him he had a temperature of 101° and a pulse of 112. He was very tender all over the lower half of the abdomen, and there was marked muscular rigidity. He gave no history of previous attacks, and in all other respects he was healthy and well developed. He was operated on a few hours after admission, and a gangrenous appendix with two concretions was removed. There was a considerable quantity of pus in the pouch of Douglas, and there was marked injection of all the peritoneal surfaces which came into view. A corrugated rubber drain was introduced into the pouch of Douglas. He was given normal saline and 6 per cent. solution of glucose alternately every two hours by the bowel, and morphine 1/2 grain on the first night. On the day following he was able to take liquids by the mouth and had no vomiting, so the saline and glucose enemata were stopped. His temperature came down to normal on the morning after the operation, and never rose again above 100°. His pulse came gradually down to 96 on the third day, and to 80 to 84 on the fifth day. The tenderness and rigidity also passed off in the first three days. In all respects he appeared to be making a good recovery, except that from the evening of the second day he began to complain of intermittent pain, of slight distension, and of a desire to have his bowels moved. Because of this constant demand on the part of the patient, on the evening of the third day he was given a small turpentine enema, which was returned coloured with a little constipated faecal matter. His distension continued slowly to increase, and his discomfort was more marked. He was given castor oil on the afternoon of the fourth day, and another turpentine enema. The bowels moved slightly that night, and they moved three times the next day, aided by 1/2 grain of calomel hourly up to 2 grains and another enema. Still the distension did not diminish and his discomfort was no less. He was given nepenthe mxv on the night of the sixth and seventh days. He still had no vomiting. His tongue by this time was dry and coated. His pulse remained at about 88, and his temperature never rose above 99°.

On the seventh and eighth days he had several small motions, mostly liquid, but his distension increased and also his discomfort, and owing to the distension the incision for the removal of his appendix stretched and broke down. Still no vomiting.

On the ninth day I opened the abdomen in the middle line and found the small intestine very much distended above a dense adhesion which bound the small bowel firmly to the mesentery of the pelvic colon. There were two other adhesions between the small intestine and the floor of the pelvis. These adhesions were all separated and the raw areas were covered over. A small quantity of pus was found in the pouch of Douglas. The distended bowel was all replaced in the abdomen, and I put a rubber drain into the pouch of Douglas, which was removed the next day. He had some sickness after this operation, and some dilatation of the stomach, which improved rapidly with gastric lavage. He was given pituitrin, and enemata, and castor oil by the stomach tube thirty hours after the second operation. The next day he had a copious liquid evacuation. He went on fairly well for a day or two, but never was quite comfortable and his distension did not diminish. Then he got worse again, and on February 21st—that is, fifteen days after the first operation—I opened the ileum, which was presenting at the original appendix incision, and stitched a small rubber tube into it. This tube drained freely at once and continued to do so for several days. His distension came gradually down and his bowels moved freely two days after. He made a slow recovery, being troubled with diarrhoea for some days, but he was able to go home six weeks after the date of his admission with all his wounds healed. By the third week of April he was wonderfully well. There was, however, a hernia at the site of the appendix incision.

Twenty years ago we were taught to give aperients and enemata to similar cases on the second day after operation. Now the practice is to withhold all stimulants to peristalsis either by the mouth or rectally till "convalescence is well established."[1] Mr. H. W. L. Molesworth,[2] in an excellent article on the after-treatment of acute abdominal disease, recommends giving no purgative till after the patient's bowels move, and he advocates a fairly liberal use of morphine. During the last two years or so it has been my practice not to give a purgative till the fifth or sixth day after operation. I give morphine readily for the first twenty-four hours; after that I try to avoid giving it.

We have had several cases of intestinal obstruction recently following pelvic peritonitis, and these cases have made me wonder if it is wise to withhold purgatives so long in all such cases. Is it not possible that by keeping the bowel at rest for six or seven days, with a fairly free use of morphine, we encourage the formation of adhesions and give them time to contract and so pave the way to intestinal obstruction?

