

body is maintained by tonic reflex muscular activity (postural activity).

Postural activity is of a special kind, capable of being maintained for long periods without fatigue, and controlled by a special nervous mechanism of its own. It is quite distinct from phasic or voluntary muscular contraction.

There is evidence that the sympathetic nervous system may be directly concerned with the postural activity of skeletal muscle.

The higher parts of the central nervous system—the labyrinth, the cerebellum and the cerebral cortex—have a profound influence on postural activity.

It is suggested that in many cases postural deformity originates as a functional nervous disorder, and that the cause is to be sought in the mental rather than the physical condition of the patient. Attention is drawn to the frequent association of postural deformity with neurasthenia and with a neuropathic family history.

There is a close relationship between the postural activity of skeletal muscle and the vascular reflexes which determine the blood supply, and therefore the nutrition of all functioning tissues, and it is suggested that herein may lie the explanation of the bony changes which occur in postural deformities.

Among postural deformities are included cases of scoliosis, kyphosis, flat-foot, coxa vara, genu valgum, and possibly others—all arising from the same common etiological factor: deficient postural activity in the upright position.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

DIFFERENTIAL STAINING OF CARCINOMATA.

WRITING subject to correction, I have not hitherto noted any record of a histological staining method which enables one to pick out scattered carcinoma cells in sections illustrating very early secondary glandular invasion. It is obviously of first importance to be able to identify early carcinoma histologically, whether primary or secondary, and it is often extremely difficult to ascertain early glandular invasion where there are only discrete or scattered groups of two or three carcinoma cells in the section. The ordinary methods, such as haematoxylin and eosin, fail signally in such cases, the cancer cells being usually indistinguishable from the closely packed leucocytes in such sections. If, however, the section (not thicker than 0.08 mm.) is stained for ten minutes at 37° C. with Mayer's haemalum (British Drug Houses), washed in several changes of tap water and counterstained with Van Gieson's stain (Strangeways's formula) for fifteen seconds, and then dehydrated, cleared and mounted in balsam, it is quite easy to pick out the carcinoma cells individually or grouped in early glandular invasion, for they stain characteristically. The cytoplasm stains a dirty light brown colour and the nucleus a much lighter violet than that of the nuclei of the gland cells proper. The contour of the cell is typical and the eccentricity of the nucleus also aids one, but the point I wish to emphasize as so characteristic is the colour and prominence of the cytoplasm, especially with natural illumination.

If a gland with advanced invasion be cut it will be seen that the cells I have described partake of the same features as those of the growth masses. A little practice enables one to pick out carcinoma cells with ease and comfort. It is hardly necessary to add that the method is of as great or greater value in very early primary growths.

I have found this method invaluable since I first used it, some two years ago, and I surmise that this record will be of interest to fellow workers.

A. GEOFFREY SHERA, M.D. Cantab.,
Pathologist, Princess Alice Memorial; Eye and Ear
Hospitals, Eastbourne; late Pathologist,
B.R.C.H., Netley.

Eastbourne.

AN OPERATION FOR RETROFLEXION OF THE UTERUS.

It seems to me that the varied operations on the round ligament which have for their object the cure of persistent retroflexion of the uterus are all open to question with regard to their efficiency. With this idea I have devised

the following method, which, so far as I am aware, has not been described before:

The abdomen is opened just above the pubes a little on either side of the mid-line. At a point on the external surface of the abdominal wall, about two inches from the edge of the wound and a little above the pubes, a ligature carrier of forceps pattern armed with stout silk is made to penetrate. When through the wall the blades are separated a little to widen slightly the aperture made; the carrier is then passed around the round ligament about an inch and a quarter from the uterus. Both ends of the silk are now grasped by the carrier and withdrawn through the aperture at which they entered, taking the silk, which being pulled upon brings out a loop of round ligament. This manoeuvre is repeated on the other side. The uterus will now be found to occupy the normal position. The next step is to dissect up a strip of the aponeurosis parallel with its fibres and at the edge of the aperture made; this strip should be about a quarter of an inch wide and of sufficient length to be passed easily under the loop of round ligament and stitched back in its bed with interrupted sutures. The round ligament is not stripped of its peritoneal covering, which will now line a new canal for the ligament to play in with the movements of the body. The abdomen is closed in the usual way.

