

fixed. The conjunctival reflexes were present, but all the deep reflexes were absent.

A lumbar puncture showed the cerebro-spinal fluid to be blood-stained and under tension. Subsequent lumbar punctures on November 28th, 29th, and 30th showed progressive diminution in pressure, and on the 30th the pressure was much below normal.

The general condition of the patient did not materially alter for a few days, but on December 5th (nine days after the injury) he spoke, and was able to brush the flies away from his face. On December 6th and 7th he appeared to improve steadily as regards consciousness and muscular power, but the pulse continued rather feeble and rapid (110-112). On December 8th the pulse was 116 a minute and very feeble, and the respirations 40. At this time the blood pressure was 110 mm. and the pupils equal and reactive.

After recovery from the initial shock the patient showed general signs of cerebral irritation but none of pressure. From December 8th to 11th he remained in the same condition of partial consciousness; there was no sign of paralysis, but the pulse became progressively weaker and more rapid, and he died on December 11th—fourteen days after the injury.

At the post-mortem examination the following conditions were observed:

There was a lacerated injury about the size of a florin on the right parietal eminence of the skull which reached the bone and around which there was considerable infiltration of the tissues with blood. There was a fissured fracture of the skull under this injury which ran from the vault in two portions—one along the right petrous temporal through the sella turcica into the left middle fossa, the other forwards to the posterior wall of the right orbit. The fractures crossed both anterior and posterior branches of the right middle meningeal artery, and an extradural haemorrhage was caused by rupture of the posterior branch. This haemorrhage formed a clot, 7 cm. in diameter, beneath the above-mentioned injury, and the clotted blood, though not extensive, was sufficient to cause flattening of the convolutions of the brain beneath it.

On the base of the skull there was a quantity of clotted blood along the line of the fractures, and a certain amount of pressure must have been caused on the emerging nerves and on the pituitary body.

There was no injury to the brain substance of the right hemisphere except a small bruise over the right middle temporal gyrus.

On the left side of the brain the pia arachnoid showed a generalized diffuse blood staining, but no definite extravasated blood could be made out. There were, however, several lacerations of the left cerebral cortex—one over the inferior frontal gyrus near the frontal pole, a second on the middle frontal 5 cm. from the pole, and a third more extensive bruised area above and parallel with the posterior ramus of the Sylvian fissure affecting also the superior temporal gyrus in its anterior part and the orbital surface of the inferior frontal gyrus near the temporal pole. This bruise covered an area 4.5 by 3 cm., and passed through the grey matter into the white substance. There was also a bruise of the middle and inferior temporal gyri, extending from the temporal pole for a distance of 3.5 cm. On replacing the brain inside the skull cap the lacerations were observed to be roughly opposite the site of the injury if a line were drawn from this site through the central point of the skull. They were, however, dispersed over a considerable area, and in the writer's experience these contre-coup lesions are usually found over the poles of the brain whatever be the site of the violence.

The absence of any sign of pressure in this case is of considerable interest, for the extradural haemorrhage was sufficient to cause flattening of the brain convolutions, and, therefore, should have produced definite pressure effects. The diminished cerebro-spinal pressure is a feature which possibly explains the absence of pressure signs. Leriche has described a definite syndrome caused by diminished tension in the cerebro-spinal system with symptoms of torpor, mental stupor, or sometimes coma. There is no paralysis or contraction, the pupils are normal, and the reflexes positive. Stultz and Stricker¹ have caused an increase in the cerebro-spinal tension in these cases by the injection of 40 c.cm. of distilled water into a vein, which resulted in an almost immediate increase in tension and remission of symptoms.

In the case under review it is possible that the lesion of the pituitary may have caused hypotension of the cerebro-spinal fluid, which entirely obscured all focal symptoms of the extradural haemorrhage, and gave rise to the symptoms described by Leriche as those caused by diminution of the tension of the cerebro-spinal fluid.