REFERENCES.
[1] Keen's *Surgery*, vol. viii, p. 229. [2] BRITISH MEDICAL JOURNAL, February 11th, 1922, p. 218.

DR. ARNOZAN, professor of clinical medicine in the University of Bordeaux, has retired from his chair after having spent fifty years in the practice and teaching of medicine.

THE fifth Congress of the French Society of Orthopaedics will be held in Paris on October 12th. The subjects set down for discussion are: pes cavus; bone cysts, excluding hydatid cysts; congenital elevation of the scapula.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE CORRECTION OF MALPOSITIONS: THE RATIONALE OF THE PADDED BINDER.

IN using the method of the padded bandage to produce a favourable version or rotation the aim is to apply localized pressures in the same direction as we should choose for pressure applied manually. The difference is that by the pads the pressure is exerted with less intensity but over a longer time than by the hand. The mechanics of the problem is very simple. The binder applied in a circle exerts nearly equal inward pressure at each point of its course, but when pads are applied under it the inward pressures through the pads are greater. Being applied at opposite points of the child's body these pressures give the mechanical couple which is necessary if we are to produce a rotation. To obtain the greatest number of successes it is important to individualize the cases by selecting the most effective points for the placing of the pads and the best form of each pad for the application of pressure to the underlying part of the child's body, but the essential in every case is to secure two pressures which are in opposite directions at points as remote as possible from the line which is the axis of the rotation we desire.

Dundee. R. C. BUIST, M.D.

HYSTERICAL ELBOW.

THE case of hysterical simulation of fracture associated with hyperextension of the elbow-joint, recorded by Drs. H. C. Woodhouse and F. Carlton Jones (December 16th, 1922, p. 1171), induces me to publish the following similar case:

On May 6th, 1921, an intelligent girl, aged 14, applied to me for treatment at Bootle Borough Hospital. The history was that she had had a slight fall on some stairs and had struck the back of her right elbow, which at once became stiff and could not be flexed.

The elbow was found to be hyperextended to about 15 degrees, and the arm was rotated outwards, the forearm fully supinated, and the wrist and fingers extended. The patient complained of pain in the elbow-joint, but no sign of local trauma was found. When attempts were made to flex the forearm the triceps was felt to contract and the amount of contraction was found to vary with the force applied. The left elbow could readily be extended to a similar degree as the right, but no other joint possessed an abnormal range of movement. The patient volunteered the information that this was her first day in domestic service.

A diagnosis of hysterical elbow was made, and I proceeded to take a photograph of the condition. While adjusting the camera tripod I noticed that the gross hyperextension gradually disappeared, and that the forearm became pronated. Pretending that I was about to move her chair into a better light I seized the girl's arm, and—without difficulty and against no resistance—fully flexed the elbow.

On June 11th, 1921, the patient returned with a history that she had gone back to domestic service and had struck her arm again, when the condition had recurred. On this occasion there was less hyperextension, and the wrist and fingers were in no fixed position, but again the arm was rotated outwards and the forearm supinated. I suggested to the patient that the spasm would pass off when the pain from the blow had subsided. I persuaded the mother that the condition was hysterical, and she promised to show no sympathy: at the same time she was advised to find more congenial work for the girl. The patient did not again apply for treatment while I was at the hospital.

A. B. KEITH WATKINS, F.R.C.S.Eng.,
Clinical Assistant Surgical Out-patient Department, London Hospital.

THE ETIOLOGY OF OPTIC ATROPHY.

WITH reference to the report of the discussion on the etiology of optic atrophy at the recent meeting of the Section of Ophthalmology of the British Medical Association (JOURNAL, December 16th, 1922), and more especially with reference to Dr. C. O. Hawthorne's remarks on the neuritis of acquired syphilis, which he said was a very exceptional event in the early stage of the disease, the following case may be of interest.