With this method the entire length of the ligament is still of use if ever the uterus becomes pregnant. There is no chance of its giving way, and, owing to its proximity to the uterus, its support is permanently maintained. I visited to-day a multipara upon whom I performed this operation in the Gisborne Hospital six months ago, and without any prompting she said: "I have never been so well for years; I do not know myself; I am never irritable." Dr. Bowie, of this town, has since told me that he has performed this operation on four cases with complete success.

JOHN CRAIG, F.R.C.S.I.,

Gisborne, New Zealand. Consulting Surgeon, Gisborne Hospital.

DISLOCATION OF THE RADIUS FORWARDS AT THE INFERIOR RADIO-ULNAR JOINT.

ANTERIOR dislocation of the radius at this joint is perhaps of sufficiently rare occurrence to warrant description of a case, particularly as the lesion was produced as a result of a "back fire" when "cranking up" a car, and therefore constitutes one of the many so-called chauffeur's injuries.

The patient, aged 39, complained of pain in the right wrist from having previously received a blow from the starting handle of his car. When seen there was much swelling round the wrist-joint, tenderness on palpation, and pain on movement. In addition to some ligamentous tearing being present, a fractured carpal bone was suspected, and a skiagram was obtained which revealed a forward dislocation of the radius at its ulnar articulation. No evidence of any fracture in the carpus was apparent, and the wrist was carried forwards on the radius. The triangular fibro-cartilage had obviously been loosened and probably some of the lower fibres of the interosseous membrane were torn, in addition to the anterior and posterior inferior radio-ulnar ligaments. Reduction was not difficult, and full pronation was maintained with the wrist dorsiflexed.

It is now six weeks since the accident occurred, and there is full movement at the wrist-joint, with no undue laxity of the inferior radio-ulnar articulation.

I am indebted to Mr. John Murray for giving an opinion on this case.

LAMBERT ROGERS, M.R.C.S.,
House-Surgeon, Middlesex Hospital.

PREVENTION OF INTESTINAL OBSTRUCTION AFTER VENTROFIXATION.

MR. ALEXANDER DON, of Aberdeen, in his article on the prevention of intestinal obstruction after ventrofixation (April 16th, 1921, p. 563), recommends stitching the bladder and peritoneum above to the anterior surface of the uterus after reflexion of a corresponding peritoneal covering of the uterus, thus obliterating the space between uterus and bladder below the fixation stitches.

For years I have simply used a continuous suture to unite the two peritoneal surfaces, uterus and bladder, beginning at the reflexion between uterus and bladder and stitching up to the fixation stitches. The peritoneum is in this position fairly loose, and at the reflexion easily picked up by a pair of forceps. This completely obliterates the space. A number of pregnancies which have followed have been quite normal, as have also the labours, the last woman being delivered before either the nurse or the doctor arrived. There has never been any obstruction, to my knowledge, in any of the cases.

Nelson, Lancs.

R. STEWART, L.R.C.P. and S., D.P.H.

I think that ethanesal acts more thoroughly when administered warm, and for that reason, in the case of adults, and especially when the operation is likely to be prolonged, I use some form of "Shipway" apparatus. I have found that ethanesal is very apt to freeze on the gauze mask when administered by "open" or "perhalational" methods, and this probably accounts for Dr. Charnock Smith's inability to get good relaxation in the case he cites in your issue of April 23rd. My limited experience, in fine, does not bear out his contentions therein expressed, except in so far as the cost of the "ethanesal" is concerned, but this is of small moment where the after-comfort of the patient is concerned.—I am, etc.,

H. PINTO-LEITE,

Hon. Assistant Administrator of Anaesthetics,
London, W., April 23rd. the Westminster Hospital, etc.

SIR,—Dr. Charnock Smith, in your issue of April 23rd, says that he has had difficulty with ethanesal as an anaesthetic, but as he only cites one case, and that one induced on a CE mixture, I venture to suggest that the conclusions he draws are not quite justified. This anaesthetic requires practice just as any other, and is quite different from ether in its effects. For instance, Dr. Smith mentions using 1 oz. in five minutes. I have never used anything approaching this quantity, and nearly always find that considerably less is required than with ether. This is because the liquid is more analgesic than ether, and patients can be kept lightly under. Dr. Smith also says that ethanesal anaesthesia is too light for abdominal or rectal work. It has been given in this hospital for practically every well-known abdominal and rectal operation, including hysterectomy, cholecystectomy, colectomy, gastro-enterostomy, gastrectomy, and ileo-sigmoidostomy, and no difficulty has been experienced in obtaining absolute relaxation. I personally have known of about 500 cases which have been anaesthetized with ethanesal by myself and other anaesthetists, and have not heard of one which could not be kept under with this anaesthetic only.—I am, etc.,

C. LANGTON HEWER, M.B., B.S.

St. Bartholomew's Hospital, London, E.C.,
April 22nd.

