

mesenteric glands in the ileo-caecal neighbourhood in about 80 per cent. of cases operated on. In some these glands were close to and in front of that portion of the gut which was the original apex of the intussusception; in others they were situated as far as $1\frac{1}{2}$ inches from the original apex and almost at right angles to it. In some cases they were connected by a well defined band (often containing one or two small glands) to a portion of the intestine in front of the apparent apex; in other cases they were not so connected. The glands were about the size of a hazel-nut (in five of the cases half as big again), and often distinctly congested.

The constancy with which one meets these enlarged ileo-caecal glands in young children of the poorer classes and their almost complete absence in infants from more fortunate surroundings seems to suggest a reason why intussusception is common in the former, and rarer in the latter.

When from any cause, such as enteritis, these glands become more enlarged, this enlargement may cause traction through the bands, when present, or through the mesentery itself to a portion of the gut, which, becoming relaxed, permits that piece of intestine immediately above to pass inside, where it is engulfed, passed on, and becomes the apex of the intussusception. The gland itself is dragged in and when of moderately large size may prevent the intussusception passing beyond the ileo-caecal valve. This actually appeared to have occurred in two of my cases. A large gland may prevent an intussusception progressing for a time by hindering its commencement, and the symptoms may subside and recur again, giving rise to a condition of recurrent incipient intussusception. I have had one such case in my practice.

In the differential diagnosis we have to consider:

1. *Henoch's Purpura*.—In this there may be a rash, associated joint pains or haemarthrosis, an oedematous feeling in the rectum on examination, and albumin and sometimes blood in the urine. Henoch's purpura is more common in older children. It is worth remembering that an intussusception may occur in Henoch's purpura.

2. *Ileo-colitis*.—In this there is frequent passage of blood-stained liquid stools.

3. *Rectal Prolapse and Rectal Polyp*.—Careful examination easily verifies these.

Operation.

A vertical incision 2 inches long is made to the right of the umbilicus through the rectus muscle near its inner side, one-third of the incision being above the umbilicus. The intussusception is mainly reduced inside the abdomen, using one finger inside and the index finger and thumb of the other hand outside to manipulate it back from the apex. The terminal portion should be reduced outside where it can be thoroughly examined. When difficult to reduce this portion should be covered with gauze wrung out of hot saline and firmly and gently squeezed for about one minute, when it usually reduces easily. The abdominal cavity is then filled with warm saline and the incision closed in three layers for better security.

ANALYSIS OF 50 CONSECUTIVE CASES OF INTUSSUSCEPTION. (Males 34, Females 16.)

Age.	Cases.	Age.	Cases.
3 months ...	3	11 months ...	2
4 " ...	6	12 " ...	2
5 " ...	9	13 " ...	1
6 " ...	8	15 " ...	2
7 " ...	4	2 years ...	1
8 " ...	4	3 " ...	1
9 " ...	3	10 " ...	1
10 " ...	3		

Types.

	Cases.	Deaths.
Ileo-ileo-caecal ...	22 = 44%	7
Ileo-caecal ...	14 = 28%	2
Ileo-ileal ...	8 = 16%	1
Ileo-colic ...	4 = 8%	2
Colic or colo-colic ...	2 = 4%	0

Mortality 24 per cent. includes 7 resections.

Duration of Attack prior to Operation.

	Cases that lived.	Cases that died.
24 hours or less ...	26	2
24 to 48 hours ...	10	4
48 to 72 hours ...	1	4
Over 72 hours ...	0	2
Uncertain ...	1*	0

* A case of recurrent incipient intussusception where symptoms subsided and recurred over a period of several days.

Observations.

1. Eighty-eight per cent. of cases occurred in the first twelve months of life.

2. Sixty-two per cent. occurred between the fourth and the eighth month.

3. The ileo-caecal type only includes those cases where the intussusception apparently started at the ileo-caecal valve and where this remained as the apex (28 per cent.).

