for either part may be taken separately at a fee of 5 guineas.

Entries should be sent to Dr. E. D. Adrian, Trinity College, Cambridge, from whom further information may be obtained.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved at the examinations indicated:

SURGERY.—†G. S. Ashby, *†J. G. Barrie, *M. L. Barst, †C. C. Bennett, †W. H. Cellier, *†M. J. Erdberg, *†A. Keilin, *†J. Kendall, *W. A. O'Connor, *W. H. Summerskill, *†G. V. L. Van Acker.

MEDICINE.—*†L. Burvill Holmes, *†A. R. Crane, *†M. J. Erdberg, †A. G. B. Fenwick, †A. Furniss.

FORENSIC MEDICINE.—L. Burvill Holmes, M. J. Erdberg, H. D. L. Jones.

MIDWIFERY.—M. J. Erdberg, P. N. Gray, G. V. L. Van Acker.

* Section I. † Section II.

The diploma of the Society has been granted to Messrs. G. S. Ashby, J. G. Barrie, C. C. Bennett, M. J. Erdberg, A. G. B. Fenwick, A. Furniss, A. Keilin, and J. Kendall.

Medical News.

A SUM of £165,000 from the bequest of the late Sir William Dunn has been given to the University of Cambridge for the endowment of the institute of biochemistry.

THE Section of Laryngology of the Royal Society of Medicine will hold its second annual summer congress at the house of the society on June 24th and 25th. On the first day a series of papers on cancer of the throat will be read. A collection of pathological specimens and drawings will be on view, and also an exhibition of surgical instruments and drugs. There will be a dinner at the Café Royal on the evening of June 24th.

A MEETING of Old Epsomians interested in the College War Memorial will be held at the offices of the school, 49, Bedford Square, W.C.1, on Thursday, June 24th, at 5 p.m., (1) to discuss the immediate erection of a tablet of commemoration, as it is not possible to begin the chapel rebuilding for some time; (2) to meet the committee specially appointed to collect subscriptions and donations; and (3) to decide on the form which the tablet is to take.

THE Cavendish Lecture and Conversazione of the West London Medico-Chirurgical Society will be held at the Kensington Town Hall on Friday, June 25th. Members desiring tickets for guests are requested to communicate at once with the senior honorary secretary, Dr. J. F. Halls Dally, M.D., M.R.C.P., 93, Harley Street, W.1. Professor Sherrington has chosen "Posture" as the subject of his Cavendish Lecture.

THE first annual dinner of the 48th General Hospital will take place at the Piccadilly Hotel (Adams's Room), London, on June 24th, at 7.30 p.m. Dinner 21s., exclusive of wines. Those who intend to be present are asked to communicate with Dr. B. Holroyd Slater, St. Luke's Hospital, Bradford.

THE Cambridge Medical Graduates' Club will hold its summer dinner at Oddenino's Imperial Restaurant, Regent Street, W., on June 24th, at 7.30 o'clock. The honorary secretary is Mr. R. Davies-Colley, C.M.G., M.Ch., 10, Devonshire Place, W.1.

LECTURES open to students and graduates will be given in the Surgical Unit at the London Hospital Medical College as follows:—On June 16th and 17th Mr. Robert Milne: Bone grafting; on June 23rd, 25th, and 30th Mr. Russell Howard: The acute abdomen; and on July 14th and 21st Mr. Frank Kidd: *B. coli* infection of the kidney.

A COURSE of operative surgery, specially adapted to the needs of general practitioners, will be held at the London School of Clinical Medicine, the Seamen's Hospital, Greenwich, on Mondays, Tuesdays, and Wednesdays, at 2.30 p.m., from June 21st to July 28th. The fee for the course is 10 guineas. Further particulars can be obtained from the Dean, at the Seamen's Hospital, Greenwich.

FLECHSIG celebrated on May 23rd the fiftieth anniversary of his doctorate. The son of a pastor of Zwickau, he was born in 1847 and studied medicine in the University of Leipzig, where he became assistant to the Physiological Institute under Ludwig. In 1882 he took charge of the Leipzig Nervenklinik, of which he is still the head. His reputation as a neurologist is well known, and in celebration of his jubilee is being published the first volume of a new work on the anatomy of the brain and spinal cord.

THE Ministry of Health has issued a circular (96, May 18th, 1920) to which is appended a list of the treatment centres for venereal diseases so far approved by the Ministry under the Public Health (Venereal Diseases) Regulations, 1916. Information is given as to the days and hours of the out-patient clinics, and the days and hours for irrigation of cases of gonorrhoea during the intervals between the clinics. The list should be of particular service in the case of patients who remove from one area to another and need further treatment. There are now, it appears, 157 treatment centres in England and Wales, distributed throughout the cities and principal towns. In London there are 35 centres; Liverpool and Manchester each have 5; Sheffield 4; Birmingham 3, Cardiff, Bristol, and Southampton have 2 each. With the exception of a few special institutions each clinic has accommodation for the treatment of both males and females.

