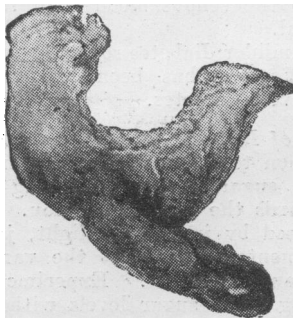


available to me, and in most of them can find no reference to the possibility of such an incident.

On November 16th, Mrs. P., aged 52, was admitted to the Southport Infirmary at 2 p.m., with what appeared to be an ordinary strangulated femoral hernia on the right side, the size of a small Tangerine orange, and very tense. Acute symptoms had begun the day before; a previously existing lump in the right groin had become larger and more painful and she had vomited repeatedly. At 11.30 a.m. on the day of admission she was seen by Dr. Martin, who at once ordered her to hospital.

A vertical incision was made, and the sac was found to contain a fair quantity of dark fluid with a slightly faecal odour. As soon as the tension was relieved, a black elongated mass of an



unusual shape presented, which assumed an almost vertical position and looked in size and shape exactly like a black warning little finger, curving forward at the tip.

As there was no mesentery visible even at the root, I concluded that I was dealing with a Meckel's diverticulum, and as I found it very difficult to insert the usual hernia director, the incision was carried upward and the abdominal muscles divided transversely.

On opening the peritoneal cavity I found a loop of small intestine entering the femoral opening, but it was firmly fixed there, and, as I feared that the

damaged bowel might give way, I finally decided to open up completely by dividing Poupart's ligament.

A good view was thus obtained of the parts, and an area of blackened intestine round the base of the diverticulum about 1½ inches in diameter was seen. The proximal end of intestine was not much distended and the lumen of the bowel was not obliterated. As the patient's condition was good I removed the damaged portion, including the diverticulum, and joined the ends by lateral anastomosis.

The peritoneum was stitched up, and the old sac separated off, the divided ends of Poupart's ligament carefully approximated and united with catgut, and the femoral opening closed as far as possible by suture to the pectineal fascia. The wound was then closed and a rubber drain inserted.

Recovery was uneventful, with the exception of some suppuration in the upper portion of the wound due to infection from the fluid in the sac. The bowels were freely moved the next day.

I have much pleasure in acknowledging the help given me during the operation by Dr. Robert Watson, our junior house-surgeon, and am indebted to Mrs. Cronin Lowe for making a coloured drawing from which the print has been reproduced.

The specimen was sent to Sir Arthur Keith of the Royal College of Surgeons, who pronounced it to be "a Meckel's diverticulum of moderate size strangulated as a hernial content, and the first specimen of its kind which we have got for the museum."

BIBLIOGRAPHY.

- Pabst (*Beitrage klin. Chirurg.*, 1910, vol. 69) summarizes all known cases (over 120) of Meckel's diverticulum in hernia down to 1910; a large number which were not strangulated are included.
 Hauf, in *Deut. med. Woch.*, 1919, reports a case.
 B. Metcalfe (*BRITISH MEDICAL JOURNAL*, 1914, ii, p. 178) reported a case of gangrenous Littre's hernia (inguinal) where the stump was invaginated.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

LABYRINTH DEAFNESS, WITH A NEW PHYSIOLOGICAL DIVISION OF THE AUDITORY ORGAN.

At the time that the discussion on labyrinth deafness was held at Portsmouth, in the Section of Laryngology and Otology, as printed in the *BRITISH MEDICAL JOURNAL* (November 10th, 1923), I presented a similar topic before the Szent István Akadémia in Budapest. The title of my paper was "A new physiological division of the auditory organ." In it attention was directed to the fact that the diagnosis of non-purulent labyrinthine diseases is very difficult, on account of the complexity in differentiating tuning-fork responses as having originated from the conducting or from the perceptive apparatus. This same uncertainty in diagnosing labyrinthine diseases seems to have been emphasized at the British Medical Association discussion held at Portsmouth.

