

68 instances babies were born alive and healthy, four babies were stillborn, and the other mother miscarried early. In two cases the mother attended once and was asked to come again, but failed to do so. Another mother was a notified case of tuberculosis and very ill. The fourth mother was given special treatment, to be described later; this she discontinued against advice, and one week later the baby was stillborn, prematurely. Miscarriage threatened in the fifth mother when seen, and she was sent home to bed under the care of her own doctor, but a miscarriage was not averted. Considering that very many patients come because there is something unusual which causes a midwife to suggest that they should attend, or often because previously they have had stillbirths, these results seemed encouraging.

From January 1st to July 3rd, 1923, I think 87 charts have been completed without, I believe, one stillbirth being recorded. These cases included three threatened abortions, two Caesarean sections referred to the Jessop Hospital, and two cases of albuminuria with pre-eclamptic symptoms admitted the same day to the Jessop Hospital. It will therefore be clear that, with ante-natal care, cases of stillbirth can be greatly reduced in number. In Sheffield cases of stillbirth, where no doctor is in attendance, are notifiable to the Public Health Department; 142 stillbirths were so notified in 1922. The health inspectors visited in every case, and many of the mothers subsequently attended the clinic. The results of investigation have been very disappointing. That syphilis is not a very common cause of stillbirth is shown by the fact that in no case sent for a Wassermann reaction has a positive result been reported. Further, 62 mothers out of 142 had previously had one or more—up to ten—other children born alive and no previous miscarriage or stillbirth. In syphilis a living child may follow stillbirths, but the reverse is not so common. It would be unreasonable to suggest that all these 62 mothers had developed syphilis since having the previous children. Every mother who has a stillbirth is invited to come up to the Maternity Clinic should she again become pregnant.

Nine cases where syphilis as a cause had been excluded and no other cause could be found were, by kind permission of the medical officer of health, treated during the pregnancy at the clinic by giving every night thyroid (1/8 to 1/4 grain) and ovarian extract (5 grains). Notes of these cases are as follows:

Case 1.—Aged 27; one previous pregnancy—stillbirth full-time. Treatment begun September 9th (sixth month). On October 14th the mother discontinued treatment. October 21st, macerated foetus.

Case 2.—Aged 29; one previous pregnancy—premature, lived thirteen days. Treatment begun October 14th (eighth month). October 27th, full-time child, normal weight; breast-fed; last seen aged 35 weeks; weight 19 lb. 6 oz.

Case 3.—Aged 29; five previous pregnancies—namely, (1) three months' miscarriage; (2) full-time stillbirth; (3) normal living baby; (4) full-time stillbirth; (5) eight months' stillbirth. Treatment begun November 11th (sixth month). February 7th, small baby weighing 3½ lb.; lived one month. The mother was in bed suffering from influenza when labour came on.

Case 4.—Aged 31; two previous pregnancies—(1) premature stillbirth; (2) premature twins, lived one week. Treatment begun November 25th (sixth month). February 22nd, full-time living baby weighing 9½ lb. Seen by inspector at four months—breast-fed and doing well.

Case 5.—Aged 24; four previous pregnancies—(1) five months' miscarriage; (2) six months' miscarriage; (3) seven months' premature, lived one hour; (4) seven months' premature, lived a few minutes. Treatment begun November 25th (fifth month). March 22nd, full-time living baby weighing 5½ lb. Seen on June 22nd at three months old, weight 10 lb.

Case 6.—Aged 20; one previous pregnancy, eight months' premature, died immediately from congenital abnormalities. Treatment begun January 6th (sixth month). April 16th, full-time child, weight 5 lb. 6 oz., born in hospital; did well for the first week, but died on the eighteenth day; cause of death unknown.

Case 7.—Aged 26; one previous pregnancy—seven months' baby, lived three and a half hours. Treatment begun December 3rd (fifth month). April 22nd, full-time baby, normal weight. Seen on July 7th at ten weeks old, weight 11½ lb.

Case 8.—Aged 39; two previous pregnancies—(1) full-time stillbirth; (2) two months' miscarriage. Treatment begun January 6th (fifth month); May 19th, full-time child, weight 7 lb. Seen on June 16th, doing well, not weighed.