4. The majority of cases started as ileo-ileal (60 per cent.), in which the last portion to be reduced was ileum. The commencement of the intussusception in the ileum was recognized as a well defined dimple. Of these, 8 cases, or 16 per cent., progressed only to the ileum; they have been called "ileo-ileal" (that is, ileal or enteric). The remaining 22 cases (44 per cent.) were made up of two intussusceptions—the original an ileo-ileal which, when it reached the ileo-caecal valve, was superseded by a second which had the ileo-caecal valve for its apex (that is, an ileo-ileo-caecal intussusception).

5. The jejunal type of intussusception described in so many textbooks was not met with in this series. It is found *post mortem* in children dying from other diseases. It is probably of no pathological importance.

6. The ileo-colic type was the most fatal (two deaths out of four cases).

7. Perhaps the ileo-colic type may occur in those cases where the caecum is less mobile; at any rate, in two of these cases I experienced great difficulty in delivering the caecum to the abdominal wound.

8. Ten cases required resection, because of irreducibility or strangulation. Of these, three recovered and are still well, one of which was an infant of 3 months in whom a resection involving 6 inches of ileum, caecum, ascending colon, and part of the transverse colon was required. This case was published in the *BRITISH MEDICAL JOURNAL* of October 20th, 1923. The others, aged 2 years and 10 years respectively, were published in the *BRITISH MEDICAL JOURNAL* of June 9th, 1923. One other patient lived nineteen days and then died of bronchopneumonia. The remaining six cases died without recovering from the initial and operative shock.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF GASTRO-DUODENAL ULCER.

SEEMING how common and how serious a disease gastro-duodenal ulcer is, perhaps I may be permitted to make a suggestion on its medical treatment from mainly theoretical considerations and without any personal experience—the absence of which is due to my now not being in clinical practice. My suggestion is to use emetine in small repeated doses (say $1/8$ grain hypodermically twice a day) in suitable cases, cautiously increasing the dose or its repetition if well borne.

Emetine is used at present mainly for its amoebicidal action in amoebic dysentery and hepatitis. This action is now known to be an obscure indirect one; thus, it is a poor direct amoebicide *in vitro*, and it does not cure amoebic dysentery in cats, even if experimentally infected with human strains of amoebae. It does act directly on the whole gastro-intestinal and bronchial mucous membranes, as evidenced by hyperaemia of these parts in animals after fatal doses.

I am not suggesting that peptic ulcer is associated with amoebae—which is perhaps not so very unlikely—but am suggesting that the "stimulant" action of emetine on the gastro-intestinal mucous membrane is, despite its obscurity, a sufficient indication to give the drug a good trial. In this connexion the following statement in Hale-White's *Materia Medica* is not without significance: "The compound powder (of ipecacuanha) has been praised in cases of gastric ulcer; probably any good effect it may have is due to its stimulating power." I do not know on whose observations this statement is founded, but it does indicate a trial of the more refined preparation, emetine, given hypodermically to begin with, in cases where ordinary medical

treatment—preferably under the older idea of rest for the alimentary tract—is being tried. Recent haemorrhage would be a contraindication.

Central Research Institute,
Kasauli, India.

H. H. KING,
Major, I.M.S.

TUBERCULOUS CARIES WITH ABDOMINAL ABSCESS.

THE sudden and unexpected death which occurred in the following case after so short an illness and so soon after the patient had been at work must be very unusual in the record of tuberculous caries; it is on this account that the case is reported.

A man, aged 31, attended on March 28th, 1924, complaining of having lost appetite and of being short of breath. He had been treated for lumbago a year before, but did not mention this. He had been on active service in Egypt and Palestine for four years, and had never been well since his return. His chief complaints throughout were inability to swallow and eat, with progressive weakness, shortness of breath, and sleeplessness. He had, however, managed to follow his employment as a plasterer up to the day on which I first saw him. His physical condition was as follows: Expression anxious, colour fair, no appearance of anaemia, emaciated. The breath sounds were harsh in places, but there was no evidence of serious pulmonary tuberculosis. The pulse was rapid and of poor tension; the heart sounds were normal. On the left side of the abdomen a rounded mass could be felt, larger towards the costal margin, tense and hard. Fluctuation could not be detected in it, and it could not be moved. The urine was normal, the bowels regular, the teeth in order, and the tongue was clean.

