perhaps all, is impossible. Treatment of acute rheumatism with an autogenous vaccine at the beginning of the illness has a definite effect in decreasing the tendency towards cardiac and other complications, and hastens recovery in other cases which might lapse into chronic deformity or tend towards hyperpyrexia.

Protein shock treatment is limited to rheumatoid arthritis; massage, hydrotherapy, and electrical treatment may be utilized in all rheumatic affections, but are usually only required after the acute stage is past.

I am indebted to Dr. C. E. Jenkins (pathologist to Salford Royal Hospital) for the preparation of the vaccines, and would refer those who desire further information about the dosage to articles by him in the BRITISH MEDICAL JOURNAL (1921, ii, p. 846; 1922, i, p. 596) and the *Lancet* (1922). I have also to thank Dr. J. Dudgeon Giles, medical superintendent of Hope Hospital, Pendleton, and Dr. Henry Carre, medical superintendent of Woodilee Mental Hospital, Lenzie, for permission to make the experiments and publish the results.

PRESSURE BY THE MESENTERIC ROOT UPON THE DUODENUM WITH ABSENCE OF "DUODENAL ILEUS."

BY

GEORGE ROBERTSON, F.R.C.S.ED.,

HONORARY SURGEON, DUNFERMLINE AND WEST OF FIFE HOSPITAL.

THE following case is instructive in view of the mechanical pressure theory of duodenal ileus held by some surgeons, and which I at much length have already attempted to disprove.[1]

A multipara on the fourth day following the birth of her last full-time child got out of bed and soon felt giddy. A severe headache followed, and was accompanied by severe vomiting. No pyrexia existed. These symptoms continued for four weeks. Her doctor, who visited her daily, was at a loss to understand her condition. Vomiting was "propulsive" in type, of daily occurrence, was usually accompanied by headache, seldom by nausea. The vomit was partly digested food, and was occasionally bilious in character. By the end of a month the patient became very emaciated, and fits of a cerebellar type developed and became frequent. At this stage I saw her in consultation with her doctor. She was then considered too enfeebled for operation, and very soon she died. During the course of the illness only slight rises of temperature (the highest being 99.6° F.), and at many days' interval, were noted. As a rule the temperature was normal or subnormal, and the pulse rate very slow.

Autopsy showed (1) a tuberculoma, the size of a walnut, of the left cerebellum; (2) extensive tuberculous disease of the abdominal lymph glands. There was not a lymphatic area unaffected. Many of these caseous glands were as large as a small hen's egg, most were somewhat smaller. The mesenteric root was very thick and heavy with large caseous glands. There was not even a suggestion of "duodenal ileus."

The main factors that have been emphasized as capable of producing this mechanical obstruction were certainly present in this case—namely: (*a*) A very heavy and gross thickening of the mesenteric root where it crosses the duodenum. (*b*) A severe downward drag of the mesentery as a whole, the mesenteric lymphadenitis being very extensive. (*c*) A general visceroptosis. The intestines had been suddenly relieved from pressure by the birth of the child. The feeble lax abdominal wall of this multipara, nearing death from extensive tuberculosis, could furnish little support to the viscera.

Had the cerebral symptoms not supervened a surgical enthusiast might have been tempted to anastomose the duodenum to the jejunum. Here much dexterity would have been necessary to perform this operation *secundum artem* and still surmount the almost neoplastic mesenteric root.

Had an autopsy not been made a case showing all the main elements of production of duodenal ileus (obstructive) might have been lost.

The *British Journal of Surgery* for October, 1925, contains a very excellent article by H. P. Winsbury White (London), entitled "The pathology of hydronephrosis." In this contribution a careful and experienced observer has summarily disposed of the attractive but none the less fantastic theory of dilatation of the renal pelvis by the normal and "abnormal" renal vessels—artery and vein. In the production of duodenal ileus the superior mesenteric vessels have an even smaller part to play than those renal vessels have in causing a hydronephrosis, for so far as I am aware nobody has claimed anatomical abnormality of origin for the superior mesenteric vessels when they are supposed to obstruct the duodenal lumen.

REFERENCE.

[1] Acute Dilatation of the Stomach and Intestinal Tube with a Consideration of "Chronic Duodenal Ileus," *Surg., Gynecol. and Obstet.*, February, 1925, p. 206.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

INTESTINAL OBSTRUCTION BY GALL STONE.