In such cases—and they are probably not uncommon—it is possible that intravenous injection of 30 to 40 c.cm. of distilled water might not only cause a remission of the symptoms due to hypotension, but the increased cerebro-spinal tension would then allow the haematoma to produce symptoms which would lead to its localization and treatment.

REFERENCE.

¹ *Annals of Surgery*, November, 1925, p. 678.

Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

INJECTIONS OF ACRIFLAVINE FOR TUBERCULOSIS.

SINCE its introduction I have used acriflavine in every kind of case in which an antiseptic is indicated, because of its bactericidal properties and its non-toxic effect on the tissues. For the latter reason I was tempted to try, somewhat empirically, the effect of hypodermic administration of the drug in cases of advanced pulmonary tuberculosis. The results obtained exceeded my expectations, and I feel that a trial by others is warranted. Three cases only have been treated in this way.

CASE I.

A young woman, aged 24, with advanced phthisis of three years' duration, had on two occasions received sanatorium treatment, and was discharged the second time with the report that further sanatorium treatment was useless. After two or three injections of acriflavine the patient felt much better. Within a month the physical signs markedly improved—the fever was reduced, night sweats ceased, sputum decreased and became less purulent, and the moist sounds in the lungs cleared up. For nine months before the first injection she was confined to bed, and now, after five months' treatment, she is able to walk two miles daily without fatigue. The report on the last examination of sputum states that "the tubercle bacilli are not very numerous, about one per two fields." The first dose given was 5 minims of 1 in 1,000 solution of acriflavine in normal saline, and three doses were given at intervals of forty-eight hours. There being no local or general reaction, the amount was doubled and given at the same intervals. As still no contraindications were observed, the dose was rapidly increased to 40 minims twice a week.

CASE II.

A youth, aged 21, with Pott's disease of long duration, was treated in exactly the same way. Here again the improvement is definite, though of not so dramatic a nature.

CASE III.

This is an instance of advanced tuberculosis of the pleurae and lungs in a man aged 32, who (except during two short periods of sanatorium treatment) has been under the constant observation of my partner for four years. For the last year he has been a complete invalid, and for several weeks immediately preceding the treatment he had been confined to his bed by pronounced hectic fever with a daily rise of temperature to 102° or 103°. An application for further sanatorium treatment had recently been refused (after examination of the patient) on the ground of the hopelessness of the case.

After initial smaller doses beginning on December 9th, 1925, this patient has, from December 22nd, been given 25 minims of the solution of acriflavine every fourth day. From the commencement of these injections, except during an attack of coryza lasting four days, the daily maximum temperature has been 99.2° or less; night sweats have ceased, coughing is much less, and the quantity of sputum has diminished to one-tenth of its former amount. Tubercle bacilli are still present, but the sputum is now mucoid rather than purulent in character. The patient has left his bed during the last six weeks and is now able to walk a mile or so daily.

My colleague, while reserving judgement as to the value of acriflavine treatment, states that in a long experience he has never seen so manifest an improvement in an advanced case of phthisis.

How the drug works can only be a matter of conjecture, and I would welcome the opportunity of trying it in a larger number of cases, but I have not felt it justifiable to retain patients in the early stages of tuberculosis when sanatorium treatment is available.

I hope these notes will arouse sufficient interest in others who have the opportunity of treating the disease in its early stages.

Romsey, Hants.

G. H. JOHNSON, M.R.C.S.

PARATYPHOID A FEVER IN SCOTLAND.

THE following two coincident cases of paratyphoid A fever are of interest owing to the infrequency of this type of the enteric group in Scotland.

According to Goodall, paratyphoid A fever was not found in Europe before the great war, but was known to occur in Asia, especially in India. Paratyphoid B, on the other hand, was occasionally found in Europe but not in Asia.

The patients were two brothers, one of whom, aged 9, became ill on January 20th, 1926, with general malaise. His temperature was 102°, rising to 104° in the evening. There followed an afternoon rise of temperature for some days, fluctuating between 100° and 102°, on one day 104°. Constipation was marked throughout, with abdominal uneasiness and slight epigastric tenderness.