He was admitted to hospital on April 9th, being then considerably worse. The pulse was thready and sometimes intermittent. Between the time he was first seen and his admission he had scarcely swallowed anything. He was too weak to stand, and was unable to swallow a barium meal. An effort was made to improve his general condition by dieting, careful nursing, and cardiac stimulants, and it was hoped that he might become strong enough for x-ray examination. He appeared to be improving, and was taking plenty of liquid nourishment, when he died suddenly on April 15th.

At the necropsy a renal-shaped tumour was found in a paravertebral position on the left side of the abdomen. The tumour was as large as a normal stomach after a meal and was smooth, tense, and rounded. Its upper half extended into the left hypochondrium, displacing the stomach, and was larger than the lower half, which approached the pelvic brim; both upper and lower margins were rounded and well defined. The tumour was covered by parietal peritoneum, under which a few fibres of muscular tissue appeared. The spleen was normal in size and position, as were both kidneys, the liver, and the gall bladder. All the alimentary tract from the oesophagus to the rectum was normal, with the exception of a few chronic adhesions round the appendix. On incising the tumour it proved to be an abscess, containing about three pints of pus which came from foci of tuberculous caries in the third, fourth, and fifth lumbar vertebrae and the crest of the ilium. The abscess showed no tendency to track downwards, and gave the impression of bulging up towards the diaphragm.

The case presents some interesting features. The patient was at work until fifteen days before he died, and made no mention of any pain during his last illness. The situation of the tumour suggested the possibility of an enlarged spleen, but otherwise there was no resemblance, and the malarial history was unconvincing in the absence of positive evidence in the blood. Gastric cancer seemed a possibility, or a renal tumour, but no positive evidence was available. After admission to hospital the weak condition of the patient precluded the use of x rays, which would have given a clue to the nature of the tumour.

Cirencester.

J. H. GROVE-WHITE, M.D.Dub.

MALFORMATION OF VULVA: STENOSIS VAGINAE: CAESAREAN SECTION.

THE following case is remarkable for several reasons, not the least being that neither the patient nor her husband had consulted a doctor about the malformation.

On March 24th, 1924, a married woman, aged 36, was sent into St. Luke's Hospital with a note from Dr. H. W. Robinson of Low Moor: "Atresia vulvae—for Caesarean section." The patient was in labour at full term, and the foetal heart was normal. The vulva was almost absent; there were rudimentary labia majora and a smooth skin surface representing the clitoris, labia minora, and perineum. Two and a half inches in front of the anus was a small rounded opening, slightly larger than an ordinary urinary meatus. Upon introducing a catheter into the opening it passed readily into the bladder and the urine was withdrawn. Caesarean section was performed and a healthy child delivered. The lochia escaped from the small opening with difficulty and some cystitis developed on the sixth day, with a rise of temperature. This cleared up in a few days with hexamine, barley water, etc., and the patient made a speedy recovery.

Malformation so extreme as this is rare, and the occurrence of pregnancy with a vagina so stenosed as this must be unusual. The after-treatment and the drainage of lochia may also be noted.

On April 30th I made a rectal examination, but this did not assist me in ascertaining the extent of the stenosis of the vagina, and bimanual examination was unsatisfactory because of the abdominal wound area.

Bradford.

W. F. RAWSON, F.R.C.S.Ed.

A CASE OF LINGUAL FIBRO-LIPOMA.

THE rare occurrence of simple tumours of the tongue prompts me to record the following case.

A finely developed young woman of the Yezidis (devil worshippers), aged 20, presented herself early in March, 1924, complaining of a lump in her throat of several years' duration, which had recently caused her difficulty in swallowing on account of its size, and also interfered with respiration and sleep.