A woman, aged 25, was seen in the Finger Klinik here a few days ago, when she showed a typical syphilitic leucoderma of a week's duration. Inquiry elicited the information that infection had taken place about four months previously. The cerebro-spinal fluid gave a positive Wassermann reaction. Three days later the same patient was encountered in the ophthalmological department, and then showed a typical acute double optic neuritis.

On the authority of Professor Kyrle, of the Finger Klinik, it can be stated that most cases of syphilitic leucoderma show

a positive Wassermann reaction in the cerebro-spinal fluid at the time when the skin lesions first appear—that is, in the secondary stage of the infection. This he takes as undoubted evidence of a syphilitic meningitis at this early stage of the disease. May it not be, then, that the optic neuritis which occurs in the early stages of acquired syphilis is to be regarded, not as an isolated effect of the syphilitic poison upon the optic nerves, but rather as evidence of a widespread involvement of the central nervous system in the form of a syphilitic meningitis?

WILLIAM L. TEMPLETON,
Vienna, Austria. M.B., Ch.B.Glasg.

Reports of Societies.

INFECTION OF TEETH AND GUMS.

A DISCUSSION on the clinical, pathological, and radiological aspects of infection of the teeth and gums took place at the Medical Society of London on December 11th, 1922, with the President, Lord DAWSON OF PENN, in the chair.

Sir WILLIAM WILLCOX introduced the subject in a paper printed in full at page 53.

Professor J. MCINTOSH related particulars of his work, with Mr. Warwick James and Professor Lazarus-Barlow, on the isolation of a bacillus which they believe to be the cause of dental sepsis, and to which they have given the name of *Bacillus acidophilus odontolyticus*. He then briefly summarized present day bacteriological knowledge with regard to pyorrhoea alveolaris. The type of organism commonly associated with pyorrhoea was the streptococcus. Spirochaetes and amoebae had also been found, but he thought they did not play any etiological part. They were chiefly to be found in the grossly contaminated pockets and not in the deeper regions.

Dr. J. H. WOODROFFE gave an account of the *x* ray appearances attending sepsis, which he illustrated with some dental radiographs. He also touched on the relation between the doctor, the dentist, and the radiologist. The doctor was frequently anxious for more radical measures than the dentist thought desirable, and there was a tendency for the radiologist to be drawn into the controversy. He did not think that the radiologist should be expected to say what teeth should be extracted; this should be a matter for discussion between doctor and dentist.

Sir FRANK COLYER said that as a dental practitioner one of the most difficult things he had to decide was whether teeth should come out or not. What dentists wanted to know from the radiologist was whether the bone behind the tooth was deeply infected. Patients under 50 who were definitely suffering from general symptoms, and in whom the bone showed definite trouble, should without a doubt have their teeth extracted. The best results following the removal of dental sepsis in general conditions were in patients under 50 whose tissues had power to recuperate.

Dr. GEOFFREY EVANS gave an account of a case, to which Sir William Willcox had also alluded, in which a patient had malaise and irregular pyrexia due to septic teeth. The extraction of six teeth was followed by a profound streptococcal toxaemia. The removal of the remaining infected teeth was followed by a gradual disappearance of the toxaemic condition. He showed the blood picture obtained in this case, and indicated the changes in the differential count, which signified in some cases the absorption of poisons from dental sepsis.

Dr. WILLIAM HUNTER referred to the fact that in 1900 he read a paper before the Odontological Society of Great Britain on the relation of dental diseases to general diseases. The paper created a good deal of interest, largely because of the previous investigations by Professor Miller in Berlin, which had emphasized the magnitude of the infection and the variety of the flora. His own contribution drew attention to the foci of disease in the mouth which came under the direct observation of the physician. The present discussion was the first which had taken place on oral sepsis since the subject originated twenty years ago, in striking contrast to the keen interest shown in the United States. Since his original paper the *x*-ray method had made its appearance, but he hoped that physicians would maintain their own individuality and form an independent judgement without implicit reliance upon one piece of evidence such as an *x* ray picture.