The lungs were clear. On January 26th epistaxis occurred, and on the 27th Dr. Marion Watson of the Johnstone Combination Hospital did the agglutination test, which proved positive to *B. paratyphosus* A and negative to *B. typhosus* and to *B. paratyphosus* B. The temperature came down by lysis and has been normal since February 5th.

The patient's brother, aged 12, left for boarding-school on January 19th. The next day he had a headache. He was isolated as a measles suspect. He had a slight rise of temperature for ten days, which latterly rose in the evenings. He was motored home on January 30th. A blood test at the Royal Infirmary, Glasgow, proved positive to *B. paratyphosus* A. He has since been apparently well with normal temperature.

Both patients spent two days at Crail (January 1st and 2nd) and had a meal in Glasgow on January 11th and 14th.

Bridge of Weir.

ARCH. M. LAURIE, F.R.F.P.S.Glas.

CYSTIC DILATATION OF URETER: REMOVAL OF URETERIC CALCULUS PER VAGINAM.

NEPHRECTOMY alone will not cure a hydronephrosis unless the cause be also dealt with. The following case illustrates this.

A woman, aged 49, was admitted to the Royal Victoria and West Hants Hospital, Bournemouth, on January 26th, 1926, complaining of a painful swelling in the left abdomen. This had been noticed for a year, but beyond occasional frequency of micturition there were no other symptoms. Twenty-four years previously her left kidney had been removed for what appears to have been a hydronephrosis.

On abdominal examination a smooth oval swelling, moderately movable from side to side but not from above downwards, tense, and dull to percussion, was found in the left lumbar region. A stalk proceeded from its lower pole to the pelvic cavity. By the vagina considerable induration of the cellular tissues could be felt in the left half of the pelvis; the genital organs were normal. The urine was acid, sp. gr. 1018, no albumin, no renal casts or tubercle bacilli.

First Operation.—On January 27th Mr. Belben operated. A left paramedian incision was made. No kidney was present on the left side, but a retroperitoneal cystic sausage-shaped tumour (about 5 by 2 in.) with a dilated duct (about 1½ in. across) passing downwards to the pelvic cavity occupied the usual position of the kidney and ureter. The cyst and upper part of the duct were removed, but the lower part was so buried in adhesions involving the iliac vessels that it was thought best to drain it. On February 22nd the wound was dry and healed. X-ray examination revealed a large oval shadow in the left side of the pelvis (? calculus, or calcified gland).

Second Operation.—Mr. Belben operated again on February 24th. The left vault of the vagina was incised and an oval calculus (about 1½ by 1½ in.) was removed from the lower end of the left ureter. Some pus escaped but no urine. The wound was loosely stitched. There was a mild discharge which necessitated daily douching; this is now diminishing, and there is complete urinary control.

Pathological Report on Cyst.—The walls are lined by columnar epithelium. The cavity is filled by a dark fluid containing albumin, pus cells, blood, and mucin, but no urea.

I wish to thank Mr. Belben for permission to publish this case.

I. ATKIN, M.B., B.S.Lond.,
House-Surgeon, Royal Victoria and West
Hants Hospital, Bournemouth.

SAC OF CERVIX WITH RETAINED MENSES.

A PERSIAN woman, aged 26, consulted me for abnormal menses with intense pain. She had never menstruated normally, but every month had very bad pelvic pain and slight oozing of brownish fluid from the vagina. There was an indefinite history of vaginal discharge in youth. On examination there was an apparently closed vagina and neither cervix nor uterus could be felt, but, per rectum, a tumour could be defined high up, which it was thought might be the uterus. The patient begged for operation as, unless she was proved to have normal organs, she would be divorced.

I operated, opening in the mid-line of the vagina. High up I could feel something like a loop of thickened bowel; I pulled this down and found it was a non-vascular thick-walled sac with a small hole at the side from which dark brown menses exuded. On cutting into this I found the cervix, which I was able to pull down. The sac was attached all around it about 1½ inches above the os; this I excised, leaving enough edge to sew it to the cut vagina. The tissues healed well and when the patient was discharged her vagina appeared normal. She menstruated a few weeks later without pain and has since become pregnant.

