Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE OBSTRUCTION BY MECKEL'S DIVERTICULUM WITH SYMPTOMS RESEMBLING APPENDICITIS.

THE following case seems to me worthy of record as showing that in acute abdominal conditions a mid-line incision must always be the safest; otherwise, as indeed in this particular case, serious lesions might easily be overlooked.

On September 13th, 1922, W. C., aged 16, was seized at 9 a.m. with severe abdominal pain causing vomiting; the pain lasted for an hour and then ceased. The boy returned to work, but as the pain returned in two hours he went home. The mother obtained medical advice, and the doctor, after seeing the patient twice within four hours, sent him into the hospital as a case of appendicitis for urgent operation. I saw the patient at 9 p.m.; the temperature was 101.4°, and the pulse 88. He had vomited twice, and his bowels had been naturally opened twice during the day. There was much tenderness and rigidity over the right iliac fossa, and for an area of 3 inches diameter about the umbilicus; the rest of the abdomen was fairly soft. At this time the patient did not appear to be suffering much pain, nor was his expression anxious. The symptoms and physical signs pointed to acute appendicitis in an early stage. In operating on women it is usual to open in the paramedian right or median line, having regard to possible complications (pyosalpinx, twisted ovary, etc.), as the incision can be easily enlarged. In this case, however, dealing with a boy, and being, moreover, fairly sure of the diagnosis, I used a "gridiron." On opening the peritoneum a good deal of clear fluid escaped. I pulled out about 3 inches of small bowel which was very blue and congested. Quickly realizing that appendicitis was not the trouble, I closed the first incision and opened in the mid-line. I found acute strangulation of the small bowel by a strong band of adhesions from a Meckel's diverticulum. This diverticulum had a base 1¼ inches broad at its opening from the bowel, was 4 inches long, conical, and tapering to a point. From this point extended a band about 8 inches long, which had become attached to the mesentery in two places. Between the two attachments three coils of small bowel had pushed their way and become tightly constricted. Fortunately it was not yet gangrenous, and I was able to remove the adhesions, resect the base of the diverticulum, and sew up the hole in the bowel transversely without soiling the peritoneum. The wounds healed by first intention; the boy made an uninterrupted recovery, and left the hospital on October 6th.

JOHN W. HEEKES, M.B., B.S.Lond.,
Surgeon, the Royal Hospital, Richmond.

MENINGITIS DUE TO PFEIFFER'S BACILLUS.

I AM prompted to send the following report by two notes in the BRITISH MEDICAL JOURNAL of March 10th (p. 416, and *Epitome*, No. 210) on cases of meningitis due to Pfeiffer's bacillus.

On February 12th I was called to a girl child of 18 weeks, suffering from what was apparently a simple gastro-intestinal disturbance with vomiting, and slight diarrhoea with green curdy motions. Two or three days later the diarrhoea had given place to constipation, and there was noticeable a peculiar listlessness. The child did not appear very ill, but cried less, and was generally quieter, than is usual in such a case in an infant. Shortly after—I cannot state the exact date—I noticed that the anterior fontanelle was somewhat turgid, but examination revealed no other sign of meningitis.

On February 20th the parents requested a consultation with my colleague, Dr. C. P. Strong, and at this examination there was demonstrable a very slight rigidity of the hamstrings, but no other sign of meningitis. The next day there was no hint of Kernig's sign, but the bulging of the fontanelle was more noticeable, and I observed a slight transient divergent squint, though at the time I thought this was very probably nothing more than the strabismus one so frequently sees in a young baby.

I performed lumbar puncture and withdrew a few drops of thick yellow pus—so thick that it was with difficulty aspirated through an ordinary lumbar puncture needle. This I examined, and noted only pus cells and a few large lymphocytes; no micro-organisms were found, but the examination was somewhat cursory. I sent the pus to the Clinical Research Association, and received two reports—the first to the effect that a very few Gram-negative bacilli were seen in stained films, and the second that these organisms gave the cultural and morphological characteristics of Pfeiffer's influenza bacillus.

The child died on February 22nd—the eleventh day after it had become noticeably ill; it had been apparently almost unconscious for about thirty-six hours.

It is noteworthy that in this case of what was seemingly a primary infection of the meninges by Pfeiffer's bacillus—

1. The onset resembled in all particulars the gastro-intestinal disturbance frequently seen in a hand-fed baby whose meals are regulated largely by the mother's whim or its own cries.