A study of the discussion at Portsmouth on this theme made it apparent that the division into conducting and

perceptive apparatus caused such uncertainty in the diagnosis that the diagnosis of the labyrinthine diseases would be less perplexing if this division was eliminated. To further bring forth the ambiguity mentioned, attention is called to the two following factors:

1. The anatomical border-line position of the two windows causes similar questionable border-line response of the tuning-forks, which thus often leaves a question of doubt whether the responses can be interpreted as being the result of an internal (perceptive) or middle (conducting) ear pathological condition.

Mr. E. B. Waggett, the president of the Portsmouth Section, called attention to the fact that many cases of so-called internal ear deafness would be proved some day to be due to diseases in the foramen rotundum. In an issue of the *Laryngoscope* (St. Louis, July, 1920) I brought forth this last mentioned statement. I, however, limited the value of the tuning-fork tests. The following is a brief summary of this article. The shortening of the higher tones, the shortening of bone conduction (Schwabach), and the positive Rinne all can be caused by a disease of the windows as well as by the affected nerve. Hitherto we have accepted the shortening of bone conduction or the shortening of the higher tones alone as a sign of a nerve disease, although Panse called attention to the fact that the disease of the round window also causes such phenomena. We are only justified in supposing a nerve disease if we have guarantee for the integrity of the windows—that is, if the hearing of the lower tones is good. Bearing in mind this limitation we will not be compelled to say that "the tuning-fork tests are open to fallacies." We will not say that "nerve" deafness may be induced by a simple obstruction in the conducting apparatus. We will not have to suppose so often the mixed type of deafness. I am convinced that we must limit the value of the tuning-fork tests, else we will cause a general dissolution of its worth owing to the scepticism which will arise.

2. The second fact is the construction and the physiological importance of the internal ear proper. It is but necessary to call attention to these factors to realize that the labyrinth is not perceptive in function. Surely the movement of the perilymph and endolymph is conductive rather than perceptive in nature; likewise the vibration of the membrana tectoria is also of this type. Finally, Corti's organ itself, rather than an end-station perceiving organ, is a relay station in forwarding the impulse to the true perceptive factor—namely, the brain.

Mr. W. M. Mollison's effort to simplify this matter by eliminating the old "physiological division," and indexing these diseases under qualitative and quantitative groups, is but of theoretical importance, as it would be impossible to identify for practical purposes these diseases, under his classification.

I propose a new classification, a new physiological division of the auditory organ as follows:

I. The Conducting Apparatus.

A. Physical stimuli transmitted—

- (1) through the external and middle ear;
- (2) through the two windows;
- (3) through the labyrinthine fluid.

B. Physiological stimuli transmitted—

- (1) through Corti's organ;
- (2) through the eighth nerve and its tracts.

II. The Perceptive Apparatus.

Stimuli interpreted in the cortex.

Budapest.

Docent Dr. A. REJTÖ.

HAEMOTHORAX AFTER ACUTE PNEUMONIA.

In the following case haemothorax arose spontaneously during convalescence from acute pneumonia.

C. J. L., aged 32, an athletic man of good physique, after ten days' persistent "cold" in the head with progressive debility, suddenly, while at work, was conscious of severe stabbing pain under the right pectoral muscles, and in the right side. The pain was so severe that he had great difficulty in reaching his home in the suburbs, and when seen at 10.30 p.m. was found crouching forward in his chair afraid to move his body or take a deep breath.

The following morning at 9 o'clock all the signs of a typical and severe lobar pneumonia were present. Temperature 103° F., pulse 142, respirations 36 per minute. Pain was an extremely

marked symptom, for which morphine gr. 1/4 was given immediately; 50 million stock antipneumococcal vaccine were injected at the same time (eighteen hours after the first pain symptom).

The same evening four leeches were applied to the right side—the first, one inch below the right nipple, and the others at intervals of about two inches outwards and downwards round the chest. Morphine gr. 1/4 was repeated, and the patient passed a much easier night.