THE following report may be of interest in connexion with the series of cases of obstruction of the small intestine due to gall stones recorded by Mr. Bennett in your issue of March 27th (p. 565).

On March 10th I was asked to see a lady, aged 66, suffering from abdominal pain and vomiting. The history was as follows: For some months she had been treated from time to time by her doctor for gall stones; owing to her general condition being very poor no operation had been advised. She had had typical attacks of gall-stone colic, clay-coloured stools, and dark urine. On March 3rd she noticed that her motions were black, and she was suffering from generalized abdominal discomfort not severe enough to call her doctor. On March 8th she vomited, and had intermittent attacks of colicky pain centred round the umbilicus; the pains lasted about five minutes and recurred about every fifteen minutes. On the morning of March 8th she had a good action of the bowels.

The vomiting became more frequent, and I saw her on March 10th; the vomitus consisted of foul small intestine contents, and her bowels had not been open since March 8th. An enema gave no result. The abdomen was distended and was tender all over. A diagnosis of acute intestinal obstruction was made, and she was admitted under my care in the West Cornwall Miners' and Women's Hospital, Redruth, for an immediate operation. When I arrived at the hospital I found that only five minutes before she had passed a small motion, formed and somewhat pale. Her general condition being very bad, and as she had not vomited since admission, it was decided to wait.

At 4 a.m. on March 11th, after a fairly comfortable night, she passed by the rectum a huge gall stone, 2 inches long and just over 1 inch through, and barrel-shaped. After passing this she felt very fit; there was no sickness and no pain. She was discharged from hospital two days later, and is now perfectly well.

This case is interesting in that, although a positive diagnosis was impossible, yet she had definite symptoms of gall-stone trouble, and also because of the fact that she escaped operation by passing a small motion five minutes before she would have gone on the table.

R. SHEARSMITH COLDREY, M.B.,
Camborne, Cornwall. B.S.Lond.

ARTHRITIC PURPURA AND PANCREATITIS FOLLOWING MUMPS.

THE following case seems to be of interest on account of the unusual symptoms following an attack of mumps.

On January 29th, during the recent epidemic, a school teacher, aged 26, contracted mumps. The parotid and submaxillary glands of both sides were affected, and there was rather severe and persistent gingivitis round the lower molars lasting for fifteen days. On the eighteenth day she sat up for an hour for the first time without any untoward results, but on the following evening, after sitting up for a short time, she was seized with severe pains in the neck and limbs, and almost simultaneously noticed a heavy petechial rash on both feet. The rash extended from the ankles over the dorsum of the feet and under the arch of the foot, and was followed briefly by fine scaling of the skin. There was no urticaria or rash elsewhere. No swelling of the joints was manifest, but pressure over either shoulder-joint, or raising the arms, caused considerable pain. The patient was kept in bed for four days, during which time the joint pains disappeared and the rash faded. On the next day she was up for about half an hour and felt quite well, but on the following day there was a faint purpuric rash on the feet, which, however, soon faded, and there were no joint pains.

On February 26th, just four weeks from the onset of the illness, on waking up she was suddenly seized with intense pain in the left loin. She vomited, and became very restless with pain and seemed to be rather collapsed. The attack seemed very similar to renal colic; the urine contained a heavy cloud of albumin, and on palpation there was great tenderness in the left loin, and

general tenderness over the left side of the abdomen. The tongue soon became very furred, the breath heavy, and all food was vomited at once, including water. The bowels, hitherto regular, were not opened during that day nor during the next three days. On February 27th there were two more attacks of pain in the back and in the left iliac fossa; the temperature rose to 99° F., and the vomiting continued. In the evening an area in the left flank where the pain had been most intense was seen to be covered with a bright petechial rash. In a later attack the pain was even more severe and radiated into the left groin. When it subsided a quantity of smoky urine was passed with a sediment of blood and several small tubular clots.

On the next day, March 1st, the patient seemed to be decidedly better. The urine was clearer. A catheter specimen was examined and found to contain blood cells, together with many uric acid crystals, a few hyaline and granular casts, and a few detached renal cells. An enema was given with a normal result.