2. The bulging fontanelle was the only persistent sign of meningitis, and, apart from a transient Kernig's sign and a still more transient squint, there were no signs of meningeal involvement. The complete absence of head retraction was particularly noticeable.

Boston, Lincolnshire. E. N. BUTLER, M.B., B.Ch.

Reports of Societies.

CORONERS' INQUESTS: ANAESTHETIC DEATHS.

AN animated debate took place at a meeting of the Section of Anaesthetics of the Royal Society of Medicine on April 20th on the subject of coroners' inquests on deaths under anaesthesia. Dr. A. L. FLEMMING was in the chair, and the meeting was attended by representatives of the Medico-Legal Society and the Coroners' Society.

Dr. J. H. CHALDECOTT, who opened the discussion, said that it had been laid down recently by a critic in the lay press that deaths under an anaesthetic belonged to the category of violent or unnatural deaths upon which a coroner was required, under the Act of 1887, to hold an inquest. The speaker maintained, on the other hand, that in view of the attitude of coroners towards other surgical deaths it was not obvious that all anaesthesia deaths were unnatural, and, further, that it would be to the public advantage if inquests were not held on all anaesthesia deaths as a matter of routine. Their work as anaesthetists left them nothing to conceal, and the discussion of this subject was not prompted in the slightest by antagonism to coroners. If it could be shown that the holding of these inquests as a matter of routine added to the safety of the community, it would be for the medical profession to endure in silence any strain or inconvenience which such inquiries imposed. But deaths which occurred from purely surgical complications, even in operations of expediency, were not made the subject of coroners' inquests—a course which he regarded as perfectly right and proper, but which left him wondering why coroners did not exercise the same discretion in the case of anaesthesia deaths. The reason why deaths from surgical shock were not made the subject of inquests was because it was believed that the surgeon performed the operation for the patient's good, and with the patient's consent, and that to undertake the operation was part of his duty as a qualified practitioner. But the same considerations applied to the administration of the anaesthetic.

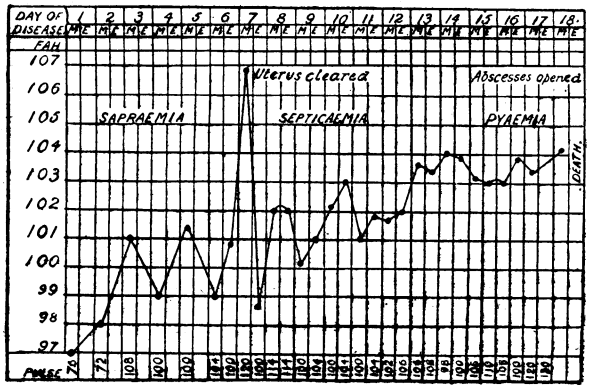
The only advantage which the present system conferred on the public was the satisfaction which it gave to the friends of the deceased to have things cleared up; the same thing might apply to all deaths occurring under medical treatment when the relatives were dissatisfied, or when information had been given which led the coroner to suspect that there might have been negligence, carelessness, or irregularity. On the other hand, the public was disadvantaged by newspaper reports of inquests, which were read by people who did not realize that the fatalities represented an infinitesimal proportion of the cases in which anaesthetics were administered. The publicity thus given caused patients to postpone necessary operations; it added to their anxiety when the operation at length became inevitable; and it meant a further tax upon the nerves of the medical man in charge, especially if he were a man on the threshold of his career. The anomaly was that if the surgeon and anaesthetist shirked their duty and allowed the patient to die without operation the death would be classified as natural; if they strained every nerve to save the patient, and yet he died on the table, the death would be accounted violent and unnatural. Well might Shakespeare say:

> "But is this law?
> Ay, marry, is't; crowner's quest law."

It was difficult to understand why, unless there was *prima facie* evidence of neglect or carelessness, such a death, even in operations of expediency, should be regarded as more unnatural than any sudden death under medical treatment. No wonder that the administration of anaesthetics was the least popular of a doctor's duties.

An aged man died during operation after having been under the anaesthetic for some time; the autopsy disclosed well marked fatty degeneration of the heart. In this case the *post-mortem* examination without a public inquest should have been quite sufficient, whereas the inquest led to a sensational report in the evening papers with the alarmist heading: "Operation Risk:

Some few months ago I was casually asked to see a case by midwife, on the fifth day, owing to a slight rise of temperature (101°). I was informed that the patient had influenza (of which there was a case in the house) and required no examination, but just the proverbial "bottle of doctor's medicine." The midwife stated that the placenta was perfect and the confinement quite



normal. Therefore I agreed, but the next day the temperature rose to 106.8°, and I removed with my fingers a piece of putrid placenta as large as my hand—the temperature then falling to normal (see chart). The woman died on the seventeenth day with secondary abscesses and sepsis. I feel sure that could I have removed this source and cause of infection early the woman would have lived.