Dr. P. WATSON-WILLIAMS, with his colleague Mr. W. R. ACKLAND, showed some stereoscopic odontograms, and spoke further on infections of the teeth and gums in relation to the ear, nose, and throat, which had formed the subject of a recent communication by him to the Odontological Section of the Royal Society of Medicine. The radiograph, he said, would show a good deal which was not to be discovered by other means, but it needed cautious interpretation.

Lord DAWSON, in closing the discussion, said that this subject afforded a very good example of the necessity for team work. What was wanted was some really connected work upon the subject to which dentists, radiographers, clinicians, and bacteriologists would all contribute; these should take a selected number of cases and follow them through. In spite of many interesting contributions to the discussion, the evidence available as to the effects of dental sepsis was extraordinarily thin. There was a great deal of sloppy thinking on this subject. Many members of the public now had had their teeth extracted, to the detriment of their appearance, and very often without benefit to their health. Hardly a week passed by without some example of the kind coming to his knowledge. One recent case was a young woman who had had her teeth taken out for scleroderma, without any benefit to her condition. If the teeth were definitely and markedly affected, the appropriate measures were, of course, called for; or if the patient was suffering from a febrile disease which had potentialities of evil it seemed a rational and proper proceeding cautiously to remove the teeth. But the cases in which he found difficulty were those of people with vague ill health—people who had no real illness, but were not quite up to the mark—or, again, people with an illness whose cause eluded the physician. There he saw grave difficulty in removing the teeth just on the chance that they might be the cause of the trouble. In very many cases there were no means of tracing the causal relationship to the teeth. He could not bring himself to believe that so many diseases as Sir William Willcox had enumerated could be produced by oral sepsis. He knew of no one cause which could produce so much. Sir William had even deprived port of its responsibility for gout! Were his catalogue justified the wonder was that a larger proportion of mankind were not diseased, or that, of the large numbers of people with oral sepsis, comparatively few got any of these diseases. Lord Dawson admitted that in rheumatism and other diseases there were striking examples of improvement following the treatment of oral sepsis—so pronounced that one was bound to say in some instances that this disease must be caused by oral sepsis. But in a large number of diseases ascribed to oral sepsis he believed that the direct influence of this condition was far less than it was now the custom to take for granted. Take duodenal ulcer: he did not believe that there was the smallest indication that duodenal ulcer was produced by sepsis of the mouth.

Sir WILLIAM WILLCOX agreed that every case should be approached with a critical mind. It was a great responsibility to advise the extraction of a patient's teeth, and there should be adequate local grounds for such extraction. Much yet remained to be done in finding the scientific proofs for the etiology of many of the common diseases he had instanced, and he agreed with Lord Dawson that there was no department of medicine in which team work was likely to be more valuable than in the investigation of oral sepsis.

SURGICAL TREATMENT OF RENAL CALCULI.

THE Section of Surgery of the Royal Society of Medicine on January 3rd held a discussion on renal calculi, more especially their surgical treatment. The President, Mr. JAMES BERRY, announced that Sir J. Thomson Walker was unable to take part owing to absence from London.

Mr. W. SAMPSON HANDLEY opened with a few remarks on the pathogenesis of renal calculi. From personal observation in two cases he was convinced that the first step in the formation of a calculus might be the appearance of a cyst in the cortical substance. In this cyst a calculus was deposited later, and came to light when the cyst ultimately ruptured into a calyx. He would not suggest that this mode of formation was frequent, but unless it was recognized the chances of overlooking a stone during operation were increased. He gave particulars of the cases he had seen which bore on this point, and showed a specimen (No. 3,618) from the museum of the Royal College of Surgeons of a kidney which, when split open, was found to contain a calculus wedged in the pelvis, while in the middle convexity of the kidney was an empty cystic cavity, ovoid in form, measuring 1 in. by 1/2 in. in section,

DISAPPEARANCE OF RODENT ULCER AFTER ERYSIPELAS.

SIR,—I do not know whether the case I am about to relate exhibited marked leucocytosis, as the blood was not examined; but without that provision it may be accepted as supporting the contention of Dr. John T. MacLachlan (December 30th, 1922, p. 1280).