A smooth, soft, broadly pedunculated swelling about the size of a duck's egg could be felt in the middle line at the base of the tongue, overhanging the epiglottis, to which it was not adherent. On straining it was just visible. Its colour was that of the tongue, whose mucous membrane appeared to invest it. I diagnosed a lipoma, and the patient readily agreed to its removal. As anticipated, a little difficulty was experienced with the anaesthesia, for as soon as this was complete the tumour obstructed the airway to a considerable degree. With the aid of a gag, which had been introduced previous to the administration of the chloroform, it was just possible to reach and hook forward the tumour on the flexed index finger, when it was easily enucleated through a small mid-line incision. No haemostatic measures were necessary, and the patient was discharged on the third day.

The specimen was sent intact to Dr. E. A. Mills, chief pathologist to the Central Laboratory, Baghdad, who kindly submitted it to histological examination. His report is as follows: "Numerous sections at various angles have been cut and examined, and all present the same type of structure—namely, that of a fibro-lipoma. There is no evidence of malignant change."

I am indebted to the Inspector-General of Health Services in Iraq for permission to publish this note.

G. S. WOODMAN, M.B., B.S.Dunelm,
F.R.C.S.Ed.,
Surgeon Specialist, Iraq Health Service.

Mosul, Iraq.

Reports of Societies.

CRIMINAL RESPONSIBILITY OF THE INSANE.

At a meeting of the Section of Psychiatry of the Royal Society of Medicine on May 13th, Dr. T. B. Hyslop presiding, a discussion on proposed changes in the law regarding criminal responsibility of the insane was opened by Mr. DONALD CARSWELL, barrister-at-law.

Mr. Carswell examined at some length the M'Naghten rules, which he declared to be unique in English law in that they had acquired the force of law and yet were neither parliamentary enactments nor judicial decisions; they were merely the personal opinions of judges, and it was very doubtful whether the judges themselves expected their opinions, given in reply to questions set by the House of Lords, to pass into the *corpus* of English law. The rules had never been argued before the Court of Criminal Appeal; the only question for argument had been whether they were modified by subsequent judicial decisions. There was another point, which was left to the ingenuity of Mercier to discover—namely, that the questions set by the House of Lords were not the questions which the judges answered. The judges did not like the questions set, and so they substituted other questions and answered those. The M'Naghten rules were "squatters," and it was of no use to pretend, as was often done, that they were an old landed family. The question, however, was whether the law ought to be amended. The initial objection to interference with the M'Naghten rules was that, unsatisfactory though they might be, they did afford a measure of certainty and dispense a rough justice. There were two false conceptions which beset the question of criminal responsibility. The first was expressed in the vulgar saying that everybody was a little mad, or that nobody was perfectly sane. Strictly speaking, that meant nothing at all. What the alienist had said was that insanity was a relative thing, which, of course, was true, but that was taken to mean that it was a question of degree, although to say that a thing was

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Prize, 1925.

THE next award for the Radcliffe Prize will be in the year 1925. The prize, which is of the value of £50, is awarded by the Master and Fellows of University College every second year for research in any branch of medical science comprised under the following heads: Human anatomy, physiology, pharmacology, pathology, medicine, surgery, obstetrics, gynaecology, forensic medicine, hygiene. The prize is open to all graduates of the University who have proceeded, or are proceeding, to a medical degree in the University. Candidates must not have exceeded twelve years from the date of passing the last examination for the degree of Bachelor of Arts, and must not, at the date of application, be Fellows on the Foundation of Dr. John Radcliffe. Candidates must send in their memoirs to the Assistant Registrar at the University Registry, on or before December 1st, 1924. The award will be made in March, 1925. No memoir for which any University prize has already been awarded is admitted to competition for the Radcliffe Prize; and the prize will not be awarded more than once to the same candidate.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia of the Royal College of Physicians of London was held on May 8th, when the President, Sir Humphry Rolleston, occupied the chair. Fellows newly elected at the meeting on April 24th (BRITISH MEDICAL JOURNAL, May 3rd, p. 802) were admitted.