I have seen this kind of case so often, and, as a rule, the marked recovery after evacuation and thorough cleansing of the uterus is astounding. Every practitioner knows this to be so, especially in incomplete abortions. As students we were shown a temperature chart as an example of a fall by crisis in sapraemia where retained placenta had been removed. Probably Professor Watson has forgotten this chart. My case shows the same thing.

Professor Watson discards the old classification of sapraemia and septicaemia, but Professor Munro Kerr states they do exist clinically as two distinct forms—the one condition being early and due to retained products, whilst the other occurs later on when the infection becomes generalized. He also states that saprophytic organisms lower local and general resistance and permit pyogenic organisms to multiply and gain entrance to the uterine tissues. He advises the removal of débris and repeated intrauterine douches (Fairbairn, p. 592). Bacteriologically organic tissues aid the growth of some organisms—for instance, testis for spirochaetes. Why should not placental tissue act in the same way, helping to form a septic factory?

One of my cows recently calved, appeared to be very ill, and my man informed me that she had not "cleaned" properly. Therefore I encouraged him to try and clear her, which he did with a wisp of straw and a cleansing douche. The immediate recovery of the cow followed. I do not understand why a portion of the after-birth so often gets trapped in man and beast alike.

I quite agree that to scrape the whole of the uterus out with a sharp curette is wrong, and opens up fresh surfaces for infection. But as a rule one's fingers and a gauze swab are sufficient, although a soft blunt flushing curette, a warm douche, or an application of iodized phenol will help in cleansing and purifying the source and culture bed of the bacteriaemia. Professor Watson does not agree, and states that retained placenta does not predispose to bacterial infection. But I think no woman can be well with a portion of decomposing placenta inside the uterus, and will often die if left alone. Small bits of membrane do not matter, but placental tissue should always be extracted at once. If retained placenta is left it will provide plenty of work for gynaecologists later on.

I must apologize for writing contrary to the teaching of such an eminent authority; but most practitioners have their own views and practical methods for treating such cases, and Professor Watson invites discussion.—I am, etc.,

Lowestoft, April 4th. DUDLEY W. BOSWELL, M.D., D.P.H.

CONGENITAL HYPERTROPHY OF THE PYLORUS.

SIR,—After reading Dr. Still's paper published in your columns on April 7th it seems worth while to record the after-history of the case which I reported in the *Lancet*, January 10th, 1903. This was, I believe, the first case ever recorded as having recovered with simple feeding alone, without operation or lavage.

It was an absolutely typical case fulfilling all the diagnostic requirements. The patient is now an Oxford undergraduate; he has just taken second-class honours in Mods., and rows in the Torpids. He never suffers from indigestion in any way, and is well grown, strong, and healthy.—I am, etc.,

Shrewsbury, April 18th. H. WILLOUGHBY GARDNER.

PHTHISIS: COMPLETE AND PERMANENT RECOVERY.

SIR,—Fifty years ago this month Dr. Andrew, of St. Bartholomew's Hospital, told me I had phthisis, both lungs were affected, and I must leave the hospital at once, and on his certificate the College allowed the session.

I went to the country, got well, returned to Bart's in October, but relapsed at the end of the session. Intending to winter at Davos I went to Paris, attended the Hôtel-Dieu, and determined to observe carefully the conditions under which I was worse or better, to avoid or counteract the former and live under the latter. By this means I got well in 1876—chest girth increased nearly five inches and vital capacity over 200 cubic inches—and have remained well.

The investigation was continued, and I laid the results before the British Association in 1886–87, and I demonstrated the practicability of the work in 1890–1915 by giving the measurements of 100 cases of chest and lung development, and the results of scientific treatment in 100 cases of phthisis—complete recovery in early cases, recoveries and arrests in cases more advanced, and great relief and some temporary arrest for months or years in cases still further advanced.

This experience is unique in the history of phthisis, and I venture to think it should be placed on record.—I am, etc.,

London, S.W. GODFREY W. HAMBLETON, L.K.Q.C.P.I.

THE TRAINING OF NURSES IN SMALLER AND COTTAGE HOSPITALS.