Within the last three years a panel patient under treatment for slight complaints from time to time was advised by me to have a small rodent ulcer at the left inner canthus removed by surgical operation. He refused this, and I observed the gradual enlargement until it became the size of a sixpenny piece. I was finally called in to treat him for an attack of erysipelas in the face. I noticed that the poison had entered by way of the ulcer and spread down over the left cheek. The attack was not severe, and I left him in a fortnight's time with a box of zinc ointment to apply to the ulcer, which remained red and angry. A month or two later I was informed by friends that my ointment had "cured the cancer." This seemed too flattering to be true, so I called on him to make sure. I then found that the ulcer had entirely disappeared, and only a supple white scar remained.—I am, etc.,

London, N.W., Jan. 5th. HOPE GRANT, F.R.C.S.Ed.

NON-MALIGNANT AFFECTIONS OF THE COLON (INTESTINAL STASIS).

SIR,—I feel that Mr. Paramore, when dealing with the "physics" of the abdomen in your issue of December 9th, 1922 (p. 1145), has rather overlooked the fact that it would require an enormous and continuous lateral pressure to support a weight in such a well lubricated cavity as the abdomen. The moving intestinal contents are such a weight, and I have a strong suspicion that very many cases of stasis are connected with displacement of the gut, either by gravity or by the loaded portion being squeezed out of place by the abdominal muscles, much like a cherry stone from between the fingers. This may result, secondarily, in a local inflammation which increases the effects, or if a slight inflammation first led to the collection this may be increased. Here manipulation may help.

I would agree in deprecating too much surgical interference, for I feel that the future treatment of such conditions and all "indigestions" depends on the study of the specific action of drugs on the different parts of the gut, inch by inch almost, together with the almost specific results of local stases, whether these be "burned tongue," a localized cutaneous eruption, or (possibly) an attack of gout.—I am, etc.,

London, N.W., Dec. 22nd, 1922. L. WALLACE, M.B.Oxon.

THE DEVELOPMENT OF LOA LOA IN CHRYSOPS.

SIR,—In the BRITISH MEDICAL JOURNAL of October 21st, 1922, I notice in the article by Drs. A. and S. L. M. Connal on "The development of *Loa loa* in Chrysops," on page 730, that it is stated that the geographical distribution of *Loa loa* and of Calabar swelling is limited to West Africa. In this connexion the following note may be of interest. When I was in Yambio in the Bahr el Ghazal province of the Southern Sudan in 1914 I found Chrysops in fair number. I found no cases of Calabar swellings among the natives, but two years later I met in Cairo one of the men with whom I had lived in Yambio. He told me that since he left on furlough in 1915 he had suffered from peculiar swellings and irritation in his hands and arms. He spent his furlough in Australia, and said that he had puzzled the doctors whom he saw about this condition; one at last told him that his sickness was due to Calabar swellings, and that he was the first case of this complaint to be seen in Australia. He had never been in West Africa, and travelled to Australia via Egypt.—I am, etc.,

R. Y. STONES, M.D.Lond.

Church Missionary Society, Maseno, via Kisumu, Kenya Colony.

TRAUMA AND APPENDICITIS.

SIR,—Dr. Charles J. G. Taylor's report of two cases under the heading of "Trauma and appendicitis" (January 6th, p. 17) leads me to mention a case that I have at present under my care in the Leicester Royal Infirmary.

A boy aged 12 years was playing football in the afternoon of Saturday, December 23rd, 1922, when he was kicked in the right lower abdomen by another boy. He was so badly hurt that he had to be taken home at once and put to bed. His condition got worse and he was brought into the infirmary on the afternoon of December 26th. I saw him shortly after admission and it was at once obvious that he had some grave intra-abdominal lesion. Immediate lower median laparotomy was performed and extensive suppurative peritonitis throughout the lower abdomen disclosed. This was found to be due to a gangrenous appendix, which was removed and the pelvis drained. He is making a good recovery.