SIR,—After reading Dr. C. Charnock Smith's experience in the use of ethanesal in one case, I should like to give mine in twenty-one cases. The operations have been for tonsils and adenoids, mammary and other abscesses, varicose veins, multiple extractions of teeth, fistula in ano, etc.; in the last case a little chloroform, just before the operation started, was given with the ethanesal, 1 in 32.

In all the cases I have found ethanesal less irritating than ordinary ether; there was very little mucus and salivation, and the after-effects were practically *nil*—no headache, vomiting, nausea, smell or taste of the anaesthetic. Patients who have had both ether and ethanesal say they do not mind the latter, but they do not want ether any more.—I am, etc.,

ALBERT B. COCKER, M.R.C.S., L.R.C.P.

Palmer's Green, N.,
April 23rd.

SIR,—It is interesting, when so many investigators are engaged in working in the straight but very long road of science, that, as a report of the recent meeting of the Royal Society of Medicine shows, someone has had time and opportunity to go on a mission of discovery in the side lane of anaesthesia. The report suggests that this was not a blind alley, and that ethanesal has to a certain extent passed through the fire of use, and come out, if not pure gold, anyway a glowing piece of colour in the "anaesthetic rag-bag." As an uninterested anaesthetist, I wish to bear testimony to its value. Induction, which I obtained by the use of my percentage inhaler, was rapid when an extra strength was obtained by dropping the anaesthetic on gauze over the air pipe, and anaesthesia was easily maintained by bubbling oxygen at first through, but mostly over, jacketed ethanesal.—I am, etc.,

CHARLES T. W. HIRSCH,
Anaesthetist, Samaritan, London
Temperance Hospitals.

London, S.W., April 21st.

PRURITUS ANI.

SIR,—I am in agreement with much that was said at the discussion on April 13th on pruritus ani by the Subsection of Proctology of the Royal Society of Medicine (reported in the JOURNAL of April 23rd), more especially with the statement that in the local treatment attention to cleanliness and dryness and avoiding the use of ointments and greasy preparations is of the first importance.

A point, however, which seems to have been overlooked by all who spoke on treatment is the important one of shaving away all hairs found growing around the anus and between the opposing surfaces of the hips. In some cases no hairs are found in that region, but in many where the disease exists I have found that the hairs, by occasioning irritation of the skin, were the prime cause of the itching. I instruct the patient to wash the parts with warm water and soap after defaecation; then to use a safety razor in removing all hairs, finally to douche the parts with either boric lotion or plain water or both, hot or cold, and dry carefully with a soft towel. This washing is to be carried out after every movement of the bowel, and again before retiring to rest. The shaving will require to be repeated about every ten days, and does not occasion any inconvenience. By attention to these details cures may be quickly effected in cases that have given trouble for years and after the failure of varied treatment.—I am, etc.,

Londonderry, April 25th.

D. A. MCCURDY, F.R.C.S.I.

IRRITABLE BLADDER.

SIR,—There is little doubt that in certain cases the chemical and physical properties of the urine play an important part in the causation of increased frequency of micturition. One of your recent correspondents refers to alkalinity of the urine, and I would point out that unless the indicator used be stated, or some other means of denoting ionic concentration be employed, the terms acid and alkaline are very vague. During the past two years I have titrated a considerable number of specimens of urine from various sources, and using phenolphthalein as an indicator have only on one occasion found an alkaline reaction, even after the patients had been treated with bicarbonates and citrates of sodium, although such treatment may rapidly reduce the acidity as shown by titration.

It is probable that the osmotic pressure of the urine is at least as important a factor in causation of frequency of micturition as the reaction to indicators, since the ingestion of large amounts of sodium chloride may produce irritability of the bladder. A method of treatment worthy of consideration is to impress upon patients the necessity of drinking larger amounts of water than they have previously been taking; this will frequently produce satisfactory results.