Licences to practise physic were granted to the following candidates who had passed the required examinations since the last meeting of the comitia:

J. Carver, Margaret Corner, H. A. Cowan, H. S. Edwards, Dorothy E. Galbraith, H. Hamilton, R. F. L. Hewlett, Violet E. M. Mizen, Doris E. O'Doherty, Margaret Swete, L. J. Watkins, Muriel M. Yates.

Diplomas in Public Health were granted jointly with the Royal College of Surgeons to the following who had passed the required examinations:

J. D. Benjafield, Victoria E. Brander, B. Broadbent, J. A. Cruickshank, D. Davidson, E. Hardy, J. Hughes, L. M. Jennings, D. G. Kotbhaskar, G. Macdonald, B. H. Madan, J. A. Manifold, D. S. M. E. Perera, D. Reynolds, Margaret M. Sands, H. Singh, V. A. T. Spang, Marjorie P. Taylor, Edith I. Thornley, E. W. Wade, L. E. H. Whitby, S. J. Woodall, Caroline I. Wright.

Membership Examination.

The following resolution was carried, on the motion of Dr. Thorley Fletcher, Second Censor, seconded by Dr. John Fawcett, Senior Censor:

"That candidates for the Membership be informed that the languages are not compulsory, but that credit will be given to those who show knowledge in these subjects."

Tercentenary of Sydenham.

A letter was received from Professor Ch. Achard, general secretary of the Académie de Médecine of Paris, inviting the College to send a representative to the celebration of the tercentenary of the birth of Sydenham. The President nominated the Treasurer as representative of the College.

Royal Institute of Public Health.

It was left to the President to nominate a representative of the College at the Congress of the Royal Institute of Public Health to be held in Bordeaux.

Professor Wenckebach.

A letter was read from Professor K. F. Wenckebach, returning thanks to the Fellows of the College for his reception on the occasion of his recent lecture.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council meeting was held on May 8th, when the President, Sir John Bland-Sutton, was in the chair.

Diplomas of Membership were granted to 169 candidates. (The names of 153 candidates were printed in the report of the comitia of the Royal College of Physicians published on May 3rd, p. 802.)

Diplomas in Public Health were granted jointly with the Royal College of Physicians to 23 candidates. (The list is printed above, in the report of the comitia of the Royal College of Physicians.)

Diplomas in Tropical Medicine and Hygiene were granted jointly with the Royal College of Physicians to 11 candidates. (The names were printed in the report of the comitia of the Royal College of Physicians published in our issue of May 3rd, p. 802.)

Sir Cuthbert S. Wallace was re-elected a member of the Court of Examiners.

LONDON INTER-COLLEGIATE SCHOLARSHIPS BOARD.

SIX medical entrance scholarships and exhibitions, of an aggregate total value of £630, tenable in the Faculty of Medical Sciences of University College, and in the medical schools of University College Hospital, the London Hospital, and the London (Royal Free Hospital) School of Medicine for Women, will be offered. The examination will commence on June 24th, 1924. Full particulars and entry forms may be obtained from the Secretary of the Board, S. C. Ranner, M.A., the Medical School, King's College Hospital, Denmark Hill, London, S.E.5.

Medical News.

THE next session of the General Medical Council will commence at 2 p.m. on Tuesday, May 27th, when the President, Sir Donald MacAlister, Bt., K.C.B., M.D., will take the chair and give an address.