On the morning of the third day his temperature fell to 99.8° F., pulse to 120, respirations to 26. The injection of 50 million antipneumococcal vaccine was repeated. Morphine gr. 1/6 was given at night, and the following morning the patient remarked that he was feeling "fine," and appeared quite comfortable propped up in bed. For four days the temperature was 99° F. in the morning, and about 101° F. at night; he continued to improve generally, the pulse rate falling to a steady 96 on the sixth day, respirations to a steady 24 on the fifth day of his illness. During this period he developed a short, dry, and persistent cough, but no expectoration until some days later. The temperature reached normal on the seventh day without any appreciable crisis, and he was in a very good general condition, his bowels not having acted from the morning of the day of onset until the morning of the sixth day, after a mild vegetable pill administered the night before.

He continued to improve and was allowed to sit out of bed for ten minutes night and morning on the fourteenth day, by which time the dullness in the right lung area had become definitely resonant, and his night temperature normal for three successive readings.

For another week his progress was steady and uneventful, the short, dry cough with scanty expectoration remaining. He was allowed up for half an hour night and morning, when, on the twenty-first morning, I was called hurriedly, to find him in great dyspnoea, pale and cyanosed, struggling to breathe sufficient air, and obviously in a state of considerable collapse. He had not been so well the previous day, and thought it was merely indigestion. He had slept fairly well, though obviously not so comfortably as of late. He had awakened to find his breathing embarrassed through a sense of great weight on his chest, and, experiencing increasing air-hunger, had sent for me. His right lung area was of board-like dullness, his apex beat one and a half inches outside the nipple line, his pleural cavity obviously full of fluid, which had collected since examination forty-eight hours earlier.

On exploration with a 10 c.cm. syringe, a fluid only slightly thinner than pure blood was obtained, two pints of which were removed by aspiration, in a nursing home, the same afternoon by Dr. Laurence Ball, who later examined films and made cultures from it. The films showed pure blood, and the cultures were sterile.

The patient stood the loss remarkably well, and was greatly relieved by the aspiration. His temperature assumed a moderately hectic type, gradually abating during the following ten days, during which considerably more fluid collected, and then gradually became absorbed.

After three weeks in the nursing home, and six weeks from the onset of his illness, the patient was well enough to return home, where he made a slow and gradual complete recovery.

I wish to thank Dr. Laurence Ball for his advice and help in the treatment of this case, which we think of sufficient interest and rarity to be put on record.

WILLIAM WATSON NEWTON,
Hall Green, Birmingham. M.R.C.S., L.R.C.P.

GARLIC IN PNEUMONIA.

I do not think that it is generally recognized that garlic, if given in a sufficient dose, is an invaluable remedy in the treatment of pneumonia. I have used it during a little over two years in every case of lobar pneumonia which has occurred in my practice, and in no instance has it failed to bring the temperature, pulse, and respirations down to normal in about forty-eight hours. The only deaths that I have had from pneumonia during these two years have been a woman of 62 and a man of 80. The former was a confirmed and bad diabetic; the latter was a feeble old man crippled by gout, who developed double pneumonia after influenza; even in his case the copious rusty sputum ceased and his temperature fell to normal, as with all the successful cases, but he collapsed suddenly from heart failure a little later, as I quite expected.

All the others (and I have had a considerable number of cases) have been rapidly cured by the drug. In no case has the crisis been deferred beyond the fifth day of the disease. I always feel just as certain of being able to effect a rapid cure by tinctura allii in pneumonia, if the drug is administered reasonably early, as I do by antitoxin in diphtheria, and any general practitioner will realize what this means.

I have a series of case charts showing the remarkable

effect of the drug; in one case the temperature fell from 105° to normal in forty-eight hours, and in another from 104° to normal in a similar period after commencing the drug. In neither of these cases had the patient been ill more than five days when the temperature became normal. Small doses of the drug are no good; half a drachm of tinctura allii¹ in water every four hours (or even every three hours in some cases) is, however, in my experience sufficient to ensure rapid recovery.

The use of garlic in this form and dose I have found equally remarkable in effect in septic bronchitis and bronchiectasis, influenza, and I am inclined to think in some cases of early phthisis even. At the moment, however, I am only concerned in advocating its use for the quick and certain cure of lobar pneumonia.