As the abdominal pain and discomfort cleared up an area remained over the tail of the pancreas, which was tender on deep palpation, and this persisted for about ten days in some degree.

Examination of the faeces afforded some evidence of mild pancreatitis. There was no evidence of bleeding into the bowel.

The subsequent history of the case has been uneventful, except for the brief appearance of two quite faint purpuric rashes on the arms just above the elbows.

It should be added that the patient gives no history of rheumatism, or of previous liability to purpura, and that she was not taking any of the drugs which are liable to cause this disorder. The blood condition is normal.

St. Albans. R. E. WILSON, M.B., B.Ch.

MALDEVELOPMENT OF OESOPHAGUS.

DR. THERON'S case of maldevelopment of the oesophagus (April 10th, p. 652) reminds me of a similar one which I met with about five years ago.

A very healthy looking infant, 2 days old, was brought to me by the district nurse, who had attended the mother, a multipara, in a normal confinement. She said the child took the breast strongly, but could not swallow, and I found that a soft catheter did not pass much below the level of the larynx. I sent the child into hospital, where it died two or three days later, and the surgeon agreed that there was a developmental occlusion, but unfortunately there was no autopsy.

By a curious coincidence the next issue of the BRITISH MEDICAL JOURNAL contained an editorial reference to a report on the comparative anatomy and development of the trachea and oesophagus, and remarked upon the rarity of this particular malformation. The investigator had found only a few specimens in the European museums.

Dr. Theron writes that luckily it is rarely met with in practice, although Professor Sir Arthur Keith says it is not uncommon.

Certainly the gross abnormality we encountered cannot very well be mistaken, and the children only survive a few days, but the lesser degrees, where the oesophagus is more or less patent, and opens into the trachea above the bifurcation, might be overlooked even by the pathologist, in an infantile death from respiratory disease, unless the condition were kept in mind. The termination in these cases would be death by suppurative pneumonia.

Hungerford, Berks. WALTER DICKSON.

BROW PRESENTATION.

IN view of the recent request to medical practitioners to record cases of brow presentation, I think the following clinical details may be of interest.

1. A Chinese multipara had been in labour and the membranes had been ruptured, many hours before being seen by me. The case was one of twin pregnancy. The first child presented brow (left occipito-posterior) and the head of the second child lay behind the shoulders of the first. I was unable to change the presentation either to face or to vertex, and as I was very doubtful whether delivery was possible, even after perforation, the patient was transferred to hospital for Caesarean section. The mother and the second child survived, but the first child had died.

2. A Chinese primipara had been in labour for over forty-eight hours: a small loss of fluid had occurred twenty-four hours, and a much larger loss six hours, before the patient was seen by me. Foetal heart sounds could not be detected. The head was not fixed. On vaginal examination the cervix was half dilated and a brow presentation (right occipito-anterior) was found. Under chloroform anaesthesia an attempt was made to change the presentation to a vertex, but it failed; the change to full face was easy. As the presentation quickly reverted to brow, and as, during these manipulations, the cervix had dilated fully, the face presentation was maintained by means of a forefinger hooked under the foetal chin while an assistant applied and locked the forceps. The head descended with moderate traction without difficulty. As the foetus was clearly dead, the head was perforated, with a view to minimizing maternal injury, and the mother made an uneventful recovery.

The cause of this brow presentation was not ascertained. Pelvic flattening, if present at all, was very slight. There was no uterine obliquity.

Penang, Straits Settlements. JAMES GOSSIP, M.D.

Reports of Societies.

INCIDENCE AND SPREAD OF CHOLERA IN INDIA.

AT a meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine on April 23rd, Dr. E. W. GOODALL in the chair, Sir LEONARD ROGERS read a paper on the conditions influencing the incidence and spread of cholera in India. The paper embodied the results of the monthly mortality returns for the last fifty years, together with an examination of the coincident meteorological data and of the views of previous writers on the subject.

In the cholera epidemics in India in 1817-19, and subsequently down to those in 1859-71, described by Bryden and Cornish, the disease appeared to have spread from its home in Lower Bengal over North-Western, Central, and Southern India in a series of waves of two to four years' duration at somewhat irregular intervals, the endemic area, according to Bryden, being limited to Bengal and West Assam.