ALICIA P. LINTON, M.B., B.S.Lond.
Women's Hospital, Isfahan, Persia.

Reports of Societies.

LEAD IN THE TREATMENT OF MALIGNANT DISEASE.

DEBATE AT THE MEDICAL SOCIETY OF LONDON.

At the Medical Society of London on March 22nd, with Sir HOLBURN WARING in the chair, Dr. W. BLAIR BELL, professor of obstetrics and gynaecology in the University of Liverpool, delivered an address on the use of lead in the treatment of malignant disease. The society's room was crowded to the doors, and many members stood during the whole three hours of the proceedings. The address was followed by an animated discussion, in which criticisms were expressed in a way unusual in a medical assembly.

Professor Blair Bell's Address.

Professor BLAIR BELL, after appealing for well informed criticism, first described what he called his working hypothesis, which he had been endeavouring to convert into a scientific generalization beyond dispute. He believed that there were many predisposing causes of malignant disease. Clinical experience strongly suggested as much. Many factors were concerned in producing a common condition in the cell—some condition of metabolic starvation—which was going to develop possibly into cancer. Attacked in this way, the cell might recover, or might die, or, as a third alternative, might revert to an ancestral type—the trophoblast, the earliest functioning cell of the human ovum—in its efforts to live. A cell which reverted in this way underwent a process which should be described as dedifferentiation. It had often been stated by pathologists that the more malignant a cancer the more undifferentiated were the cells; the proper word was "dedifferentiated." Such was the hypothesis, but before it could be turned into a generalization an actual resemblance must be proved between the cancer cell and the core of the cell of a chorionic epithelium. This resemblance was made evident along various lines of investigation. By the exhibition of sections he showed that morphologically there were similar features in the early developing trophoblast to those found both in cancer and sarcoma. With regard to chemical evidence, he adduced the phosphatide-cholesterol ratio, which ascended markedly as one went from normal tissue to innocent and to malignant neoplasms, and was highest of all in chorionic villi, suggesting that the chorionic villi were a supermalignant type of cell. The high phosphatide-cholesterol ratio was associated with permeability of the cell membrane, such permeability, of course, favouring rapid growth, and of all tissues chorionic villi were the most permeable. With regard to physiological evidence, until two years ago none of value could be produced to show that there was any real metabolic difference between the cancer and any other cell; recently Warburg of Berlin took up the study of the glycolytic power of various tissues, and showed that, whereas the ordinary resting type of cell obtained its energy by an oxidation process, the cancer cell did so by a glycolytic process, and Murphy and Hawkins in 1925 showed that in the chorionic villi the type of metabolism was similar in this respect to that of frank malignant tissue, thus again suggesting that the chorion was a supermalignant type of cell. He next touched on the toxicological features which bore out the same conclusion. The toxicological attributes of a cell were entirely dependent on its chemical and physico-chemical constitution, and here he showed sections of growths from patients who had died, illustrating the effect after treatment with doses of lead. The changes were such as again to prove the close similarity between the cancer cells and the cells of the chorion. Some of those present would have seen the criticism of the Medical Research Council on his statement that workers poisoned by lead did not develop cancer, and his own rejoinder (*British Medical Journal*, March 6th, p. 432), which had not elicited any further response. He had made the statement guardedly, because there must be a case or two of cancer among so large a number of subjects, but cancer was of such rarity among sufferers from lead poisoning that Hoffman, the American statis-

Dr. DANIEL DE VERE HUNT, who died in Cardiff Royal Infirmary on March 5th as the result of an accident, received his medical education at Queen's College, Cork, and the Royal College of Surgeons, Ireland. He obtained the diplomas L.R.C.S.I. in 1874 and the L.R.C.P.Ed. and L.M. in 1882. He commenced practice in Cardiff about thirty-five years ago, after a previous residence in Oldham, and took a very active interest also in ambulance work. Dr. Hunt was appointed divisional surgeon to the Great Western Railway in April, 1908, chief ambulance corps surgeon to the Cardiff district in 1912, and staff officer for the Priory for Wales in 1919. During the war he raised four voluntary aid detachments, and acted as staff surgeon to the Cardiff Centre Priory for Wales; he was appointed an honorary associate of the Order of St. John of Jerusalem in 1921. He was a member of the British Medical Association.