FRANK W. CROSSMAN, M.B., B.S.

Hambrook, nr. Bristol.

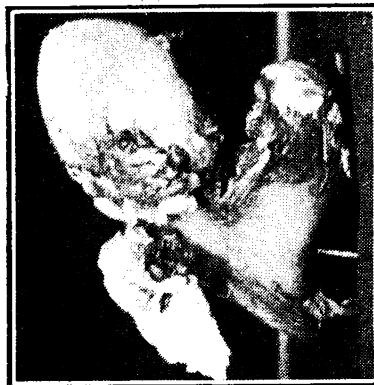
RUPTURED KIDNEY: NEPHRECTOMY.

INJURIES like that recorded below are, fortunately, rare on the football field. The case is remarkable in that the patient was able to continue playing till within fifteen minutes of the end of the game.

W. J. C., aged 24, was admitted to the North Lonsdale Hospital on March 17th, 1923.

The history of the case is that while playing as goalkeeper in an Association football match at Ulverston an opponent charged into him. This happened ten minutes before half-time, and apart from a little pain in the left loin, where the patient was struck, he felt quite well and played in the second half up to the last fifteen minutes, when he felt a sudden desire to micturate. He at once went behind a fence to do so, and found he was passing pure blood. He became alarmed, called an ambulance man, and a doctor was sent for, who ordered him to the North Lonsdale Hospital.

On admission to the hospital the same afternoon the patient looked dazed and ill; the temperature was 98°, pulse 84; he



Posterior view of left kidney.

passed bloody urine. On examination there was no external bruising and no swelling, but there was tenderness over the left kidney. He was given morphine gr. 1/4 and a cold pack was applied to the left loin. He had a fairly good night.

Next morning (Sunday) the tenderness was a little more acute and the urine very dark; a definite swelling in the region of the left kidney was now palpable. Towards evening the kidney condition became rapidly more acute—the swelling and tenderness increased, the patient becoming weaker and blanched.

At 6 p.m. I decided to operate. I made a lumbar incision and found a large tear in the left kidney on its inner surface; from the position of the tear the kidney appeared to have been crushed against the spinal vertebrae, perhaps with the other man's knee—one of the calyces was completely torn through. The position of the rupture did not allow sutures to be inserted and nephrectomy was performed.

The points of interest are the delay of urgent symptoms and ability to play so long after such a severe accident—probably both as a result of the injury being intracapsular at first, and the giving way of the distended capsule coinciding with the rapid aggravation of the symptoms. He is now quite well and played cricket all last summer.

JOHN ARTHUR REED, O.B.E., M.B., Ch.B.,
Honorary Surgeon, North Lonsdale Hospital.

Barrow-in-Furness.

¹ The preparation I use is a spirituous tincture of the garlic bulb, 1 in 5, made by Messrs. Ferris and Co. of Bristol.

Dr. ROBERT W. HEWSON, medical superintendent for forty years of the Institution for the Insane, Coton Hill, Staffs, died after a short illness on March 10th, aged 74. He was the son of the late Dr. John Dale Hewson. From Cheltenham College he went to Edinburgh, and took the diplomas of L.R.C.P. Edin. in 1876 and L.R.C.S. Edin. in 1877. After serving as senior assistant medical officer and deputy medical superintendent of the Cheadle Royal Hospital, he became in 1883 assistant to his father, who had been medical superintendent of the Coton Hill Hospital from 1854, and on the latter's death he succeeded him as medical superintendent; the father and son had thus an unbroken record of service at Coton Hill of over seventy years. Dr. Hewson devoted special attention to amusements for his patients, and encouraged them to take part in the different forms of sport provided, with beneficial results. He was a member of the Medico-Psychological Association and of the North Staffordshire Division of the British Medical Association.