Case 9.—Aged 29; three previous pregnancies—(1) three months' miscarriage; (2) six months' miscarriage; (3) three months' miscarriage. Treatment begun November 11th (third month). June 6th, full-time child, weight 11 lb. Seen by inspector—doing well.

Conclusions.

1. In nine out of ten cases (90 per cent.) the baby was born alive, and this might have been raised to 100 per cent. if the other mother had continued her treatment to term; in seven out of ten cases (70 per cent.) the baby lived and did well.

2. Out of twenty-three possible babies which might have been born to these patients previously, only three (13 per cent.) were born alive, and in only two cases (barely 9 per cent.) the baby lived; both babies were small at birth and awkward to rear according to the histories obtained.

3. In only two out of ten cases the mother has another living baby. In both cases two miscarriages or stillbirths have occurred in between, and in one of these, two preceded the first living baby.

4. The two babies who died survived for one month and eighteen days respectively. In this connexion it is interesting to note that other much smaller babies who have attended the dépôt have done well. One of my dépôt babies weighed 2 lb. 10 oz. when seen at a fortnight old, and is now a lovely healthy baby of six months. It is essential that tiny babies should be seen early, and mothers having treatment are now instructed to send the baby at once if it is small.

5. Three of the babies were above average weight (7½ lb.) at birth.

6. The smaller babies attending the dépôt have done very well and gained more rapidly than is normal.

7. All the babies are breast-fed.

8. All the confinements were normal.

9. It is advisable to begin the treatment at five months or earlier, as in this case the baby tends to be bigger.

10. The health of the mothers during pregnancy was greatly improved after they began the treatment.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

THE TREATMENT OF PARAPHENYLENEDIAMINE DERMATITIS.

THE dermatitis produced by dyes derived from paraphenylenediamine is very severe and exceedingly painful and distressing to susceptible persons. If not properly and promptly treated in the early stage it may last for many weeks or months and spread widely over the body. The skin specialist as a rule only gets these cases in a late stage when little can be done to shorten the duration of the disease.

I have recently seen two cases—one from hair dye and one from dyed furs—within a few hours of the onset of the dermatitis, and the treatment here described was very successful in reducing the duration of the disease.

CASE 1.—Hair Dye.

A paraphenylenediamine dye was applied on July 10th. The hairdresser brought the patient to me on July 11th. He was in great pain; the scalp was acutely eczematous with oedema and exudation developing over the whole, but not much beyond the hairy margin. It was directed that the scalp should be thoroughly washed and doused with plenty of water, gently dried, and a solution of sodium hyposulphite (1 oz.) in water (4 oz.) ordered. The scalp was to be thoroughly sprayed with one part of this in two of warm water, the washing and the lotion to be repeated every four hours. On July 12th the oedema had increased and the face was more involved, but the patient experienced great relief from the pain; he stated that the first application of the lotion took away three-quarters of the pain, and he had an excellent night's sleep. I prescribed two more douchings with water and the hyposulphite lotion was reduced to one in four, to be applied after the douching. On July 13th the oedema of the face had increased, but the scalp was less swollen; exudation, however, was free. A lotion consisting of plumbi subacetat. fort. 1/2 oz., glycerin 2 dr., and aq. destil. 10 oz., was prescribed, to be used, one part to two of warm water for the face, and one part to four of water for the scalp. Improvement followed, and on July 17th the oedema of the face was greatly reduced, the scalp was far less inflamed, and the patient was quite comfortable. He did not require to consult me again and was, I am told, practically well in a fortnight.

CASE II.—*Fur Dermatitis.*

This patient was two years ago laid up for many weeks after wearing a new fur collar. On November 15th, 1923, she wore a new coat with a dark fur collar for a short time. The next morning she had some redness of the skin of the neck and discomfort. On November 18th she again wore the coat for a longer time, and came to me on November 19th with an acute erythematous eruption of the neck spreading over the face and front of the chest. Oedema was slight but increasing, and the smarting and burning were severe. The same lotion as in the previous case was prescribed to be used after washing the parts thoroughly with superfatted soap and free swilling with fresh water afterwards. After the application of lotion the skin was to be dusted with prepared calamine (2 oz.) and starch (1 oz.). On November 20th the inflammation was subsiding, the oedema had not increased, and no discomfort was felt. She was directed to continue the lotion for two days and then to use the dusting powder until quite well. The patient was told to return in two days if not well, but it was not necessary for her to do so.