Universities and Colleges.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidate has been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE (Part I).—R. B. F. McKail.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—C. B. Ball, W. O. R. Fischer, W. H. D. Priest, F. Widlake.
MEDICINE.—W. O. R. Fischer, B. Horwitz, E. J. Jones.
FORENSIC MEDICINE.—A. C. Hill, H. H. Lakin, I. Rivlin, P. H. Row, G. H. Weeber.
MIDWIFERY.—G. H. Bickmore, W. O. H. Evans, C. F. L. Haszard, A. C. Hill, W. Johnson, R. D. Mason, H. Rundstrom.

The diploma of the Society has been granted to Messrs. B. Horwitz, R. D. Mason, and G. H. Weeber.

UNIVERSITY OF ABERDEEN.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—J. Adam, T. E. Anderson, R. R. Bakhshi, Victoria C. Emslie, C. E. Forster, G. Friedland, A. G. Hastings, J. N. Howie, R. A. B. Jaffray, G. C. Kelly, W. J. Lawrence, Margaret A. Mackay, Gladys M. E. Martin, W. C. Mitchell, S. J. V. Moust, Aileen A. Nicol, A. C. Nicol, *E. A. Paterson, A. M. Ramsay, W. L. Ramsay, *G. A. Ross, H. Sandler, A. Skinner, Mabel Stephen.

* Passed with distinction.

ANDERSON COLLEGE OF MEDICINE, GLASGOW.

Dr. S. SPENCE MEIGHAN, assistant surgeon, Glasgow Eye Infirmary, has been appointed to the chair of ophthalmic medicine and surgery, and Mr. William Rankin, surgeon to the Glasgow Royal Hospital for Sick Children, has been appointed to the chair of surgery.

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE.

AT the spring commencements in Hilary term, held on March 19th, the following degrees were among those conferred:

M.CH.—T. E. Gordon, W. Taylor (*Ordinis Imperii Britannici Eques Commendator*).
M.B., B.Ch., B.A.O.—R. M. Allardye, C. R. Boland, Mabel E. Brittain, A. B. Brooks, J. N. S. Gouws, S. F. Heatley, R. G. Keays, G. G. McFarland, J. H. McLean, W. Magowan, W. G. Maule, G. A. Miller, Mary S. Miller, P. F. Palmer, Lucy E. R. Pigott, Margaret W. Pike, J. V. Pincus, W. C. G. Potts, G. A. A. Powell, D. N. Power, E. Rakoff, H. J. Roche, D. J. Roux, W. Russell, J. M. Selkon, W. C. Sloan, C. L. Taylor, G. W. H. Townsend, G. A. Walmesley.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

AT a special business meeting of the College held on March 19th Dr. Robert James Rowlette, F.R.C.P.I., was elected King's Professor of Materia Medica and Pharmacy in the School of Physic in Ireland, Trinity College, Dublin.

The Services.

ROYAL NAVY MEDICAL CLUB.

THE annual dinner of the Royal Navy Medical Club will be held this year at the Trocadero Restaurant, Piccadilly Circus, on Thursday, April 22nd, at 7.30 for 8 p.m. Members who wish to be present are asked to inform the Honorary Secretary, Royal Navy Medical Club, 68, Victoria Street, London, S.W.1, not later than seven clear days before that date.

NAVAL MEDICAL COMPASSIONATE FUND.

A MEETING of the subscribers of the fund to elect six directors will be held at the Medical Department of the Navy, 68, Victoria Street, S.W.1, at 11.30 a.m. on April 23rd.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons will rise for the Easter Recess on April 1st, and will reassemble on April 13th. This week it has debated the recent crisis in the League of Nations, and has taken the report stage of the Army and Navy Estimates and has discussed general policy on the Consolidated Fund Bill. On this bill the Liberal party proposed to initiate a debate on the Report of the Royal Commission on National Health Insurance.