Dr. DAVID SCOTT PARK died at Paignton on March 8th. He was born at Hawick in January, 1844, and was educated at the Buecleuch Academy, and subsequently at the University of Edinburgh and the Royal College of Surgeons, Edinburgh, taking the diplomas of L.R.C.P. and S. Edin. in 1868. He became F.R.C.S. Edin. in 1877. After serving as an assistant at Helmsley he went to Middlesbrough, and afterwards was appointed medical superintendent of the Crown Wells Hydro at Harrogate. In 1880 he commenced practice at Houghton-le-Spring, and subsequently became medical officer of health for the Houghton-le-Spring urban district and the northern division of the rural district. Dr. Park was instrumental in getting the Infectious Diseases Notification Act adopted in his district, and took a leading part in the establishment of isolation hospitals. He taught the first ambulance class at Houghton-le-Spring, and in 1912 was appointed a justice of the peace for Durham. After residing at Houghton-le-Spring for over thirty-three years, he removed in 1915 to Paignton. He is survived by his widow and one son, Dr. Stanford Park.

We regret to announce the death of Dr. JAMES WAUGH HAY of Sutton, Isle of Ely, which took place on February 26th, in a nursing home in London, following an operation. Dr. Hay was born in Stirlingshire in 1874, and obtained his medical education at Glasgow University, graduating M.B., Ch.B. in 1905. He was for a time in practice in New Zealand, but returned to England in 1910 and settled at Sutton, where he continued to practise up to the date of his death. He was a member of the British Medical Association, and was widely known and respected in the Isle of Ely, where his unselfish devotion to his patients, and bright, happy disposition won him many friends. Politically he took a great interest in the Conservative cause, and during the recent election was in great request as a speaker on tariff reform and kindred subjects. He leaves a widow and one daughter.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on March 14th the following medical degrees were conferred:

M.B., R.Ch.—L. P. Lockhart.
M.B.—W. Shaw, H. E. K. Reynolds.

UNIVERSITY OF LONDON.

At a meeting of the Senate held on February 27th the regulations for the second examination for medical degrees, Part II, were amended by the substitution of the following for Red Book, 1923-24, p. 239, lines 19-20, and Blue Book, September, 1923, p. 225, lines 3-4:

A practical examination not exceeding (a) three hours in histology, and (b) six hours in physiology, experimental, physical, and chemical.

Mr. F. J. Stewart, M.S., F.R.C.S., was elected the representative of the University on the Council of the Fellowship of Medicine. The following have been nominated for appointment as representatives of the Senate on the court of governors of the London School of Tropical Medicine: Professor H. R. Kenwood, C.M.G., Sir William J. R. Simpson, C.M.G., Mr. H. J. Waring, M.S., F.R.C.S.

A graduation dinner will be held in the Fishmongers' Hall, E.C., on Presentation Day, Wednesday, May 14th, at 7.30 p.m.

A lecture on accommodation will be given by Professor D. van der Hoeve (Leyden) at Charing Cross Hospital Medical School on Friday, May 9th, at 5 p.m.

UNIVERSITY COLLEGE. Annual Report.

During the session 1922-23 the total number of students enrolled was 3,005, including 431 post-graduate and research students. Of the remainder, 482 were taking evening courses and 223 vacation courses. Of the total, 2,490 students came from homes in the United Kingdom; 206, including 75 post-graduate and research students, came from various parts of the Empire, and 193 from various European countries. The number of students in the Faculty of Medical Sciences was 230 (151 men and 79 women), and in the Faculty of Science, 351 (220 men and 131 women). The registered internal students numbered altogether 1,214. Of these, 301 obtained degrees (241 bachelor degrees, 190 honours, 60 higher degrees (37 Masters, 13 Doctors, and 10 Ph.D.)). The College has also for many years taken an active part in promoting adult education by providing public lectures that are open without fee. Over 9,000 persons attended these lectures during the session 1922-23, the approximate aggregate number of attendances being 20,970.

The financial statement shows on the maintenance account a total expenditure of £167,415, and extraordinary expenditure of £4,339, making a grand total of £171,754. The fee revenue was £63,826 11s. 6d., the balance being provided partly from income and endowment and partly by donations and by grants from the Treasury and other public bodies.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

Scholarships of the total value of £1,100 will be awarded in May and July of this year. Full information and forms of application can be obtained from the Warden and Secretary, 8, Hunter Street, W.C.1.