A. WINKELRIED WILLIAMS, M.B.,

C.M., D.P.H.,

Dermatologist, Royal Sussex County Hospital,
and Royal Alexandra Hospital, Brighton.

FIBRINOUS BRONCHITIS RESEMBLING TUBERCULOSIS OF THE LUNG.

THE following cases are of interest not only on account of their rarity but as showing the importance of washing doubtful clots in cases of haemoptysis.

CASE I.

M. P., aged 21, was admitted to the Pendyffryn Hall Sanatorium on February 27th, 1923. Except for occasional pain on deep breathing, on the left side of the chest, he had nothing to complain of until January 31st, 1923, when, while on night duty abroad, he coughed up about 1 oz. of blood. This recurred twice during the same day and again two days later, and again, in smaller quantity, on February 11th. His sputum was examined on two occasions in a laboratory, and on the second tubercle bacilli were reported as present.

On admission, apart from some vague pains on both sides of the chest and a poor appetite, he showed no symptoms of organic disease. Physical examination showed some falling in below the right clavicle, some slight impairment of resonance over the apex of the right upper lobe on its posterior aspect, and considerable diminution of breath sounds over the whole of the right lung. X-ray examination by screen showed diminution in lighting up of the right apex on inspiration; by film nothing abnormal could be seen. The patient was put on graduated exercises, and except that the rectal temperatures after exercise were a little higher than usual (quickly falling, however, to normal with rest) he continued without further symptoms until July 5th, when he had slight haemoptysis of about 2 oz. The blood, which flowed briskly for a short time through the nose, was unaccompanied by cough or dyspnoea. About half an hour after the haemorrhage stopped a large clot was coughed up; this, on being floated out in water, proved to be a bronchial cast. These casts were sent to Sir Bernard Spilsbury, who reported them to be of a fibrinous nature, showing no tubercle bacilli or other organisms in section. Six days later the patient had another similar haemoptysis of about 3 oz., and again soon afterwards coughed up another larger bronchial cast which was about two inches long with a number of lateral branches. Another clot coughed up a little later contained another small bronchial cast. After this a few moist sounds were to be heard over the right middle lobe. No further haemoptysis occurred before his discharge from the Sanatorium on September 16th, still showing diminution of breath sounds over the right lung. All moist sounds had disappeared.

CASE II.

A male, aged 30, with definite signs of tuberculosis of the lung, tubercle bacilli in large numbers in his sputum, and involvement of the larynx, had several small attacks of haemoptysis during treatment, and on one occasion coughed up a similar clot to that described in Case I. This on being washed in water proved to contain a cast of a fibrinous nature.

The points of interest in these cases are:

1. Their rarity.
2. That a diagnosis of tuberculosis of the lung based on haemoptysis and the finding of tubercle bacilli in the sputum shows the danger of relying on a laboratory finding of tubercle on a single occasion. It may be due either to an error in interpretation of the film or to a slide that has not been made bacteriologically clean.
3. The suggestive absence of any shadow of tuberculous deposit in the lung in the x-ray film.
4. The importance of washing any doubtful clots in cases of haemoptysis; if this was more frequently done, such casts might possibly be found to be less rare than they are supposed to be.

BERKELEY ASH, M.R.C.S., L.R.C.P.,

C. BRODRIBB, M.B., B.S.,

Pendyffryn Hall Sanatorium.

Reports of Societies.

BACTERIOLOGY OF DENTAL CARIES.

At a meeting of the Pathological Section of the Royal Society of Medicine on January 15th Dr. J. KILIAN CLARKE said that the meagre evidence available supported Miller's theory that dental caries was due to bacterial fermentation of carbohydrates with production of acid which decalcifies the teeth. In this connexion considerable attention had been directed lately to the acidophile group of bacilli: the members of this group were active producers of acid, in a high concentration of which they could live—in fact they grew best in a medium of a comparatively high acidity. McIntosh, James, and Lazarus-Barlow had isolated acidophile bacilli from forty-four out of fifty carious teeth examined by them, and produced lesions resembling caries in healthy teeth placed in glucose broth cultures. The teeth examined by these observers and others were in a fairly late stage of caries, with cavity formation, and the conditions in these cases were very different from those which obtained at the commencement of disease. Dr. Clarke was unable to isolate acidophile bacilli from early cases in which there was little or no apparent loss of enamel substance, but found another organism constantly present; this organism did not appear to have been described previously, and he proposed for it the name *Streptococcus mutans*.