At the request of the Central Midwives Board Dr. Fremantle has put down amendments to the Midwives and Maternity Bill, which awaits examination by a Standing Committee. One amendment proposes to institute an authorized badge for midwives. Another proposes to alter the provisions of the Act of 1922 by enjoining that (except in emergency) an unqualified person shall only attend a woman in childbirth under the direction and in the presence of a medical practitioner; further negotiation is possible on this point.

The Parliamentary Medical Committee, during its meeting at the House of Commons on March 17th, received three deputations. The first was a deputation from the Joint Council of Qualified Opticians regarding the proposed Opticians Bill for registration, concerning which the Medical Committee had already heard opinions from members of the British Medical Association. The opticians' deputation explained the bill and the relationship proposed with medical practitioners. The Medical Committee took no decision on the matter, opinions appearing to be divided. A deputation was also received from the British Medical Association about the Births and Deaths Registration Bill, which was to come before a Standing Committee of the House on March 23rd. The deputation included Dr. Bone, chairman of the Medico-Political and Parliamentary Committee, Mr. E. B. Turner, and Dr. Courtenay Lord. They suggested amendments to the bill. One proposed that the bill should state definitely that when a medical man was called in to see a body and suspected death from violence or poisoning it should be his duty, not to give a death certificate, but to notify the coroner. A further amendment suggested that the retention of a body more than seven days should be prohibited. The Parliamentary Medical Committee announced that Sir Richard Luce would introduce these amendments. A third deputation attended from the Society of Members of the Royal College of Surgeons. They spoke in support of their petition to the Privy Council, which asks for consideration of their claims along with the request of the Council of the College for a supplementary charter.

The Parliamentary Medical Committee will next meet on April 21st.

Coroners Bill.

The report stage of the Coroners Bill (referred to in a leading article this week at page 582) was set down in the House of Lords for March 25th. In Committee on this bill the House excepted the coronership of the City of London from a clause abolishing franchise coronerships. Lord Strachie proposed that coroners should be made to contribute to a pensions fund. The Lord Chancellor said the difficulty was that coroners were appointed at an advanced age. They were usually either experienced lawyers or experienced doctors who had practised and made a name. The average age at appointment of coroners was something like 50. It was quite impossible to form any superannuation fund by any reasonable yearly contributions from men appointed at the age of 50, and county councils would be left to fix the pension in making the appointment. Lord Strachie withdrew his amendment. On the motion of the Lord Chancellor another clause was modified to enable the Lord Chancellor, with the concurrence of the Secretary of State, to make rules for regulating the practice and procedure at or in connexion with *post-mortem* examinations as well as inquests. He said this was to enable rules to be made as to *post-mortem* examinations and the forms of certificate to be sent to the coroners, and matters of that kind. The amendment was accepted and the bill passed through committee.

Births and Deaths Registration Bill.

A Standing Committee of the House of Commons considered the Births and Deaths Registration Bill on March 23rd. Sir Kingsley Wood, at the opening of the debate, said that as a Coroners Bill was before Parliament the Committee would agree that the amendment of the law relating to coroners should be completed in that bill. He would accordingly move amendments deleting all references to coroners from the Births and Deaths Registration Bill. He had the authority of the Home Office for saying that the necessary amendments would be made in the Coroners Bill. Dr. Fremantle concurred in this. Sir Kingsley Wood resisted an amendment proposed by Mr. Looker which sought to enact that no burial should be permitted unless a certificate of death had been issued. Sir Kingsley Wood suggested that the bill went far enough. They should see how it

Medical News.