WELSH NATIONAL MEDICAL SCHOOL.

Dr. A. M. KENNEDY, professor of medicine, has resigned the office of Dean of the Welsh National School of Medicine, and has been succeeded by Dr. Graham Brown, professor of physiology. Professor Hepburn has been asked to continue to occupy the chair of anatomy until the end of September, 1925; under the superannuation scheme he should have retired at the end of September. Sir David R. Llewellyn, a great benefactor of University College, Cardiff, has been elected President of the College, and made an optimistic speech at a meeting of the Council, when the Prime Minister was present. Mr. Ramsay MacDonald said that he could make no promises, but nothing would give him greater pleasure than to see all the educational facilities, scientific, artistic and classical, fully developed. Afterwards Mr. MacDonald spoke to the students from the balcony, and then visited the Welsh National School of Medicine, being received at the Physiological Institute, which is at present the only complete portion of the buildings. Here he made another speech, and then went to the Welsh National Museum, where he was received by Lord Aberdare, vice-president. He gave a short sketch of the foundation of the Museum and its gradual growth.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council meeting was held on March 13th, the President, Sir John Bland-Sutton, in the chair.

Licences in Dental Surgery were granted to eighty candidates. After consideration of a report from the Examiners in Dental Surgery it was decided to insert the following clause in both the old and the new Regulations for the Licence in Dental Surgery:

"Candidates are required to attend to the satisfaction of their teachers the courses of instruction required by the Regulations and the class examinations held in each course."

Dr. W. S. A. Griffith was re-elected to represent the College on the Central Midwives Board for the period of one year from March 31st, 1924. The vacancy on the Court of Examiners occasioned by the expiration of Sir Cuthbert Wallace's term of office, on May 8th, will be filled up at the Ordinary Council on that day.

Nominations for Council.

Monday, March 17th, was the last day on which the names of candidates for the election for members of Council on July 3rd next, at 10 a.m., were to be received. As many as eleven nominations have been forwarded to the Secretary by candidates seeking to fill the three vacancies made through the retirement in rotation of Mr. Haslam, Mr. Openshaw, and Mr. Raymond Johnson. The new candidates are: Mr. W. McAdam Eccles (St. Bartholomew's Hospital), Fellow 1892, Member 1893; Mr. Ernest Miles (Cancer Hospital), Fellow 1894, Member 1891; Mr. H. J. Paterson (London Temperance Hospital), Fellow 1897, Member 1892; Mr. T. P. Legg (King's College Hospital), Fellow 1897, Member 1895; Dr. Victor Bonney (Obstetrical and Gynaecological Surgeon, Middlesex Hospital), Fellow 1899, Member 1896; Mr. A. H. Burgess (Manchester), Fellow 1899, Member 1896; Mr. Wilfred Trotter (University College Hospital), Fellow 1899, Member 1896; Mr. Philip Turner (Guy's Hospital), Fellow 1901, Member 1897; Sir Charles Gordon-Watson, K.B.E., C.M.G. (St. Bartholomew's Hospital), Fellow 1902, Member 1898; Mr. Hugh Leit (London Hospital), Fellow 1902, Member 1901; and Mr. G. Grey Turner (Newcastle-on-Tyne), Fellow 1903, Member 1899.

Medico-Legal.

AN INSURANCE INQUIRY.

AN order by the Minister of Health, made under the National Insurance Act, 1911, by which Dr. Gilbert Bailey and Dr. James Leach, of Tottington, Lancashire, were jointly fined £1,000, and also the costs of the public inquiry upon whose report the order was made, is to be reviewed. A report of the inquiry appeared in the SUPPLEMENT of December 22nd, 1923 (p. 277).