THE Voluntary Hospitals Commission, which was recently asked by the Minister of Health to undertake an inquiry into the shortage of hospital accommodation, as reported in our columns of May 3rd (p. 794), has now issued two forms for statistical returns—one applicable to cottage hospitals and the second to other types of hospitals. They are to be returned to the Local Voluntary Hospital Committees not later than June 14th, with observations (1) on the possibility of eliminating duplicate entries, owing to patients inserting their names in the waiting lists of more than one hospital; (2) on the need in the area of more hospital or convalescent beds; (3) on any existing local scheme for increasing the number of available beds; (4) on accommodation for convalescing patients apart from beds controlled by the hospitals; (5) on any arrangement for utilizing vacant Poor Law infirmary accommodation to supplement that of the voluntary hospitals; (6) and on the possibility of utilizing any existing vacant beds by a system of transfer of patients. The views of the local medical officers of health with regard to hospital accommodation are asked for also. The opinion of the local committee on the general position is invited, and it is asked to make suggestions as to the possibility of shortage of accommodation being remedied by co-operation between adjoining areas.

THE next council dinner of the Royal Society of Medicine will be held at the Langham Hotel on Thursday, May 22nd, when the president, Sir William Hale-White, will take the chair at 7.30 p.m. As this date is reckoned to be the anniversary of the foundation of the society in 1805, it is hoped that there will be a large attendance. A few copies of the history of the society, written jointly by Sir Norman Moore and Mr. Stephen Paget, are still to be obtained by Fellows from the secretary, price 10s., post free.

THE Minister of Health lately received a deputation, introduced by Mr. F. A. Broad, M.P., on the subject of birth control. The speakers for the deputation included also Mr. H. G. Wells, the Hon. Mrs. Bertrand Russell, Dr. Frances Huxley, Mrs. Jenny Baker, and a statement was read from Dr. Sloan Chesser. The deputation urged that the Minister should remove the embargo on the giving of information with regard to methods of birth control at maternity centres, and asked that the Minister should make it quite clear that doctors in the public health service were free in their public capacity to give this information when they considered it medically advisable. The Minister in reply said that a clear distinction must be drawn between allowing access to knowledge and actually distributing knowledge. No one would seriously maintain that access to knowledge should be forbidden; but public opinion on this question was not so definite that it would allow State and rate aided institutions to do more than direct people in need of advice as to where it should be obtainable. The decision, in fact, must be with Parliament and not be assumed by administrative action.

A POST-GRADUATE course in medicine and surgery, including various specialties and clinical pathology, will be given from May 19th to 31st at the Prince of Wales's General Hospital, Tottenham. Courses in laryngology, rhinology, and otology at the Central London Throat, Nose, and Ear Hospital, and in psychological medicine at the Maudsley Hospital, are now in progress. At this latter hospital the third of a series of six weekly clinical demonstrations of types of mental disease will be given by Dr. Mapother on May 21st. A course in ophthalmology is being held at the Central London Ophthalmic Hospital, Judd Street, W.C., and also a course of clinical work and lectures on venereal diseases at the London Lock Hospitals, for both of which entries can still be received. On May 19th begins the second week in two special courses—one at St. Mark's Hospital for Diseases of the Rectum and the other at the Infants' Hospital. Further particulars can be obtained from the Secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

A LECTURE on the skull and portraits of Sir Thomas Browne, author of *Religio Medici*, will be given in the department of applied statistics and eugenics at University College, London, by Miss M. Tildesley, research assistant, Royal College of Surgeons of England, on Tuesday, May 20th, at 5.30 p.m. A review of Miss Tildesley's book on the subject was published on November 3rd last (p. 815). The lecture will be illustrated by lantern slides and is open to the public free without ticket.

THE annual dinner of the Federation of Medical and Allied Services has been postponed to Friday, June 20th, to suit the convenience of the Prime Minister, the Right Hon. J. Ramsay MacDonald, M.P., and other official guests who will be present. Sir Berkeley Moynihan, Bt., M.S., will preside, and it is requested that, as the accommodation at the Langham Hotel is limited, members will make early application for tickets to the Secretary, 12, Stratford Place, London, W.1.