At the annual general meeting of the governors of the National Hospital for the Paralysed and Epileptic, Queen Square, held on March 23rd, it was announced that through a supplementary Royal Charter the name of the institution will be changed to "The National Hospital, Queen Square, for the relief and cure of diseases of the nervous system, including paralysis and epilepsy." This step has been taken because the present title leads to the belief that the hospital is exclusively for paralysed and epileptic people. Moreover, patients suffering from other nervous diseases are deterred from coming owing to the fear associated with epilepsy, although actually only a small percentage of the patients are epileptic. In addition, people are inclined to gather from the old title that the hospital is an institution for incurables. The majority of the cases admitted are upon the recommendation of members of the medical profession, to whom the hospital is already widely known either as "The National Hospital" or "Queen Square Hospital."

THE third annual congress of the Incorporated Association of Hospital Officers will be held on Friday, April 16th, at the Central Hall, Westminster. It will be opened at 10.30 by the president, Sir Arthur Stanley, G.B.E., and a paper will be read by Miss R. E. Derbyshire, Matron of University College Hospital, on the nursing requirements of a modern hospital. In the afternoon Mr. E. W. Morris, C.B.E., house governor of the London Hospital, will open a discussion on the geographical distribution of hospitals in relation to community requirements. At a dinner to be held in the evening at the Holborn Restaurant the Earl of Arran will be the chief guest. Full particulars can be obtained from the Secretary, 28, Bedford Square, W.C.1.

THE Fellowship of Medicine announces that on March 31st, at 2 p.m., a demonstration in clinical surgery will be given by Mr. A. Tudor Edwards at the Westminster Hospital general course. On April 15th a similar demonstration will be given by Mr. W. E. Tanner at the Prince of Wales's General Hospital, Tottenham. On March 30th and April 1st Dr. Low and Dr. Manson-Bahr will give lecture demonstrations, illustrated by cases, at the London School of Hygiene and Tropical Medicine, at 2 p.m. A two weeks' clinical course will start at St. Peter's Hospital on April 19th, and a series of four lecture demonstrations on treatment by electrotherapy will be given by Dr. C. B. Heald, at the Royal Free Hospital, at 5.15 p.m., each Wednesday, beginning on April 14th. A special all-day course in proctology will be held at St. Mark's Hospital from April 19th to 24th, and a course in general medicine, surgery, and the specialties at the Bolingbroke Hospital, for two weeks starting April 19th. Copies of all syllabuses and of the general course programme may be had from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

A SPECIAL course of lectures and demonstrations will be delivered at the Ancoats Hospital, Manchester, on Thursday afternoons, commencing April 8th, when Dr. Langley will give the first of a series of three on diabetes in general practice. On April 29th, May 6th and 9th Mr. McEvedy and Dr. Twining will deal with the surgical dyspepsias. Tea will be served at 3.45 p.m. and the lectures will commence at 4.15.

A BUSINESS meeting at which it is proposed formally to inaugurate the Association of Special Libraries and Information Bureaux will be held at the Institution of Mechanical Engineers, Storey's Gate, S.W.1, at 2.30 p.m., on Monday, March 29th. All interested are invited to attend. The association (to which several references have been made in our columns) is being formed to facilitate the co-ordination and systematic use of sources of information in science, industry, commerce, and public affairs generally; when fully developed it will function as a clearing-house for those wishing to get into touch with specialized knowledge.

APPLICATIONS for the Rose Research Fellowship in Lymphadenoma, value £600 per annum, must be sent in by April 21st to the Professor of Pathology, St. Bartholomew's Hospital, from whom further information may be obtained. The research must be carried out at St. Bartholomew's Hospital under the direction of the Professor of Pathology. The fellowship may be tenable under annual re-election for four years.