Since 1877 the monthly cholera mortality for every district in India had been recorded, furnishing far more detailed information than the army and jail figures of Bryden's time, but they had not hitherto been utilized for a comprehensive study of the incidence and spread of cholera in India such as was here attempted.

A study of the average monthly cholera incidence and its comparison with the rainfall, temperature, and humidity in forty-five divisions of India showed (*a*) no uniform relationship to rainfall, as the disease during the south-west monsoon was at its maximum in most parts of India, but at its minimum in Lower Bengal, and (*b*) a regular great decline or disappearance of the disease in all parts of India when the absolute humidity fell to or below 0.400, such dryness of the atmosphere preventing the epidemic prevalence of the disease. The months in which cholera showed a great increase after the winter quiescent period in North-West and Central India were those in which the absolute humidity first rose to over 0.400, the seasonal increase in the epidemic areas being thus explained quite irrespectively of any spread from Bengal.

The average annual incidence of cholera was found to be highest in Assam, Lower Bengal, Bihar, and the eastern sub-Himalayan divisions of the United Provinces in Northern India, and in South-East Madras, all of which were areas with few or no months of absolute humidity below 0.400 and consequent continued prevalence of the disease throughout the year.

The present endemic areas—that is, areas in which the disease had never been absent for a single year in three recent decades—included the areas of high incidence already mentioned of Bengal, the United Provinces, and Madras, together with the low-lying west coast of Bombay, all with a constant absolute humidity of over 0.400, so the endemic areas were now far more extensive and scattered than the parts of Assam and Bengal indicated by Bryden in 1869.

The epidemic areas—that is, areas in which severe outbreaks occurred frequently after a year or two of complete absence of the disease—included the south and west of the United Provinces, all the Punjab, the Sind, Gujerat, and Deccan divisions of Bombay, and the whole of the Central Provinces.

Study of the figures showed a larger number of epidemics in the United Provinces than in Lower Bengal, and demonstrated that a number of the outbreaks spread from the endemic area of the United Provinces towards the Punjab, decreasing in intensity in proportion to the distance of the divisions from the United Provinces and the dryness of their climate. Similarly it was shown that the Central Provinces in recent decades were sometimes invaded from the east from the southern Orissa division of Bengal, occasionally from the north from the United Provinces, and frequently also from the west from the Deccan divisions, contrary to Bryden's conclusion that cholera always spreads from Bengal to the north-west over the United Provinces, or to the south-west over the Central Provinces to Bombay with the monsoon winds, the facts on which he based his theory being now explained by the effect of low absolute humidity in inhibiting epidemics.

Mr. Harnett's reception into a mental home, but the judicial act of Colonel Locke, the magistrate who signed the reception order. (Everett *v.* Griffiths and Anklesaria [1920], 3 K.B. 163.)

Mr. Justice Horridge: If a magistrate's order cannot be obtained without first getting a doctor's certificate it shocks me to hear it said that the making of the order is not a consequence of the certificate.

Mr. Neilson: The magistrate is not bound to act on the certificate.

Mr. Justice Horridge: No, he need not make an order, but he cannot make an order without a certificate.

Mr. Neilson: That the decision of the magistrate is a judicial act was held by the Court of Appeal in Hodson *v.* Pare [1899], 1 Q.B. 455.

Mr. Justice Horridge: It is the magistrate who acts in malicious prosecution, but it is no answer by the prosecutor to say that it was a judicial act if that act were procured by carelessness.

Mr. Neilson: The magistrate can do as he pleases with the certificates before him, and if the patient is sent to an asylum it is his act, and not that of the doctor who signed the certificate. (Williams *v.* Beaumont, 10 T.L.R. 489 and 543; Lock *v.* Ashton [1848], 12 Q.B. 871; Hall *v.* Semple [1862], 3 F. and F. 337.)

Mr. Cremlyn argued that Mr. Harnett came within the protection of the proviso in Section 7 because he was shut up in asylums under certificates of lunacy and could not bring any action before his release. The time for bringing his action ran from the moment when he was again at large. The jury had found that he was sane, but he was, in fact, placed in an asylum where he suffered the same disabilities as a man of unsound mind. It would bring the law into disrepute and be a monstrous travesty of justice if the man who was the cause of Mr. Harnett being placed under disabilities was to be allowed to come into court and shelter himself under the Statute of Limitations, 1623, from his own wrongful acts. Mr. Cremlyn cited Crozier *v.* Tomlinson, 2 Mod. R. 71; Piggott *v.* Rushton, 4 A. and E. 912; and Munday *v.* L.C.C., 32 [1916] 2 K.B. 331.