In the King's Bench Division on March 14th, 1924, Sir William Finlay, K.C., in moving *ex parte* for a rule nisi for a writ of certiorari to review the decision of the Minister of Health, said that in March, 1923, it was alleged that Dr. Bailey had contravened the terms of service for insurance medical practitioners. An inquiry was held, and no complaint was made against Dr. Leach, who was Dr. Bailey's partner, but the Minister of Health made an order that £1,000 should be withheld from a supplementary grant payable to the Lancashire Insurance Committee for medical benefit, and that the sum, with the costs of the inquiry, should be recovered from Dr. Bailey and Dr. Leach. Counsel submitted that as Dr. Leach was in no sense a party to the inquiry the order made by the Minister of Health was bad. The Court (Horridge and Sankey, J.J.) granted the rule.

Medical News.

A NEW quarterly periodical, entitled the *Journal of Cancer* has been published by the Cancer Research Fund (Ireland). It contains the following articles: "The cancer problem," by Dr. W. M. Crofton; "Deep x-ray therapy," by Dr. W. Pilger; "The preliminary and after treatment in x-ray therapy," by Professor H. Wintz; "Deep x-ray therapy in gynaecology," by Dr. Rumpf; and an article by the editor on "Progress in the treatment of cancer." The aim of this journal is to present, so far as possible, a complete and accurate record of recent discoveries in connexion with the cause and treatment of the disease. The price is 2s. 6d. quarterly, or by annual subscription 10s. 6d., post free. The offices of the Fund are at Hume House, Dublin.

THE Belgian Minister of the Interior and of Public Health has included in his Budget a proposal to spend a million francs this year on a campaign against cancer. Treatment centres would be established in university towns at first, and later in other large communities.

A SPECIAL meeting of Fellows will be held at the house of the Royal Society of Medicine on Thursday, April 10th, at 5 p.m., to receive the medical officers of health who are visiting this country at the request of the League of Nations. Some fifty medical officers of health are expected, and Dr. Rajchman, Medical Director of the League of Nations Secretariat, will give a short account of the work of the League of Nations Health Organization. The Minister of Health and Lord Parmoor, the British Member of the Council of the League, will be present. The President of the Society, Sir William Hale-White, will preside. Tea and coffee will be served at 4.30 p.m. All members of the medical profession are invited to attend.

A MEETING of the North-Western Tuberculosis Society will be held at the x-ray department of the Manchester Royal Infirmary on Thursday, March 27th, at 3.15 p.m., when Dr. A. E. Barclay will give a demonstration dealing with the differential diagnosis of tuberculosis. Medical practitioners interested are invited to attend.

THE intensive course at the London Temperance Hospital, Hampstead Road, from March 31st to April 12th, will include practical demonstrations, ward rounds, out-patient clinics, and special demonstrations on Saturdays at Bethlem Royal Hospital and the Royal Westminster Ophthalmic Hospital; the first clinical lecture on March 31st, by Sir Humphry Rolleston, will deal with jaundice. The three weeks' course on ophthalmology at the Royal Westminster Ophthalmic Hospital from March 31st to April 17th will comprise clinical work each afternoon and special demonstrations twice a week on medical ophthalmology and methods of examination. The fee for either course is three guineas, and copies of the syllabus may be obtained from the Secretary to the Fellowship of Medicine, 1, Wimpole Street, W.1.

A SHORT time ago (February 2nd, p. 209) we gave an account of a series of Monumenta Medica published by Messrs. Lier and Co. of Milan (Via Brera 7). The same firm has recently issued the *Cirurgia* of Hieronymus Brunschwig, first published in 1497 at Strasbourg. The reprint is a fine volume in folio, with 272 facsimile reproductions and a study of the author by Dr. Henry E. Sigerist of Zürich; its cost in this country is 18s. post free. Messrs. Lier have also purchased the entire edition of the facsimile of Eucharius Rösslin's book on midwifery. It is taken from the original edition of 1513; the volume will be supplied in this country for 5s. post free.

AT a social meeting of the Royal Society of Medicine on Monday, March 31st, Lieutenant-General Sir John Goodwin, K.C.B., late Director-General A.M.S., will at 9 p.m. relate some reminiscences from an active life as a soldier and sportsman in many parts of the world.