The boy tells me he was perfectly well before he was kicked. If the injury and the appendicitis are merely a coincidence it is a most extraordinary one.—I am, etc.,

Leicester, Jan. 8th. F. BOLTON CARTER.

HOSPITAL POLICY.

SIR,—The chief point now seems to be to find a formula which will unite those who still sincerely desire to maintain the voluntary principle and at the same time recognize that other factors have come into play. Therefore I suggest that if there must be a Medical Staff Fund it should consist—

1. Of voluntary contributions.
2. Of contributions from contracts made with the State, local authorities, employers of labour, and other bodies, where such contracts exceed the cost of maintenance in order to contribute to the medical fund.

This proposal is simple, honest, logical, and covers the hard cases in industrial districts. "Hard cases make bad law" is a well recognized axiom, but if we can meet them without infringing the voluntary system, which is infinitely more important than the hard cases, we must do so. If a Board of Management is convinced that a hard case exists in its hospital—and any Board should be open to conviction—it would be encouraged to contribute to the Medical Staff Fund.

This proposal does not prejudice the future because it frankly recognizes the present realities of the situation, and future policy would depend on how the profession was exploited by the laity. It need not be exploited at all if good will prevails. To force the present official policy is really to take advantage of the present difficult position of voluntary hospitals, and this is surely repugnant to us. We ought to be fighting to maintain the voluntary hospital, and not to undermine its position. The official policy was started in a somewhat obscure way when some people thought the voluntary system was doomed. The position has now changed by hospitals waking up and finding new sources of income. Surely we should welcome this instead of trying to turn it to our advantage.—I am, etc.,

Letchworth, Jan. 6th. NORMAN MACFADYEN.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE University medal at the M.B., B.S. examination for internal and external students, October, 1922, has been awarded to Samson Wright, of the Middlesex Hospital.

Mr. F. J. Cleminson has been recognized as a teacher of oto-rhino-laryngology at the Middlesex Hospital Medical School. Sir William Willcox has been elected chairman of the Physiological Laboratory Committee. Sir Cooper Perry has been appointed a governor of Royal Holloway College, and Dr. P. H. Mitchiner a governor of Reigate Grammar School.

A course of lectures on mental deficiency for medical officers to local authorities and medical men engaged on work for defectives will be held, at the request of the Council of the Central Association for Mental Welfare, at the central buildings of the University from May 28th to June 2nd, 1923. Amongst the lectures arranged by the Faculty of Natural Science at King's College is one by Dr. J. S. Haldane, F.R.S., on the fundamental conceptions of biology, on February 7th.

Three lectures on psychology and psychotherapy will be given in the Department of Psychology at King's College by Dr. William Brown, on Mondays at 5.30 p.m., beginning on February 19th.

LONDON INTER-COLLEGIATE SCHOLARSHIPS BOARD.

TWENTY-THREE scholarships and exhibitions of an aggregate total value of about £3,035, open to men and women, and tenable in the Faculties of Arts, Science, Medical Sciences, and Engineering of University College, King's College, East London College, and Bedford College will be offered for competition on Tuesday, May 1st. Fifteen medical entrance scholarships and exhibitions of an aggregate total value of about £1,530, tenable in the Faculty of Medical Sciences of University College and King's College, and in the medical schools of Westminster Hospital, King's College Hospital, University College Hospital, the London (Royal Free Hospital) School of Medicine for Women, and the London Hospital, will be offered for competition on Tuesday, June 26th. Full particulars and entry forms may be obtained from the Secretary of the Board, S. C. Ranner, M.A., The Medical School, King's College Hospital, Denmark Hill, London, S.E.5.

The Services.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following officers.

Territorial Army: Royal Army Medical Corps.—Majors H. A. Ahrens (ret.), R. Y. Anderson, E. H. Brunt (deceased), W. F. Munro, M.C., and H. B. Low, M.C. (ret.).

Territorial Army Reserve: Royal Army Medical Corps.—Major W. A. L. Holland.