It appeared as a streptococcus on neutral media, but grew as a bacillus if the reaction became acid: it was Gram-positive, aerobic, and facultatively anaerobic. The colonies were very coherent and difficult to pick up off the surface of the medium, since they ran along in front of the needle. It was an active producer of acid, but not acidophile, being quickly killed if the medium became acid, and refusing to grow on a medium with a reaction more acid than pH 5.6. All strains isolated were identical in fermentation and agglutination reactions. *Streptococcus mutans* was isolated from thirty-six out of a series of fifty teeth, in pure culture from eight, while in most of the negative cases colonies of the organism were seen, although it could not be isolated. The lesions in these teeth were very early in the great majority of cases. Acidophile bacilli were isolated only in the more advanced cases, where there was a break in the continuity of the enamel, or in cases in which the lesions were very shallow. Attempts were being made to produce artificial caries in healthy teeth, by placing them in cultures of *Streptococcus mutans*. The growth of the organism adhered strongly to the surface of the teeth and decalcification of the enamel took place with comparative rapidity. Decalcified sections of a tooth kept in cultures for nine and a half weeks were exhibited; they showed the organisms, which had penetrated the enamel, invading the dentinal tubules. The medium had been changed daily, so that the tooth did not remain for any length of time in an acid solution—in McIntosh, James, and Lazarus-Barlow's experiments the medium was changed only once a week.

Although there was as yet no conclusive evidence that *Streptococcus mutans* was the cause of caries, the facts that it was found regularly in early cases, sometimes in pure culture, grew best at a reaction approximating that of the saliva, adhered to the surface of the enamel, and could produce lesions *in vitro* similar to those of caries, were certainly suggestive.

Mr. R. T. GUNTHER exhibited vertebrae of fossil crocodiles from the mesozoic strata of Oxfordshire; these showed coloured Y-shaped markings following the course of segmentally arranged intercostal arteries and veins. The suggestion that these were arterial imprints received confirmation from the subsequent finding of such arteries in a recent crocodile, and from the discovery of lateral grooving of similar vertebrae in a crocodile from an older geological stratum. That the imprints of these arteries, whether in colour or as grooves, had not been previously observed was due to the great scarcity of specimens exhibiting them, and, since the greater number of crocodilian vertebrae did not show them, Mr. Gunther was inclined to regard them as pathological, and possibly as indicating an early case of arterio-sclerosis.

Mr. ALEXANDER FLEMING read a paper on the accuracy of measurements with capillary pipettes. He described the various types of error which might occur and showed that, when the "wash" (fluid remaining adherent to the pipette) was eliminated, a volume of fluid as small as

the work with his characteristic enthusiasm, and proved himself an exceptional organizer. One great piece of work which he did for the force was the raising and maintaining of the first Bearer Company in the Volunteer Force, and he kept it in the highest state of efficiency during a command which lasted ten years. In 1904 he was appointed commanding officer of the Sussex and Kent Volunteer Infantry Brigade. In 1908 he was given the important appointment of administrative medical officer for the Home Counties Division and promoted to the substantive rank of colonel. During the great war he held various posts in Brighton, including that of chief administrative officer of the Pavilion Hospital for Limbless Soldiers. Colonel Turton married the daughter of the late Mr. Richard Rugg, and leaves one daughter and one son, who is assistant surgeon at the Royal Sussex County Hospital. A younger son was accidentally killed during the war whilst serving with the Sixth Battalion of the Sussex Regiment.

The funeral took place in Brighton and was conducted by the Rev. Prebendary Bell, Vicar of Christ Church. A large number of representatives of the various public bodies were present, including magistrates, members of the town council, of the medical profession, of the old Bearer Company of the Sussex and Kent Regiment, of the Church, and of the County Cricket Club.