SIR,—With reference to Dr. Flemming's letter (April 21st, p. 699) the committee of our small hospital considered the regulations of the General Nursing Council for training unsatisfactory, and in consequence some months ago made a reasoned statement to the Ministry of Health upon the subject. But that infant prodigy, the General Nursing Council, appears to have been born with a swollen head and also to suffer from defects of hearing and of vision.—I am, etc.,

St. Albans, April 23rd. SIDNEY CLARKE.

"HICCUP."

SIR,—The note in the BRITISH MEDICAL JOURNAL of April 7th (p. 603) on epidemic hiccup surprises me much. During all the years I have been in general practice I have had several cases of intractable hiccup and I am firmly of the opinion that the diaphragmatic spasm is due to rheumatism; for many years I have never failed in curing the most obstinate case within a very short time by exhibiting a few doses of antirheumatic medicine such as 15-grain doses of sodium salicylate without the addition of any sedative. I have never had a case of encephalitis lethargica, but firmly believe that it has the same etiology and would respond to intensive antirheumatic treatment. Of course—as stated in your article—morphine preparations will relieve any spasms, but there is great satisfaction in relieving symptoms by treating the disease causing them.—I am, etc.,

Manchester, April 22nd. MARTIN J. CHEVERS.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have now satisfied the examiners in both parts of the examination for the Diploma in Public Health:

D. Basu, L. S. Chatterji, †A. J. Copeland, N. D. Dunscombe, Elizabeth J. Findlay, A. T. Gailleton, C. H. Gunasekara, †J. C. L. Hingston, *S. Hunt, Florence S. Kirk, Hilda L. Laidlaw, F. Lobo, Barbara R. A. Morton, L. K. Ray, Annabella A. Reid, Mary Russell, Beatrice M. Sellar, Y. Sen, Annie E. Somerford,

* Distinguished in the principles of Hygiene.
† Distinguished in the application of Sanitary Science.

The following candidates have satisfied the examiners for the Diploma in Medical Radiology and Electrology:

Part I (Physics and Electrotechnics): M. A. Afifi, N. M. Bodas, J. E. Bowen, B. L. W. Clarke, L. R. G. de Glanville, M. Frizell, N. Grellier,

W. H. Hastings, J. F. James, M. D. Joshi, Anna T. Kellock, Jane S. Knight, G. J. Luyt, A. G. MacLeod, Margaret J. Moir, H. S. Rajan, A. Ross, W. H. Rowden, Jessie E. Sheret, E. W. Twining, S. B. Warden, E. V. Whitby. *Part II (Radiology and Electrology)*: M. A. Afifi, E. G. Barker, J. E. Bowen, B. L. W. Clarke, H. K. G. Hodgson, J. F. James, Jane S. Knight, H. S. Rajan, W. H. Rowden, J. P. Thierens, E. W. Twining.

UNIVERSITY OF LONDON.

THE following were successful at the examination for the Diploma in Psychological Medicine, with special knowledge of Psychiatry:

A. C. Hancock, W. D. Nicol.

UNIVERSITY OF GLASGOW.

AT the graduation ceremony on April 17th the Straits Settlements gold medal for thesis for M.D., on a subject in connexion with tropical medicine or tropical hygiene, was presented to Dr. Thomas J. Mackie; the University Arnott prize for examination in physiological physics to William A. Burnett, B.Sc.; and the Asher Asher gold medal (special class prize) for laryngology and rhinology to Mr. Murdo Nicolson.

At the graduation ceremony held on April 21st the following degrees were conferred:

M.D. (*with high commendation*).—J. MacA. Mackintosh (*in absentia*).