Medical News.

THE celebration at the Royal Society of Medicine of the hundredth anniversary of Pasteur's birth, to which we made reference last week, will be held on February 28th. The Bulletin of the Académie de Médecine for December 26th, 1922, contains a report of the speeches made in celebration of the one-hundredth anniversary of the birth of Pasteur, of which our Paris correspondent last week gave a spirited account. The number is illustrated by a photographic portrait of Pasteur which we have not seen before. It is a striking likeness, showing him in the prime of middle life.

LIGHT is thrown on the attitude of the rulers of public schools to science by the reception accorded at the Head Masters' Conference last week to the report of the Science Masters' Association, made at the request of the conference and of the Associated Preparatory Schools, on the teaching of elementary science and nature study in preparatory schools. The report contained proposals that two periods should be given weekly to science, or a least one period of three-quarters of an hour, and that candidates for scholarships at public schools should have the opportunity of answering questions in science in *viva voce* examination. Mr. Talbot (Haileybury) in supporting the recommendations said that boys who had not done some preliminary science at the preparatory schools were handicapped at the public schools; in the period of a boy's life which immediately preceded the public school age (13) his natural disposition was to be keen in his inquiries about things, and this was the moment to introduce him to science. Mr. Eccles (Gresham's), though in favour of the recommendations, said that the preparatory school masters were opposed to them on the ground that any time taken from Latin tended to handicap the boys in scoring for scholarships at public schools. The head master of Eton expressed the view that the burden to be placed on preparatory schools was greater than they could bear, and eventually the conference rejected the proposal that where possible two periods weekly should be given to science, but agreed that candidates for scholarships at public schools should be allowed an opportunity of answering questions in science at the *viva voce* examinations.

A NEW course of lectures at the Hospital for Sick Children, Great Ormond Street, W.C.1, commenced on Thursday last, when Dr. Thursfield spoke on the diagnosis of pulmonary tuberculosis in children of school age. The lectures, which are free to medical practitioners, will be continued on Thursdays, at 4 p.m., up till and including March 22nd. The subjects are announced each week on the last page of the SUPPLEMENT.

A NEW post-graduate course will commence at the National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, W.C.1, on January 22nd, and continue to March 23rd. The course will consist of lectures on the pathology of the nervous system, by Dr. J. G. Greenfield, on Mondays; out-patient clinics and clinical lectures and demonstrations on Mondays, Tuesdays, Thursdays, and Fridays. Lectures on the anatomy and physiology of the nervous system will also be given if sufficient entries are received.

A COURSE of lectures on tuberculosis and venereal disease has been arranged by the Royal Institute of Public Health. The lectures will be given at the Institute (37, Russell Square, W.C.1) on Wednesdays, at 4 p.m., from January 17th to March 21st inclusive. The lecturers are Professor Lyle Cummins, Dr. Gordon Pugh, Dr. Lisle Punch, Dr. James Watt, Dr. Hope Gosse, Colonel L. W. Harrison, Dr. Townley Clarkson, Major A. T. Frost, Dr. J. H. Sequeira, and Dr. W. J. O'Donovan. Admission is free, without ticket.

AN international congress of hydrology and climatology will be held at Brussels in September, when the hydro-mineral treatment of diseases of nutrition and of heart diseases will be discussed.

THE post-graduate lecture at the Whitworth Street West Branch of St. Mary's Hospitals, Manchester, arranged for January 19th, has been postponed till March 9th.

THE health organization of the League of Nations recently brought to a successful conclusion an international course for medical officers, in which twenty-two officials from the health services of Austria, Belgium, Bulgaria, Italy, Poland, Russia, and other countries took part. The course was held in Belgium and Italy during two and a half months, under the auspices of the directors of the Belgium and Italian health services respectively, through the aid of a grant from the Rockefeller Foundation. On the completion of the course those who took part in it assembled at Geneva, where a discussion was held on the results. Dr. D. C. Kirkhope, M.O.H. Tottenham, attended the course as an observer, as the next course is to be held in England.