S. T. D. WESTON, M.R.C.S., L.R.C.P.,
Handsworth.

DR. SAMUEL THOMAS DARBY WESTON died on January 9th at his residence in Handsworth, Birmingham, and the neighbourhood where his activities had centred for nearly forty years is poorer by the loss of a good and able man, whose personal worth, professional integrity, and skill won for him the esteem and respect of all. There was a general manifestation of sorrow when the news of his death became known. Dr. Weston was educated at Queen's College, Birmingham, where he obtained the M.R.C.S.Eng. in 1879 and took the diplomas of L.R.C.P.Edin. and L.M. in 1885. He started his professional life as surgeon to Tangye's works, and on retiring from this post began practice at Handsworth. During the war he served on the Pensions Board, of which he was sometime chairman. He was a member of the British Medical Association and of the Birmingham Panel Committee and kindred associations, one of the first lecturers at Handsworth for the St. John Ambulance Association, and he was mainly instrumental in establishing the Handsworth motor ambulance. He was medical officer to the guardians for many years. During his busy life he yet found time to give to public life and church work, and was a member of the School Board 1898-1901, churchwarden of St. James's for two long periods, foundation manager of St. James's School, and for some years a governor of Handsworth Grammar School. The first portion of the funeral service was taken at St. James's Church, which was crowded by his friends and patients; members of the medical profession from all parts of the district were present. The burial took place at Handsworth Cemetery, where many hundreds of sympathizers assembled, and the grave was lined throughout with evergreens and flowers. Dr. Weston is survived by his widow, one daughter, and one son, Major T. A. Weston, now in practice at Oswestry.

A former President of the Shropshire and Mid-Wales Branch of the British Medical Association, Dr. J. Woodward Riley, writes of his friend, Dr. Weston: "It is a beautiful life that has ended, a life of noble self-sacrifice and devotion, a life for all to copy. Surely no man was ever better loved by rich and poor alike, and none more worthily! I was privileged to call him friend—a life-long friendship—and he was a friend indeed, true as steel, ever ready with advice and help in professional or private affairs, and with clear insight, firm principle, and fixed purpose; one feels that 'Take him for all in all we shall not look upon his like again.' He was indeed 'a very gentle knight' and combined in himself all that was best in chivalry: his charming manner and unassuming ways, his uniform courtesy and loyalty to all who knew him, won for him an esteem among men that few attain, and the lasting memory of those who loved him."

Dr. THOMAS CRANSTON WILSON of Swindon died on January 12th, after a few days' illness, at the age of 45. A native of the North of Ireland, he graduated in the University of Dublin as M.B., B.Ch., B.A.O. in 1904, and proceeded M.D. in 1907. His medical appointments included those of consulting physician to the Winsley Sanatorium for Consumption and surgeon to the Victoria Hospital, Swindon. He went to Swindon seventeen years ago, and, owing to his genial disposition and all-round capability, his practice soon became one of the largest in Wiltshire. He was chairman of the Swindon Division of the British Medical Association in 1922, and was at all times active in working for the good of the profession. Throughout his life he was interested in horses, and as a boy had frequently ridden at the Dublin Horse Show. In 1917 he bought a farm of 700 acres on the Wiltshire Downs and bred shire horses, several of which have been notable winners at horse shows. He leaves a widow and two children, for whom much sympathy is felt.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on January 24th the degree of Bachelor of Medicine (B.M.) was conferred on H. A. Robertson, E. B. Strauss, and Jean Orr Ewing.

Degree Days.—Congregations will be held for the purpose of granting Graces and conferring degrees in the present term on the following days at 2.30 p.m.: Saturday, February 16th, Thursday, March 6th, and Saturday, March 29th.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on January 25th the degree of B.Ch. was conferred on E. G. Holmes.

The Charles Abercrombie Smith research studentship at Peterhouse, of the annual value of £150, open to graduates of any British or foreign university, has been awarded to R. A. Webb, M.D. (Johns Hopkins University), research student of Gonville and Caius College.

UNIVERSITY OF LIVERPOOL.

DR. R. W. MACKENNA, honorary dermatologist to the Liverpool Royal Infirmary, has been appointed Lecturer in Dermatology in succession to Dr. H. Leslie Roberts, resigned.

Medical News.

A COURSE of free public lectures on the current work of the Biometric and Eugenics Laboratories will be given at University College, University of London, on February 13th, 20th, and 27th, and March 5th, 12th, 19th, and 26th. The order of the lectures is as follows: "The contributions of Sir Francis Galton to photography," by Professor Karl Pearson; "The biometric study of cancer," by Dr. M. Greenwood; "On inheritance in fingerprints and the possibility of their use in cases of disputed paternity," by Miss E. M. Elderton; "Colour vision and colour blindness from the historical aspect," by Dr. Julia Bell; "Birth intervals as a factor in the size of the family," by Mr. E. S. Pearson; "Influence of social status and physical development on the characters of the blood," by Dr. Percy Stocks; "The contributions of Sir Francis Galton to psychology," by Professor Pearson. The lectures will be delivered in the theatre of the laboratory at 6 p.m.