AT a meeting of the medical council of the Federation of Medical and Allied Services and representatives of the Church of England Temperance Society held on April 29th, with Sir Charles Gordon-Watson in the chair, the following expressions of opinion regarding the institutional treatment of inebriates were adopted unanimously: (1) That suitable homes for the treatment of inebriety serve a useful purpose beyond the relief they afford the patients' relatives. (2) That inebriates should only be admitted to institutions for treatment if considered by medical experts suitable cases for such treatment; boards or committees of management of inebriate institutions should include one or more medical practitioners with expert knowledge of inebriety; treatment in such institutions should be under the direct supervision and control of medical practitioners experienced in the scientific management of inebriety; clinical research and psychic treatment are essential to the success of any method adopted in dealing with the condition; and institutions for the treatment of inebriety should be of sufficient size to justify the employment of experienced resident medical officers.

THE annual provincial meeting of the Section of Balneology and Climatology of the Royal Society of Medicine will be held on Saturday, May 24th, at Buxton.

DR. JAMES DUFFUS of Auchinblae, Kincardineshire, on the occasion of his retirement after forty years' practice, has been presented by his friends and patients with a silver tea service and a cheque as a mark of their esteem and respect; Mrs. Duffus was at the same time presented with a platinum and gold necklace.

DR. WILLIAM NORWOOD EAST, for many years senior medical officer of Brixton Prison, has been appointed medical inspector of His Majesty's Prisons.

THE first annual Congress of the Incorporated Association of Hospital Officers will be held at the Central Hall, Westminster, on May 22nd and two following days, under the presidency of Mr. H. L. Eason, medical superintendent of Guy's Hospital. On the first day Mr. H. J. Waring, Vice-Chancellor of London University, will read a paper on voluntary hospitals and paying patients, and in the afternoon Mr. J. E. Stone, accountant to St. Thomas's Hospital, will speak on accountancy in relation to hospital administration. On the second day, when Viscount Burnham will be in the chair, Mr. A. E. Mason, secretary of the Midland Eye Hospital, Birmingham, will contribute a paper on the changing character of the voluntary system. In the afternoon Mr. F. G. Hazell, general superintendent and secretary of the Royal Infirmary, Manchester, will read a paper on maintenance.

THE fifth International Neurological Congress will be held in Paris on May 30th and 31st at La Salpêtrière, when a discussion on disseminated sclerosis will be introduced by Professor Georges Guillain of Paris and Dr. Otto Keraguth of Zürich.

A POST-GRADUATE course in English will be held at the oto-rhino-laryngological clinic of Bordeaux by Professor E. S. Moure and Dr. E. Portmann from June 9th to July 12th. The subjects of the course will be oto-rhino-laryngological surgery, surgery of the neck, plastic surgery, and broncho-oesophagoscopy. Further information can be obtained from Dr. E. Portmann, 25 bis, Cours de Verdun, Bordeaux.

IN furtherance of the proposal to establish an international society of medical officers of health—which was reported in our columns of May 3rd (p. 807)—a meeting of public health medical officers was held in Geneva on April 15th, and was attended by representatives of twenty-one nations. It was unanimously agreed that an International Society of Public Health Medical Officers should be formed, with headquarters in Geneva, all medical officers who had taken part in the interchanges organized by the Health Section of the League of Nations being invited to become original members. The objects of the society were defined as being the advancement of preventive medicine and public health administration in their international aspects, exchange of information on public health matters, the organization of international conferences and publication of reports in medical periodicals, and the promotion of the international activities of the Health Section of the League of Nations. The provisional committee elected to draft the constitution and rules of the society included Dr. Saimon (France), Dr. Grimani (Italy), Dr. Breger (Germany), Professor Wladimiroff (Russia), Dr. Tubiasz (Poland), Dr. Pareja (Ecuador), and a representative of Great Britain to be nominated by the Society of Medical

Officers of Health. The draft rules of the society are to be circulated to those invited to become members, with a request for criticism and suggestions. After the approval of the constitution and rules, the provisional committee will retire and a general council be formed, consisting of about ten members, two of whom will retire annually. The first duty of this general council will be to elect honorary officers.