In certain cases the administration of methylene blue capsules in addition has a beneficial effect, not only on account of the medicinal properties of this drug, but also by reason of the psychological influence of the coloured urine, which makes patients realize that something is being done for them.—I am, etc.,

Bristol, April 19th.

OLIVER C. M. DAVIS.

Universities and Colleges.

UNIVERSITY OF MANCHESTER.

THE following appointments have been made: *Reader in Electro-chemistry*, Mr. A. G. Lobley. *Lecturer in Practical Surgery*, Mr. E. D. Telford. *Clinical Lecturer in Mental Diseases*, Dr. John Sutcliffe. *Lecturer in Mental Diseases*, Dr. David Orr.

A large number of French books presented by the French Government have been placed in the University library.

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE.

AT the first summer commencements in Trinity Term, held on April 19th, the following degrees in medicine, surgery, and midwifery were conferred:

M.B., B.Ch., B.A.O.—J. A. Acheson, D. J. Browne, T. F. L. Cary, R. S. Chapman, R. H. J. M. Corbet, P. J. Healy, L. Herzenberg, Mary Horan, D. V. Latham, J. D. Leahy, P. I. Levitt, R. W. Power, E. C. Smith (B.Ch. stip. cond.), J. A. Smith, Elinor D. Stopford. *In absentia*: D. de Bruyn, F. Y. Pratt, R. H. Sachwell, J. B. Taylor (antea lic.).
M.D.—H. Muller.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Honour for American Surgeons.

At a meeting of the President, Vice-President and Council, it was unanimously resolved to confer the Honorary Fellowship of the College upon the following distinguished American surgeons: W. J. Mayo, Mayo Clinic, Rochester, U.S.A.; C. H. Mayo, Mayo Clinic, Rochester, U.S.A.; Geo. E. Brewer, New York; Geo. W. Crile, Cleveland, Ohio; Richard H. Harte, Philadelphia; W. W. Keen, Philadelphia; John M. T. Finney, Baltimore; A. J. Ochsner, Chicago. It is hoped that the ceremony will take place in the early autumn.

Obituary.

ARTHUR F. DOBBS, M.B., T.C.D.,
Athlone.

DR. ARTHUR FRANCIS DOBBS died unexpectedly on April 20th. As usual with him, he was early at work in the Military Barracks, where he complained of not feeling well and was brought home. Late in the day he became unconscious, and before the evening sun had set he had gone to his reward.

He entered Trinity College, Dublin, in the early seventies, and had had a brilliant career in the arts school before entering the medical, from which he graduated M.B., Ch.B. in 1877. After practising for some years in the Federated Malay States he started in private practice in Athlone, where in a short time he acquired a large and widely-spread practice, becoming successively civil surgeon to the military, medical attendant on the police, the post office, the Great Southern and Western Railway and to the Incorporated Society's schools. His opinion was much sought after by his colleagues, who warmly appreciated the unerring rectitude of his ethical sense, his wide knowledge of professional matters and accuracy of diagnosis, coupled with an intimate knowledge of the newer developments.

Those who knew Arthur Dobbs and who were his friends will miss much more than a genial colleague. He was descended from a race which has helped to mould the history of the country in the Irish Parliament, and which had an hereditary appanage in the borough of Carrickfergus, of whom perhaps the most distinguished member was that Francis Dobbs who occupied no small place in the ranks of the county members during Grattan's Parliament, and who is frequently spoken of in the records of the period as "Millennium" Dobbs, from a pamphlet he wrote proving the immediate imminence of the millennium, which was one of the reasons he adduced against the Union in the closing stages of Grattan's Parliament. Lecky records of him that "He was a man of respectable family and private means, of an eminently pure, gentle, honourable, and benevolent character." The words apply with equal force to his descendant, except as to the private means. Arthur Dobbs was hospitable, kindly, courteous, and benevolent, placed his best services at the disposal of the poor and needy as readily as at those of his richest clients. J. M.