ARRANGEMENTS are being made to celebrate the centenary of the birth on June 26th, 1824, of Lord Kelvin, who, as Sir William Thomson, was well known to many generations of Glasgow students. The Royal Society, of which Lord Kelvin was president from 1890 to 1895, has appointed a committee to make suitable arrangements. Sir Richard Glazebrook is chairman, and among the members are representatives of the University of Glasgow (Sir Donald MacAlister, Bt., Vice-Chancellor and Principal), the University of Cambridge (Dr. E. C. Pearce, Vice-Chancellor), of the Physical Society, the Institutions of Mechanical Engineers, of Electrical Engineers, of Civil Engineers, and of Naval Architects, as well as of the Royal Society of Edinburgh and the Royal Society itself. The celebration will take place on July 10th and 11th during the visit of Dominion, American, and foreign men of science and engineers to attend conferences at the British Empire Exhibition. The President

and Council of the Royal Society will hold a reception. Sir J. J. Thomson will deliver a memorial oration and there will be a dinner over which the Earl of Balfour has promised to preside.

THE Marquess of Salisbury has accepted the office of president of the thirty-fifth Congress of the Royal Sanitary Institute, to be held at Liverpool from July 14th to 19th.

AT a general meeting of the Röntgen Society on Tuesday next, February 5th, at 8.15 p.m., at the Institution of Electrical Engineers, Savoy Place, W.C.2, Professor H. S. Gasser of University College will read a paper on the recording of action currents in nerve, with special reference to the use of the cathode-ray oscillograph. The seventh Silvanus Thompson lecture will be delivered by Professor C. G. Barkla, F.R.S., of Edinburgh, at a meeting on April 1st.

AMONG other measures taken by the League of Nations to put an end to the illegal traffic in harmful drugs the Secretary-General has sent a letter to the various Governments suggesting that certain countries should increase the penalties on persons engaged in the traffic and enforce the present system of import and export licences. Another procedure which reduces smuggling is the notification to the League of any seizure of drugs. Upon receipt of such notification the Secretariat informs not only that country from which the drugs first came, but also all other members of the League, so that they, too, may adopt special measures to prevent imports from foreign firms with a bad reputation. Thus, within the last few weeks, the Foreign Office has informed the Secretariat of an attempt by an Italian sailor to smuggle cocaine into Bombay, and of seizures of cocaine of German and Japanese origin at Calcutta. The Australian Government has notified the discovery at Sydney of fifty tins of opium which arrived from Hong-Kong, and the Union of South Africa has notified the seizure of twenty-five tins of morphine hydrochloride, imported through a company in Berlin. As already announced, the League proposes to summon an international conference in November next to discuss the limitation of the production of harmful drugs to the world's medical and scientific requirements.

AT a meeting of the Central Midwives Board for England and Wales on January 24th, with Sir Francis Champneys in the chair, a letter was received from the Ministry of Health approving the rules, as now amended, for a period of one year from December 31st, 1923. In response to an invitation from the Royal Institute of Public Health to appoint a delegate to attend its congress in the city of Bordeaux, Miss Olive Haydon was selected to represent the Board.

THE Lady Priestley Memorial Lecture of the National Health Society will be given at the house of the Royal Society of Medicine (1, Wimpole Street) on Monday, February 18th, by Dr. W. E. Dixon, F.R.S. His subject is alcohol, its use and abuse; the chair will be taken by Sir James Crichton-Browne, M.D., F.R.S., at 5 p.m.

AT the meeting of the Royal Anthropological Institute on Tuesday, February 19th, Dr. Ernest Jones will read a paper on psycho-analysis and anthropology. The meeting will be held at the rooms of the Royal Society, Burlington House, Piccadilly.

DR. FRANCIS TEMPLE GREY of Lincoln's Inn was called to the Bar on January 28th.