THE Section for the Study of Disease in Children of the Royal Society of Medicine will meet in Liverpool on Friday and Saturday, June 27th and 28th. On the first day there will be a clinical meeting in the Children's Hospital and papers will be read at the Medical Institution. On the second day members will be given the choice between visits to the Open-Air Hospitals at Heswall and Leasowe and of playing golf on the Formby course.

A NEW Italian fortnightly journal, entitled *Annali di Clinica Terapeutica*, has recently appeared under the editorship of Professor Domenico Lo Monaco, director of the institute of physiological chemistry of the University of Rome. The fourth number, of which a copy has been sent us, contains a review on the etiology of scarlet fever by S. Rapisardi, original articles on sudden physiological changes in lactic ferments by C. Gorini and on tuberculous allergy by S. Busacca, pathological notes on diffuse chronic glomerular nephritis by L. Condorelli, society intelligence, abstracts from current literature, and medical news. The journal is published in Rome, at the following annual subscription: Italy, 50 lire; abroad, 70 lire. Single copy, 3 lire.

THE twenty-first anniversary of the opening of the Whipps Cross Hospital, Leytonstone, will be held at the hospital on Wednesday, March 26th.

THE annual dinner of the Cancer Hospital will place at the Langham Hotel on Wednesday, April 2nd, at 7.45 p.m., Mr. W. Ernest Miles in the chair. Tickets may be obtained on application to the Registrar, the Cancer Hospital, London, S.W.3.

THE thirteenth post-graduate course of the Vienna Medical Faculty on recent advances in surgery, orthopaedics, urology, gynaecology, and obstetrics will be held from June 16th to 29th. Further information can be obtained from the secretary, Dr. Kronfeld, Porzellangasse 22, Wien IX.

FOR the treatment of general paralysis by the inoculation of malaria Professor Plehn of Berlin has used chiefly a strain from Palestine which always gave rise to quotidian fever without the formation of gametes, and another from Hungary which belonged to a genuine tertian strain and formed gametes (*Deut. med. Woch.*, 1924, p. 136). Among the 41 patients thus treated the disease in nearly all was so severe that institutional treatment had been necessary for a considerable time. Such causes as endocarditis and bronchopneumonia—to the seriousness of which the malaria may, in some cases, have contributed—led to the death of 7 patients. Among the survivors 19 showed definite improvement and 10 of them were discharged symptom-free and fit for work. Among the remaining 9 there were some whose improvement was almost equally satisfactory. He concludes that even in advanced cases skilfully conducted inoculations with malaria may appreciably mitigate the psychic symptoms in at least one-third of all the cases, and effect symptomatic recovery in another third.

MESSRS. H. K. LEWIS AND CO., LTD., inform us that they are acting as agents in the British Isles for the publications of the Chemical Catalog Company of America, and will be pleased to supply a list of these works in reply to any inquiries.

PROFESSOR TUFFIER, the well known Paris surgeon, has been nominated Grand Officer of the Legion of Honour.

THE thirty-seventh Congress of the French Society of Ophthalmology will be held at the Paris faculty of medicine on May 12th and the following days, when Dr. Camille Fromaget will read a paper on ocular symptoms of dental origin, and a lecture will be delivered by Dr. G. E. de Schweinitz of Philadelphia. Further information can be obtained from the general secretary, Dr. R. Oufroy, 6, Avenue de la Motte-Picquet, Paris, VII^e.

PROFESSOR ORTEL has been elected Rector of the Medical Academy of Düsseldorf for the year 1924-25.

THE Umberto I Prize of 3,500 lire will be awarded, according to the decision of the Provincial Council of Bologna, for the best orthopaedic work or invention. Italian and foreign doctors may compete. The arrangement of the competition and the assignment of the prize is fixed by the regulations, which will be sent on application to the President of the Rizzoli Orthopaedic Institute in Bologna. The competition will close on December 31st, 1924.

THROUGH an accident to one of the printing machines last week, some readers will find they have faulty copies of the JOURNAL; if they will communicate with the Financial Secretary and Business Manager he will send a perfect copy.