THE annual report of the Society for the Relief of Widows and Orphans of Medical Men for 1923 shows that the invested capital now amounts to £147,650. The total income during the year amounted to £4,965 8s. 8d.; the working expenses were £350 7s. 10d. The sum of £4,497 was distributed in grants, and on December 31st there were fifty-one widows and six orphans in receipt of them. Two orphans during the past five years have received together £575 to enable them to study for the medical profession; both completed their studies this year, and are now holding appointments in hospitals. Membership of the society is open to any registered medical practitioner who at the time of election resides within twenty miles of Charing Cross. Relief is granted to the necessitous widows and orphans of deceased members of three years' standing and of life members. Income only is used for the payment of grants and for expenses.

THE issue of the *Dental Surgeon* for May 10th is devoted exclusively to the subject of pyorrhea. It includes a contribution by Dr. A. Bulleid on the applications of immunotherapy to dentistry; an article by M. G. de Libouton on progress in the treatment of alveolar pyorrhea; an account of the discussion on pyorrhea at the meeting of the Section of Odontology at the Royal Society of Medicine, in November last year; and other articles dealing especially with vaccine treatment.

THE sixth Italian Congress of Industrial Medicine will be held at Venice from June 1st to 4th under the presidency of Professors Corbino and Devoto. The following subjects will be discussed: (1) Effects of monotonous labour, introduced by Professor E. Cevidalli; (2) Pre-natal assistance to healthy and sick working women, introduced by Professor Ferrannini; (3) Professional intoxications, introduced by Professor Preti; (4) Reduced hours of working for the partially incapacitated, introduced by Professors Pieravicini and F. Vitali; (5) Recent studies on the pathology of labour, introduced by Professor G. Giglioli; (6) Medico-legal report on compulsory insurance in Italy, by G. Pisenti.

MR. HENRY KIMPTON announces for early publication the *Antidiabetic Functions of the Pancreas and the Successful Isolation of the Antidiabetic Hormone—Insulin*, by Professor J. J. R. Macleod and Dr. F. G. Banting, in one small octavo volume of sixty-nine pages.

THE *Rivista Medica Subalpina*, which is the continuation of the *Rivista di Ginecologia, Ostetricia, Pediatria e Medicina generale*, is, like its predecessor, to be issued monthly. It will be edited by Professor Quadroni and is the organ of the Maria Vittoria Hospital of Turin. The original articles in the first number consist of clinical notes on chronic endometritis, by Professor L. Bergesio; a description of orthopaedic surgery at the Maria Vittoria Hospital, by Professor D. Bargellini; and a paper on the functional activity of the kidney, by Professor G. Barco. Dr. G. Goytre contributes a clinical memorandum on the treatment of whooping-cough by injections of ether. Medical society intelligence, which contains an account of the proceedings of the Royal Academy of Medicine of Turin, is followed by abstracts from current literature and notes on news.

A MEDICAL congress will be held at Brussels from June 29th to July 2nd, under the patronage of the King and Queen of the Belgians, and, as in the three previous years, it will comprise lectures, clinical demonstrations, and various social functions; specialists from other countries, including France, America, and Rumania, have promised to contribute papers. On the fourth day members of the congress will travel to Liège, where, in addition to the consideration of scientific matters, there will be opportunities to visit the historic sites in the neighbourhood. A charge of 40 francs is being made, with reductions for ladies and for the medical subscribers to the *Bruzelles Médical*. Further information may be obtained from Dr. René Beckers, 36, rue Archimède, Brussels.

AT a meeting of the Royal Statistical Society, to be held at the Royal Society of Arts, Adelphi, on Tuesday next, at 5.15 p.m., Dr. Major Greenwood, F.R.C.P., will read a paper on the mortality statistics of Sweden and of England and Wales: an essay in international comparison.

DR. W. E. ELLIOT, Parliamentary Under Secretary for Health for Scotland in the late Government, has been nominated as Conservative candidate for the by-election in the Kelvingrove Division of Glasgow. A Liberal and a Labour candidate have also been nominated. Polling day is Friday next, May 23rd.