M.B., CH.B.—*J. S. Young, *A. A. Charteris, *D. Hyslop, *J. M'N. Milloy, †I. P. W. Skinner, †H. S. D. Garven, †J. Park, †T. Robertson, †W. P. Grieve, †J. A. Bingham, J. B. Adams, W. S. Aitken, Elizabeth B. T. Allison, J. C. Anderson, Isobel C. Armstrong, R. Armstrong, R. W. S. Ashby, A. A. Bain, A. Barr, W. P. Blackstock, (Miss) Georgie I. Brodie, J. E. Brown, Henrietta Buchan, J. A. Cameron, J. Campbell, M. A. Cassidy, Isabella P. Crosbie, T. Cullen, W. R. Cumming, T. Dagg, R. A. M. Davidson, W. W. Dawson, Alice M. S. Dewar, W. M. Dinwoodie, I. M. K. Donaldson, J. F. Dunn, J. T. G. Ewen, G. M'C. Ferguson, Margaret I. H. Ferguson, J. Fine, T. Fisher, W. Fordyce, L. P. Foyer, W. Fraser, Janet M. Gibson, R. E. S. Gibson, Jane T. Gilmour, J. G. Graham, A. Gray, Catherine M. Gray, Miriam Greenberg, J. Hamilton, J. J. Hargan, Jessie H. Harkness, W. M'C. Harrowes, Janet G. Harvey, W. C. Harvey, Irene Higgie, W. Houston, W. M. Johnston, G. MacG. Kay, D. A. Ker, Elizabeth C. Kerr, Janet S. Kerr, A. King, H. T. Kirkland, Mary D. Lambie, Christina S. Lamont, T. Leckie, J. A. Lister, J. M. Logan, Margaret E. R. Loudon, G. H. Macartney, A. M. Maccallum, J. M'Callum, Margaret S. L. M'Cash (*in absentia*), J. A. W. M'Cluskie, J. A. M'Crossan, C. M'Donald, C. F. H. M'Fadyen, J. M'Ghee, Janet H. Mackay, E. L. Mackay, Joan D. Mackenzie, V. D. Macl enzie, P. M'K. M'Killop, G. M. M'Lellan, Jean D. MacMurray, Doris M. J. M'Nab, Mary M'Naught, A. MacNiven, Evelyn M'Pherson, A. K. MacRae, Dorothy M. Main, Clara F. Marshall (Mrs. Gertzen), H. W. Miller, W. B. D. Miller, R. Nisbet, A. O'Hanlon, Henrietta L. Paterson, Mary R. Peden (Mrs. Donald Macalister), F. V. G. Penman, T. Prentice, Annie B. Primrose, D. Rankine, F. Ribeiro, W. J. B. Riddell, R. W. Ritchie, G. G. Robertson, J. M'L. R. C. Ross, T. D. Ross, J. N. Russell, Katharine C. Shankland, Gladys A. G. Sharpe, Grace S. Shirlaw, R. G. Simons, R. R. Simpson, A. P. Smith, J. A. Sommerville, R. G. Sprenger, J. M. Stirling, Carolina J. Tessier, Marian Thom, Annie M. Thomson, J. M. M. Thomson, A. Urquhart, V. R. Walker, R. Walkingshaw, Annie Werner, J. Whiteford, R. Wilson, S. R. Wilson, W. Wilson, R. Woodside, A. B. Wright, R. A. D. Wylie, W. L. Young, R. Yuill.

* With honours. † With commendation.

Medical News.

ON the occasion of the formal opening of the Peking Union Medical College, in September, 1921, in the tenth year of the Republic of China, there were gathered in Peking a great number of prominent men and distinguished scientists for the celebration of the event. The President of the Republic was pleased to receive them in audience, and it was a most memorable occasion. A "Jen Shou" (benevolence and longevity) medal has recently been bestowed by the President on the British representatives—Sir William Smyly, Professor R. T. Leiper, Dr. Thomas Cochrane, and Dr. A. J. Armitage—in commemoration of the event.

THE London County Council has appointed Dr. Frederick Lucien Golla, physician and lecturer in clinical medicine, St. George's Hospital, to the position of pathologist to the London County Mental Hospitals and director of the pathological laboratory in succession to Sir Frederick Mott. The salary attaching to the position is £1,000 a year, with temporary additions which bring the total remuneration at the present time up to £1,234. Dr. Golla will relinquish his appointments at St. George's Hospital, but will retain that of physician to the Hospital for Paralysis and Epilepsy, Maida Vale.

A GENERAL meeting of the Röntgen Society will be held at the Institution of Electrical Engineers, Savoy Place, Victoria Embankment, London, on Tuesday next, May 1st, at 8.15 p.m., when Dr. C. Thurstan Holland will deliver the sixth Sylvanus Thompson memorial lecture. His subject is "*X* rays and diagnosis." The annual general meeting will be held on June 5th.

DR. J. H. MORRIS JONES, J.P., has been elected chairman of Colwyn Bay Urban District Council; since the recent incorporation of Llysfaen within its boundaries, Colwyn Bay has become the largest town in North Wales.

THE Home Secretary announces that as a result of inquiries made in connexion with the investigations into the illicit traffic in dangerous drugs which led to the recent conviction of H. M. F. Humphrey, he has decided to cancel the licences held under the Dangerous Drugs Act, 1920, by the firm of Messrs. Whiffen and Sons, Limited, of Lombard Road, Battersea (also trading under the name of J. A. Wink and Company), and they will not for the future be allowed to buy, manufacture, sell, or have any dealings in the drugs to which that Act applies.