Mr. Justice Horridge, in his judgement, said he held on the authorities that a doctor who undertook the statutory duty of certifying must use reasonable care, and if he failed to do so damages so occasioned to the individual as to whom the certificate was given could be recovered against him. In this case the negligent giving of the certificate was a direct cause of the making of the reception order and of the detention. Dr. Fisher was liable for the consequences of his negligence even though the actual order under which Mr. Harnett was detained was made by the justices. Counsel for Mr. Harnett had argued that, though the jury had found Mr. Harnett was sane, and though he himself always contended that he was sane, he should be viewed as a lunatic for the purpose of construing the Statute of Limitations, 1623. He (the judge) did not think that was a correct view to take. Whether or not Mr. Harnett was *non compos mentis* was a question of fact which the jury had found in his favour, and, therefore, he was not protected by the proviso of Section 7. Originally imprisonment was among the disabilities of the proviso, but was afterwards taken out. No doubt the result of the statute might work hardship. His (his lordship's) duty was merely to construe the statute, however much he regretted the result which it forced him to reach. He must therefore enter judgement for the defendant with costs.

ACTION FOR NEGLIGENCE AGAINST MEDICAL OFFICERS.

VENN *v.* TODESCO AND ELDER.

MR. JUSTICE MCCARDIE, in the King's Bench Division on April 23rd, 1926, decided that the plaintiff's action was not barred by the Public Authorities Protection Act, 1893, and the effect of this decision is that Mrs. Mary Venn, a widow, can now, if she wishes, bring a third action against Dr. J. M. Todesco, resident medical superintendent at the Croydon Borough Isolation Hospital, and Dr. J. Elder, formerly assistant resident medical officer at that hospital, for damages for the death of her husband, which, she alleges, occurred through the negligence of the defendants.

This case was first heard by the Lord Chief Justice (Lord Hewart) and a special jury in June, 1925, when the jury returned a verdict in favour of Dr. R. V. Clark, the medical superintendent of the hospital, who was also a defendant in the proceedings, but disagreed as to the liability of the remaining defendants (see BRITISH MEDICAL JOURNAL, July 11th, 1925, p. 92).

There was a rehearing on February 23rd, 1926, but the jury again disagreed (see BRITISH MEDICAL JOURNAL, March 6th, p. 459), and Mr. Justice McCardie proceeded to hear legal argument on the question whether the Public Authorities Protection Act, 1893, which said "the action prosecution or proceeding shall not lie or be instituted unless it is commenced within six months next after the act neglect or default complained of" applied to cases brought under Lord Campbell's Act, 1846 (which provided a remedy where a civil wrong caused death), the material words of which were: "Provided . . . that every such action shall be commenced within twelve calendar months after the death of such deceased person." His lordship decided that Mrs. Venn's action, which was brought after six months but within twelve months of the date when the deceased left the defendants' care, was not barred by the Public Authorities Protection Act, 1893, and observed that if the point before him was to be decided otherwise than as he now felt bound to decide it, that decision could apparently be given only by the House of Lords.

Sir Henry Maddocks, K.C., and Mr. B. M. Goodman, instructed by Messrs. Arthur S. Joseph and Co., appeared for the plaintiff, who sued as a poor person on behalf of herself and her two children; and Mr. A. Neilson, K.C., and Mr. T. Carthew, instructed by Messrs. Le Brasseur and Oakley, agents for Mr. J. M. Newnham, town clerk of Croydon, appeared for the defendants.

The Services.

NAVAL MEDICAL COMPASSIONATE FUND.

AT the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on April 23rd, when Surgeon Vice-Admiral Sir Joseph Chambers, K.C.B., C.M.G., Medical Director-General of the Navy, was in the chair, the sum of £165 was distributed among the several applicants.

DEATHS IN THE SERVICES.