Sir ARTHUR BALL, F.R.C.S.I., writes: The death of Dr. Arthur Dobbs, of Athlone, will be felt as a personal sorrow by many medical men in Ireland, and all classes, particularly the poor over a wide area in the Midlands, will truly mourn his loss. Dr. Dobbs was of the type of practitioner that is unfortunately dying out in this country—a man able to get on well with those of all classes, creeds and politics. Although working away from modern hospital facilities, he kept himself up to date by post-graduate classes and books in a wonderful manner. He was a man of considerable resources in emergencies—he had operated on a strangulated hernia successfully in a dirty cottage, with no assistance and by the light of a candle. Another instance: Called to see a poor woman far out in the country, he found her enormously distended, apparently dying from intestinal obstruction; it was impossible to get her moved to a hospital and no surgical aid was available. Instead of leaving her to die, Dobbs followed what I believe is a method sometimes carried out in cattle, and punctured the obstructed bowel through the abdominal wall in several places with a hypodermic needle and allowed the flatus to escape, with the result that the patient improved and he was able to get her moved to Dublin the following day, where the obstruction was successfully dealt with by operation. A life saved by taking a risk which most of us would have hesitated to

take. Military duties during the war and the tragic state of the country since prevented him taking any rest from his work. He had on several occasions during the past year intended taking a few days' rest, but something always turned up to prevent him. Want of rest, the strain of the present troubled times caused the end, but he died, as I am sure he would have wished, at the post of duty.

DR. DAVID VALENTINE REES died at his residence at Brecon, on April 13th, aged 67. He was educated at Llandovery College and the London Hospital, and took the diplomas of M.R.C.S. in 1875 and that of L.R.C.P. Lond. in 1876. After serving as house-surgeon and house-physician at the London Hospital and junior house-surgeon to the Poplar Hospital, he commenced practice forty years ago in Brecon, where he built up a wide and influential connexion. At the time of his death he was senior surgeon to the Brecknock Infirmary, M.O.H. to the Urban District Council, and a member of the War Pensions Medical Board. During the war he served at the Penoyre (Brecon) and Builth Wells Red Cross Hospitals and did a great deal of work at the Brecon barracks in addition to serving on the local medical board. He was awarded the O.B.E. in 1919. For twenty-six years he held a combatant officer's commission in the local volunteers and their successors, the Territorials, and had attained the rank of major. He was a J.P. for the county and a member of the North Glamorgan and Brecknock Division of the British Medical Association. He is survived by his widow and one son.

DR. FREDERICK J. BURMAN of Wath-on-Dearne, whose death from injuries caused by a motor-car occurred on April 15th, was educated at Leeds. He took the diploma of M.R.C.S. in 1883, and L.R.C.P. Edin. and L.M. in 1886. He had resided in Wath-on-Dearne, and ultimately succeeded to the practice established by his grandfather and afterwards carried on by his father. He was medical officer of the Wath, Rotherham, etc., Joint Hospital, M.O.H. and medical officer and public vaccinator for Wath-on-Dearne, certifying factory surgeon, and a member of the Barnsley Division of the British Medical Association. He was also an examiner for the St. John Ambulance Association and a vice-president of the Yorkshire Branch of the Society of Medical Officers of Health. For the last two years Dr. Burman had held the position of vicar's warden at the Wath parish church. He leaves a widow and one daughter.

DR. SAMUEL WALKER, one of the oldest medical practitioners in Middlesbrough, died on April 17th, aged 77. He received his medical education at Guy's Hospital, and took the diplomas of M.R.C.S. Eng. and L.S.A. in 1870. After serving as house-surgeon at the West London Hospital and the Northampton Infirmary he commenced practice in Middlesbrough. He was a J.P. for Middlesbrough, and an ex-President of the North of England Branch of the British Medical Association. He had been a Freemason for forty years, and was the oldest past-master of the Ferrum Lodge, and in addition held high degrees in another lodge. His wife died about two years ago, but he leaves three daughters and two sons.

THE death is reported of Dr. ALFRED ERNEST W. RAMSBOTTOM, of Heilbron, Orange Free State, aged 60. He was born at Grahamstown, the son of Mr. William Ramsbottom. He received his medical education in Dublin, and took the diplomas of L.R.C.S.I. in 1882, L.R.C.P.I. and L.M. in 1883, and F.R.C.S.I. in 1896, and graduated M.D. Durh. in 1902. He practised at Fauresmith and Bloemfontein, and acted as chief medical officer of the Orange Free State forces during the Boer war. On the conclusion of peace he resumed his practice at Bloemfontein, but in recent years carried on his medical work at Heilbron. He was a member of the Orange Free State and Basutoland Branch of the British Medical Association, and held the portfolio of treasurer of the Orange River Colony from 1907 to 1910, when he was appointed the first administrator of the Orange Free State on the formation of the Union of South Africa. It was while on a visit to London with reference to post-graduate study that he was seized with illness which proved fatal.