THE annual meeting of the French Society of Comparative Pathology was held in Paris on December 19th, 1922, when papers were read on the action of the lung on fats, by Professor Roger; on articular and febrile symptoms of alimentary origin, by Professor Bezançon; on cancer of plants, by Professor Foëx; on gonococcal phlebitis and peri-phlebitic abscess, by Achard, Rouillard, and Bloch; on therapeutical applications of d'Herelle's phenomena, by Philibert, Handuroy, and Cordey; on researches on the physiological and therapeutical properties of tissue diastases, by Professor Maignon; on normal radiological pictures in the dog, by Taskin; on clinical applications of giant syringes, by Rosenthal; on biological causes of depopulation, by Bérillon; and on early diagnosis of pulmonary tuberculosis by *x* rays, by Faugère.

THE Lord Chancellor, Viscount Cave, will open the new Haslemere and District Hospital at 2 p.m. on Saturday, January 20th. The hospital is equipped for 35 beds, and has been built at a cost of £32,000, the whole of which has been raised, so that the institution starts free from debt.

THE scheme adopted last July by the Voluntary Hospitals Commission to establish a small consultative committee of members of local committees has now been carried out. Among the members are Sir David Drummond, C.B.E., M.D., representing the Northumberland Local Voluntary Hospital Committee, Sir A. Garrod Thomas, M.D. (Monmouthshire), and Colonel R. J. S. Simpson, C.B., C.M.G., late A.M.S. (Kent).

A DISCUSSION on the treatment of human trypanosomiasis will be held at the meeting of the Royal Society of Tropical Medicine and Hygiene on Thursday evening next; the value of the drug called "Bayer 205" and of tryparsamide will be discussed. Full details are to be found in the Diary.

THE question of the return of disabled men to industrial life will be discussed at the meeting of the Governing Body of the International Labour Office of the League of Nations to be held in Geneva on January 30th.

AT a sessional meeting of the Royal Sanitary Institute to be held at the Birmingham University on February 2nd and 3rd a discussion on town and country milk supplies and their improvement will be opened by Dr. John Robertson, M.O.H. Birmingham; the chair will be taken by Professor H. R. Kenwood.

AT the meeting of the Royal Statistical Society to be held at the Royal Society of Arts, John Street, Adelphi, W.C.2, at 5.15 p.m. on Tuesday next, January 16th, Dr. R. Dudfield will open a discussion on the registration of disease.

A MEETING of the Medical Prayer Union will be held by invitation of Dr. and Mrs. J. Burnett Rae, at 98, Portland Place, W.1, on Thursday, January 25th, at 8 p.m., when the Right Rev. E. A. Knox, D.D., late Bishop of Manchester, will read a paper. An intimation of intention to be present will be welcomed by the Hon. Secretary, Dr. Tom Jays, Livingstone College, Leyton, E.10.

THE annual meeting of the Canadian Medical Association will be held at Montreal on June 12th, 13th, and 14th. The *Canadian Medical Association Journal* states that among those present at the annual meeting will be Sir Berkeley Moynihan, Sir Robert Jones, Sir William Taylor of Dublin, and Dr. W. J. Mayo of Rochester, U.S.A. Arrangements have been made for the meetings of other associated societies to take place at the same time.

THE next international congress of the history of medicine will be held at Geneva in 1925.

AT the meeting of the Medico-Legal Society to be held at 11, Chandos Street, W.1, on Tuesday next, at 8.30 p.m., Professor Harvey Littlejohn will read a paper on the micro-spectroscope in the medico-legal detection of blood, to be followed by a demonstration thereof. Dr. T. H. G. Shore and Sir Bernard Spilsbury will exhibit specimens.

MESSRS. CASSELL AND CO., LTD., announce for early publication a new book by Sir Frederick Treves, entitled *The Elephant Man and Other Reminiscences.*

PROFESSOR FIRKET has been elected President of the Belgian Royal Academy of Medicine.