THE fourth intensive course of lectures for general practitioners and senior medical students at the Central London Throat Nose and Ear Hospital, Gray's Inn Road, W.C.1, will commence on May 7th at 4 p.m., and conclude on May 17th. The fee for the course, which will be devoted to diseases of the ear, is one guinea.

A COURSE of ten lectures on ante-natal and post-natal child physiology will be given by Dr. W. M. Feldman in the Physiological Theatre of the London Hospital Medical College, Mile End, E.1, on Wednesdays at 4.15 p.m., commencing May 9th. The course is open to students of the hospital, and medical practitioners are invited to attend.

THE Secretary for Mines has appointed Professor J. S. Haldane, M.D., F.R.S., together with Professors W. S. Boulton, S. M. Dixon, C. H. Lees, and J. F. Thorpe, to be additional members of the Safety in Mines Research Board, of which Sir Edward Troup has been appointed chairman.

THE death is announced of Mr. Edwin Thomas Hall, F.R.I.B.A., well known for his designs of hospitals and sanatoriums. He was joint architect of the new Royal Infirmary, Manchester, and of the Welsh War Hospital, Netley; he designed the Frimley Sanatorium, the South Wales Sanatorium, and the King George Hospital for Wounded. He was consulting architect to St. Bartholomew's Hospital, to the King Edward VII Sanatorium, Midhurst, and to the Leeds General Infirmary.

THE meeting of the University of London for the presentation of degrees at the Albert Hall on Thursday next at 2.30 p.m. will be followed by a graduation service at Westminster Abbey at 5.45, when the Dean of St. Paul's will preach. In the evening the graduates' dinner will take place at the Grocers' Hall. On the previous evening the new graduates will be entertained at dinner by the Guild of Graduates.

THE third series of lectures to students and medical practitioners given by the medical staff of Queen Charlotte's Lying-in Hospital, Marylebone Road, N.W.1, will begin on Thursday, May 10th, at 5 p.m., and end on June 14th.

DR. P. A. MAPLESTONE, D.S.O., who is a graduate of the University of Melbourne, and has until recently been lecturer of protozoology in the Liverpool School of Tropical Medicine, has been appointed Assistant Director of the Research Laboratory at Sierra Leone. Before he sailed last week to take up the duties of his new post he was entertained at a luncheon at which members of the committee and of the staff of the school were present. Sir Francis Danson, the host, said that Dr. Maplestone would find that the foundation of a most useful organization had been laid by Professor Blacklock, who was about to come home on furlough.

PESSIMISTS among criminologists and criminal lawyers prophesied that an effect of the war would be greatly to increase crimes of violence. The statistics published this week for 1921 do not confirm this anticipation; the number of persons tried for violence against the person in 1921 was 966, as compared with 1,107 in 1920 and 1,387 in 1913. There was an increase of offences of burglary, house-breaking, and robbery from 3,984 in 1913 to 4,722 in 1920, but in 1921 there was a decrease to 4,280. The number of charges of bigamy increased from 133 in 1913 to 722 in 1920, declining to 570 in 1921. Indictments for other sexual offences numbered 1,806 in 1913, 1,607 in 1920, and 1,535 in 1921.

A COURSE of eight lectures on nutrition will be given by Professor V. H. Mottram, M.A., at King's College for Women (61, Campden Hill Road, W.8) on Mondays and Wednesdays, April 30th, May 2nd, 7th, 9th, 14th, 16th, 23rd, and 28th, at 4.30 p.m. Attendance at this course is recognized in connexion with the B.Sc. (Honours) Degree in Physiology of the University of London.

THE annual meeting of the Medical Mission Auxiliary of the Church Missionary Society will be held in the Queen's Hall, Langham Place, W.1, on Wednesday, May 2nd. The chair will be taken at 7.30 p.m. by Mr. W. McAdam Eccles, M.S. Tickets of admission can be obtained on application to the Loan Department, Church Missionary Society, Salisbury Square, E.C.4. There will be a small number of reserved seats at 1s. each.

WE regret that owing to a misunderstanding it was announced in our issue of April 14th (p. 663) that Dr. Carl Spengler of Davos had died; the announcement should have been with reference to his brother, Dr. Lucius Spengler. We are glad to learn that Dr. Carl Spengler is still living.