Medical News.

THE course of lectures on pathological research in its relation to medicine commenced at the Institute of Pathology and Research, St. Mary's Hospital, Paddington, on April 28th, when Sir Almroth Wright dealt with acidosis and acidaemia, with special reference to gas gangrene, shock and scurvy. Professor Leonard Hill will lecture on May 5th, at 4.30 p.m., on capillary blood pressure and oedema. The lecture on May 12th will be given by Sir James Mackenzie, who will urge that the opportunities of the general practitioner are essential for the investigation of disease and for the progress of medicine.

THE next course of lectures by the Gresham Professor of Physic will be delivered by Sir Robert Armstrong-Jones, M.D., on May 2nd, May 3rd, May 4th, May 6th, at 6 o'clock, at Gresham College, Basinghall Street, E.C. The subject will be "Our Drinks: water, milk, wines, ales, and spirits." The lectures are free to the public.

THE number published on April 15th of the *Periodical*, a circular issued by the Oxford Press, announces that "the *Lancet* has come under the control of Henry Frowde and Hodder and Stoughton (Oxford Medical Publications), but there will be no change in the editor or the policy of the paper."

AT the meeting of the Röntgen Society in Manchester next Friday (May 6th), the afternoon session will begin in the Physics department of the University at 4.30, when a series of demonstrations will be given. There will be a dinner in the Refectory at 6.30, and the evening session, when the application of radiology to the examination of metals will be explained by Professor W. L. Bragg and the Director of Radiological Research, Royal Arsenal, Woolwich, will begin at 7.30. Saturday will be spent in visiting the x-ray and electrical departments of the Royal Infirmary and Radium Institute, and various works will be open to inspection. The meeting is open to non-members, who can obtain further particulars from the honorary secretary, Dr. R. W. A. Salmond, 51, Welbeck Street, London, W.1.

THE annual dinner of the Indian Medical Service will be held at the Trocadero on Wednesday, June 15th, Major-General Sir R. Havelock Charles, G.C.V.O., in the chair. Tickets and all particulars may be obtained from the joint honorary secretary, Colonel J. J. Pratt, I.M.S.(ret.), 63, Addison Road, Kensington, W.14.

DR. WILLIAM HUNTER will give a course of three Chadwick public lectures on the prevention and control of fevers in England, with special reference to the effect of the Public Health Acts (1848-1918). This review of a century's progress will be illustrated by maps and epidiascope pictures and diagrams. The lectures will be given at the house of the Medical Society of London (11, Chandos Street, W.1) on Thursdays, May 5th, 12th, and 19th, at 5.15 p.m.

THE Executive Council of the National Association of Insurance Committees, at a meeting held on April 15th, adopted a resolution placing on record its appreciation of the great service rendered by the Right Hon. Christopher Addison, M.D., M.P., in the cause of public health, and its grateful recognition of the prominent part he took in the establishment of National Health Insurance and his work as first Minister of Health. They expressed the hope that the policy initiated by him at the Ministry of Health will be vigorously pursued.

AN agreement has been made between Sweden, Norway, and Denmark to draw up a common pharmacopoeia.

THE celebrated anatomist and anthropologist Professor Heinrich Wilhelm von Waldeyer has recently died in Berlin in his 85th year.

THE first number of the *American Journal of Tropical Medicine*, bearing date January, 1921, has now reached this country. It is described as the official organ of the American Society of Tropical Medicine, and this first number contains the address of the president, and a report of the secretary for 1919-20, together with a list of members. The first paper consists of medical notes on the Dominican Republic and Haiti, and another deals with the carriers of *Entamoeba dysenteriae* among soldiers returned from overseas. Among the conclusions of this paper are that the number of carriers in the United States has been greatly increased by infections in soldiers returning from overseas, and that a larger number of carriers than has hitherto been suspected exists in the normal population. The annual subscription to British subscribers is 23s., and the publishers are Williams and Wilkins Company, Baltimore, U.S.A.