A SPECIAL two weeks' post-graduate orthopaedic course will be held at the Royal National Orthopaedic Hospital from April 12th to 24th. Lecture demonstrations will be given at 11 a.m. each day by the staff, and members of the course are invited to attend the practice of the hospital, including operations before the lecture demonstrations, and the out-patient department in the afternoons. The fee for the course is two guineas, and applications should be sent in by April 7th to

the secretary of the hospital, 234, Great Portland Street, W.1, or to the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE annual meeting and festival dinner of the Irish Medical Schools' and Graduates' Association was held at the Piccadilly Hotel on March 17th, with Surgeon Vice-Admiral Sir Joseph Chambers, K.C.B., Medical Director-General R.N., in the chair, and Sir Michael O'Dwyer as the guest of the evening. The association, which was founded in 1878, has for its object the support of efforts to improve the status of the profession, with especial regard to medical practitioners holding Irish degrees or diplomas. It promotes social intercourse among those who have studied at an Irish school of medicine, and an autumn meeting and dinner is also held in London. The annual subscription is 5s., and applications for membership should be addressed to Dr. F. R. Holmes, 11, Lancaster Road, South Hampstead, N.W.3.

A COMPLIMENTARY dinner was given in honour of Dr. James Thomson, on March 12th, in recognition of his completion of forty-six years as a medical practitioner in Irvine, Ayrshire. The guests included Professor Glaister of Glasgow University, and Dr. Chalmers, who recently resigned the position of chief medical officer for Glasgow. During the evening Dr. Thomson was presented with a diamond ring, and his wife with a silver tea service; his daughter, Dr. Isabel Thomson, who is in partnership with him, received a watch.

AT a meeting of Jewish members of the medical profession, held in London on March 14th, it was decided to form a medical branch of the society "Friends of the Hebrew University of Jerusalem." Sir Philip Hartog, president of the society, emphasized the great importance of the research work now in progress in the biochemical and microbiological institutes of the university in Jerusalem. Dr. M. D. Eder stated that the first institute opened at the university had been for medical research, with special reference to the investigation of serological, hygienic, and parasitological problems in Palestine and the neighbouring countries. Post-graduate study for medical practitioners was also being organized. The chairman of the medical branch is Dr. A. H. Levy and the secretary Dr. M. Sourasky.

THE Royal College of Physicians of London will be closed from Friday, April 2nd, to Wednesday, April 7th, both days inclusive.

DR. C. W. DEAN, on the occasion of his appointment as consulting surgeon to the Royal Lancaster Infirmary after forty-one years' service at the institution, has been presented by the general committee, the medical committee, the matron, and staff, with a silver salver in appreciation of his long and devoted voluntary service.

DR. ROBERT A. LYSTER, county medical officer of health for Hampshire, has been elected president of the Association of County Medical Officers.

DR. JOHN GRIFFITHS, J.P., of Llandrindod Wells has been appointed sheriff for Radnorshire.

THE *Journal of Physiology* will be conducted in future by the Physiological Society, which has appointed an editorial committee of four. The change has been rendered necessary by the lamented death of Professor J. N. Langley, who had been responsible for editing this very valuable periodical.

THE League of Red Cross Societies, the office of which is at 2, Avenue Velasquez, Paris, has published a calendar for 1926 illustrated with reproductions of posters designed by the Red Cross societies of various nations, and the prize poster in the international competition organized by the League.

THE sixth annual congress known as the Journées médicales de Bruxelles will be held at Brussels from June 26th to 30th.

IT is announced by the Great Western Railway Company that on and after April 1st "certified" milk alone will be used on the restaurant cars attached to all the express trains to and from Paddington.

THE Oxford University Press announces for early publication an illustrated monograph by Dr. Jamieson B. Hurry, entitled "Imhotep, the Vizier and Physician to King Zoser and afterwards the Egyptian God of Medicine."

DURING the period September 13th to November 7th, 1925, 2,577 cases of plague occurred in Java, all of which were fatal.

THE following officers have been elected in the International Society for Combating Tuberculosis and Cancer for the year 1926: Professor Charles Richet, president of honour; Dr. Loir, president; Professor Rappin, Dr. Bailler, and Dr. Joseph Thomas, vice-presidents; and Dr. Simionescu, general secretary. The monthly meetings will be held in the Hôtel du Dispensaire Marie de Roumanie, 17, Square de Messine, Paris, on the fourth Friday of each month.

THIRTY-THREE cases of typhoid fever, of which three were fatal, have been traced by the Michigan State Health Department to a woman who assisted in serving a church dinner.