MR. V. WARREN LOW, C.B., has been elected a member of the Distribution Committee of the Metropolitan Hospital Sunday Fund in the vacancy caused by the resignation of Sir William Church, Bt., M.D., on his election to the council.

GRANTS amounting to £71,532 were made by the Hospital Saturday Fund on January 23rd to 225 London hospitals, as against £75,775 in the previous year.

WILLIAM BRENDON AND SON, Ltd., of Plymouth, announce for early publication *A Memoir of William and John Hunter*, by Dr. George C. Peachey.

W. HEFFER AND SONS, Ltd., of Cambridge, announce for early publication two books by Dr. T. S. P. Strangeways, lecturer in special pathology in the University of Cambridge: *Tissue Culture in Relation to Growth and Differentiation* and a practical manual on *The Technique of Tissue Culture "in vitro."*

PROFESSOR GREEF of Berlin has presented his fine collection of old spectacles and telescopes to the Karl Zeiss Optical Museum at Jena.

THE chair of medical pathology in the University of Paris, to which Professor Sicard has recently been elected, was founded in 1795, its most distinguished occupants being Pinel (1795-1822), Axenfeld (1867-1876), Jaccoud (1877-1882), Debove (1890-1900), Brissaud (1901-1910), Widai (1910-1918), and Vaquez (1918-1920). On the other hand, the chair of diseases of the nervous system, to which Professor Guillain was recently appointed, was not founded until 1882, having been held successively by Charcot (1882-1893), Raymond (1894-1910), Dejerine (1910-1917), and Pierre Marie (1917-1923).

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology Westrand, London*; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand, London*; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra Westrand, London*; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*); telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

PREVENTION OF PHOSPHATIC CALCULI.

"M. K." writes: Three years ago I performed prostatectomy on a man aged 61. In the course of the operation I removed two phosphatic stones the size of almonds from the bladder. Recovery was uneventful. Eight months ago I removed a large phosphatic stone from the same patient's bladder, and he was in good health till a week ago, when I had to operate again, this time removing two phosphatic stones. Between the second and third operations he has been constantly on a mixture of urotropine with acid sodium phosphate, and has taken on his own account urodonal and lithium citrate. I should be glad to hear of any further means to prevent recurrence of formation of the stones.

* * Urodonal is an effervescent preparation stated to contain hexamine (urotropine), sidonal (said to be the anhydride of quinic acid), and lysidine (ethylene-ethenyl-diamine), which is believed to resemble piperazidine in its action.

GASTRIC INFLUENZA.

"R. B." asks what collection of symptoms justifies the clinical diagnosis of "gastric influenza," a diagnosis having a great vogue at the present moment. He continues: If it is considered that the symptoms vary what are the groups of symptoms most usually met with that warrant such a diagnosis, and do the sets of symptoms at the present time most commonly associated with this diagnosis differ from those noted in previous years (say the 1891 epidemic) in connexion with what was known as the abdominal form of influenza? I presume that in practically none of the cases diagnosed as gastric influenza has the diagnosis been based on bacteriological investigation. Is it that the practitioner had to put a name to the disease (or collection of symptoms) and so, if there is catarrhal influenza prevalent in a district, any case of pyrexia with abdominal symptoms which does not seem to fall into the category of other diseases is, for want of a better name, called "gastric influenza"? I am personally interested as I have just suffered from a somewhat prolonged attack which might for want of a better appellation be clinically diagnosed as "gastric influenza," seeing that cases of the usual catarrhal form of influenza are not uncommon here at the present time.

* * We had occasion a few weeks ago (December 22nd, p. 1231) to quote the opinion of Peacock that there was a special form of the disease characterized by prominence of gastric symptoms. His description of influenza was chiefly founded on the disease as it prevailed in 1847. In 1837 the Council of the Provincial Medical and Surgical Association, the predecessor of the British Medical Association, issued a circular to its members asking for information with regard to "the influenza or epidemic catarrh of the winter of 1836-37." The replies were analysed by Dr. Dr. R. J. M. Streeten and were published in the *Transactions of the Provincial Medical and Surgical Association* (vol. vi, p. 501). It is there stated that the symptoms observed in the usual course of the complaint were referable to a general febrile condition, accompanied by others which "were purely catarrhal and resulting from an affection of the mucous lining of the pulmonary organs and air passages, or connected with one or more of the other organs or systems of the body." Among the other