THE Executive Committee of the Women Sanitary Inspectors' and Health Visitors' Association, having affirmed the principle of equal pay for men and women officials working side by side in Public Health Departments, has adopted the following scale of salaries: (*a*) Assistant women inspectors or assistant health visitors £250, rising by £10 per year to £350. (*b*) Women sanitary inspectors, women inspectors of nuisances or health visitors, £350 minimum, rising by £15 per year to £500. (*c*) Chief women inspectors or chief health visitors, £500 minimum. This scale is identical with that adopted by the General Council of the Sanitary Inspectors' Association. In an explanatory memorandum it is claimed that the duties performed by women public health officials are highly specialized, arduous, and exacting; that for their due performance a long and highly technical training is required; and that they are in no way of less value to the community than are those performed by men sanitary inspectors. These claims, it is added, have already been recognized in four London boroughs, where equal salaries are now being paid.

THE Harrogate Corporation has issued a pamphlet giving much interesting information concerning Harrogate and its surroundings, and the Harrogate medicinal baths and waters. New and very full analyses have been made by Professor A. Smithells, F.R.S., of the mineral waters of Harrogate, and a summary of his results is included. An account of Harrogate Spa was given in our issue of July 19th, 1919, p. 78. Grove House, one of the largest residences in the town, is now being converted into a home for clinical investigation, under the auspices of the Harrogate Medical Society.

ACCORDING to the fourteenth annual report of the Trinidad Association for the Prevention and Treatment of Tuberculosis, the mortality from tuberculosis in the island has diminished progressively since 1905; the average annual death rate was 155 per 100,000 during the period 1912–18, as compared with 221 during the previous seven years. In 1918 there were 545 deaths (compared with 505 in 1917) among a population of 379,000; Port of Spain, with only 68,000 inhabitants, contributed 262 deaths. The association earnestly advocates the provision of a sanatorium for treatment of early cases; it also asks for funds to be applied to the home relief of necessitous consumptives in all stages of the disease.

THE Department of Industrial Administration of the College of Technology, Manchester, is publishing through the Manchester University Press a series of pamphlets on economic questions of the day. Those so far issued are reprints of lectures given last autumn, one by Professor J. B. Baillie on *Industrial Unrest*, another by Mr. G. D. H. Cole, M.A., on *Democracy in Industry*, and a third by Mr. Percy Alden, honorary secretary of the British Institute of Social Science, on *Unemployment*. The lectures deal rather with general principles than detail. The causes of trouble and possible remedies are concisely discussed. Mr. Alden's remedies are the regularization of industry to reduce cyclical fluctuations, the creation of fresh industries, the establishment of garden cities, and the enforcement of a universal compulsory scheme of insurance against unemployment.

THE Committee of the Armenian Red Cross and Refugee Fund ask for continued aid by the old subscribers and assistance from new sources. Fresh inroads made by the Turks have compelled many more refugees to leave their temporary resting places and flee to already overcrowded territory at Erivan, where infectious diseases are causing a very heavy mortality. The acceptance of relief is said to be abhorrent to the independent spirit of the Armenian people. As an instance, an American relief worker at Jerusalem reports that all the local communities are receiving doles from the military authorities, helped by private charity; "the exception is the Armenians, every single able-bodied one of whom has found work to do and has become self-supporting." The gross amount received by the fund in the past quarter was £4,564; to each pound a Treasury grant of the same amount is added. £5,000 worth of stores were given for Armenian relief by the British Red Cross Society and the Order of St. John of Jerusalem. The secretary of the fund is Miss Emily J. Robinson, of 35A, Elsham Road, W. 14.

ACCORDING to a tabular statement issued by the Public Health Department of the Ministry of the Interior, there were in Egypt during 1919, among Egyptians 833 cases of plague with 445 deaths, and among foreigners 44 cases with 28 deaths. In Cairo and Alexandria there were only 5 cases. Cases admitted to hospital comprised 569 cases of bubonic, 13 of septicaemic, and 51 of pneumonic plague. The percentage mortality among hospital cases was 40.06, as compared with 32.22 and 40.64, in 1918 and 1917 respectively.

MR. WILLIAM HEINEMANN will shortly publish *Venereal Diseases: their Clinical Aspect and Treatment*, by Mr. J. E. R. McDonagh.