AT a meeting of the Naval, Military and Air Force Hygiene Group of the Society of Medical Officers of Health, to be held, with the kind permission of the Commandant of the College, at the Royal Army Medical College, Grosvenor Road, S.W.1, on Friday, May 6th, at 4 p.m., Lieut.-Colonel P. S. Lelean, C.B., Professor of Hygiene, will give a demonstration of "Sanitary appliances of interest to all health officers." The demonstration is open to all members of the society.

WE are asked to state that there is no foundation for the rumour that the baths at Harrogate are closing down owing to the coal strike.

THE Scottish Board of Health has issued regulations extending the period in which chicken-pox is compulsorily notifiable until October 1st, 1921.

SIR ARTHUR NEWSHOLME, K.C.B., arrived at Liverpool on April 25th, after completion of his engagement at Johns Hopkins University.

THE second annual dinner and reunion of officers of No. 20 General Hospital, B.E.F., will be held at the Florence Restaurant, Rupert Street, W.1, on Saturday, May 14th, at 7 for 7.30. Those who wish to be present are asked to apply on or before May 2nd to the Honorary Secretary, Mr. Harold Drinkwater, 7, Cavendish Place, W.1.

MAJOR J. H. DOUGLASS, O.B.E., M.D., R.A.M.C., of Lincoln's Inn, and Dr. T. M. Davie, M.C., of the Inner Temple, have been called to the Bar.

A COURSE of ten lectures on elementary psychotherapy will be given by Dr. H. Crichton Miller at the Kingsway Hall, Kingsway, W.C., on Fridays, beginning May 6th, at 5.15 p.m. The fee for the course is £2 2s. for medical practitioners and £1 1s. for medical students. Tickets can be obtained from the honorary lecture secretary, 51, Tavistock Square, W.C.1.

REUTER'S agent, telegraphing from Alexandria on April 21st, stated that plague had broken out in Egypt, a daily average of 35 cases being reported. Vessels are detained in quarantine at Alexandria. Three hundred and forty-two cases of plague occurred in Java during January, and 333 in February, all of which were fatal.

THE New York Institute of Radium has recently acquired 500 mg. of radium.

ABOUT a year ago we published a short note by Dr. D. W. Samways of Mentone about Brides-les-Bain, sometimes called the French Carlsbad, because the water very closely resembles the Sprudel source at Carlsbad, the total mineralization being about the same, the constituents very similar, and the quantity of free carbonic acid gas identical. Dr. Jean Leray, who practises at Brides, informs us that the establishment and baths have been greatly improved, as has also the hotel accommodation. The place is reached through Aix-les-Bains, the nearest station being Moutiers.

ON June 18th next will be celebrated the octocentenary of the founding of Reading Abbey by King Henry Beauclerc. In honour of the occasion Mr. Elliot Stock will publish an illustrated memorial volume by Dr. J. B. Hurry.

A SPECIAL meeting of the Fellows of the Royal Society of Medicine was held on April 25th to consider the recommendation of the Council that the subscription of all the Fellows in the London postal area should be raised to five guineas, and that of Fellows residing elsewhere in the United Kingdom to four guineas; to this recommendation an amendment was moved by Dr. H. H. Dale and seconded by Dr. W. Bulloch, to the effect that while the subscription for Fellows with an address within a mile of the Society's house should remain at five guineas as at present, and the subscription for Fellows residing elsewhere should be raised to four guineas, one guinea should be remitted from the subscription of any Fellow who did not desire to receive the *Proceedings*. In the discussion which ensued it became evident that the majority of those present were in favour of drastic reduction in the size and circulation of the *Proceedings*. It was pointed out that the proposal might have a serious effect on the original agreement for the amalgamation of the societies whereby the Royal Society of Medicine was formed. The amendment, however, was pressed on two grounds. First, that the vote would afford evidence of the general feeling regarding the *Proceedings*, and secondly, that it would avoid resignations, especially from the "laboratory" sections. When put to the meeting, 84 voted for the amendment and 53 against. As a two-thirds majority was requisite, the amendment is not operative as it stands, but the suggestion it contains will be considered by the Council of the Society, and the matter brought before a future meeting of Fellows.