Surgeon-General John Leslie Barrington, R.N.(ret.), died at Eastbourne on April 12th, aged 66. He was educated at the Ledwich School, Dublin, and after taking the L.R.C.S.I. in 1880 and the L.K.Q.C.P. in 1882, entered the navy. He reached the rank of deputy surgeon-general on January 26th, 1910, and retired on July 22nd, 1912, with the rank of surgeon-general. He held a Greenwich Hospital pension.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

AT a congregation held on April 23rd the following medical degrees were conferred:

M.D.—F. G. Rose, A. J. Copeland.
M.B., B.CHIR.—H. W. Taylor.
M.B.—W. A. Lister, G. L. F. Rowell, L. M. Maybury.

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part I*: G. B. Bush, A. E. I. Connolly, A. C. Dixon, W. C. Douglass, W. R. Dupré, H. H. Elliot, Mollie Fisher, Margery Freeborough, R. B. Gorst, A. R. Laurie, D. P. Levack, H. J. Louw, P. J. McKenna, C. W. McKenny, Elsie J. Mann, R. R. Morrison, F. G. Nicholas, R. Phillips, J. O. Priestley, J. Raffan, F. L. Rayner, Ff. Roberts, S. J. Roni, F. G. Rose, A. C. Rusack, S. C. Sen, J. O. P. Smith, H. T. Stack, J. G. Stephens, Mary L. Stewart, C. F. O. White, H. M. Worth. *Part II*: G. B. Bush, W. C. Douglass, W. R. Dupré, R. B. Gorst, P. H. Jhangiani, A. R. Laurie, D. P. Levack, C. W. McKenny, Elsie J. Mann, R. R. Morrison, F. G. Nicholas, J. O. Priestley, J. Raffan, Ff. Roberts, S. C. Sen, H. M. Worth.

UNIVERSITY OF GLASGOW.

A GRADUATION ceremony was held on April 24th, when the following degrees were conferred:

M.D.—*John Glaister, *Donald McIntyre, Percy B. Farrar.
M.B., CH.B.—The list of successful candidates was published in our issue of April 17th (p. 726).

* With honours.

The following prizes were presented:

The Captain H. S. Ranken, V.C., memorial prize of £5, awarded to the student who obtained the highest marks in the subject of pathology in the professional examinations held in the year 1925: William A. Mackey.

Bellahouston gold medal for eminent merit in thesis for M.D.: Hugh S. D. Garven, B.Sc., M.D.

Straits Settlements gold medal for thesis for M.D. on a subject in connexion with tropical medicine or tropical hygiene: Walter Telfer.

Macleod gold medal for surgery: Edward Collier.

Asher Asher gold medal for laryngology and rhinology: William A. Mackey.

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE.

AT the first summer commencements held on April 24th the degree of M.D. was conferred upon F. W. Godbey.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—N. H. C. Allen, G. H. Bickmore, S. B. Browning, S. E. Hymans de Tiel (Section I), C. H. St. Johnston, J. B. Lurie, P. H. L. Moore, T. C. Pain, E. H. Rampling.
MEDICINE.—C. B. Ball, C. F. L. Haszard, A. C. Hill, J. L. Hopkins, D. P. Mitra, M. N. Nicolson, M. Pettigrew, W. H. D. Priest, J. B. Scarr, J. Shibko, A. D. Shubsachs, J. W. Whitney.
FORENSIC MEDICINE.—G. H. Bickmore, W. O. R. Fischer, C. F. L. Haszard, J. L. Hopkins, D. P. Mitra, M. N. Nicolson, W. H. D. Priest, J. B. Scarr, A. D. Shubsachs.
MIDWIFERY.—L. G. Apps, K. Girgis, J. E. Howard, L. Schapera.

The diploma of the Society has been granted to Messrs. G. H. Bickmore, A. C. Hill, J. L. Hopkins, C. H. St. Johnston, D. P. Mitra, W. H. D. Priest, E. H. Rampling, J. Shibko, and J. W. Whitney.

Medical News.

AT a recent meeting of the Tuberculosis Society, Dr. Neville Cox, in a paper on tuberculosis in Japan, referred to the inadequate provision for treatment in that country, there being only nine sanatoriums, with a total of 1,420 beds. The next meeting of the society will be held on May 7th, at 5.30, at Brompton Hospital, when cases will be demonstrated by the hospital staff.

THE Board of Trade has informed the Chamber of Shipping that the Canary Islands are to be considered infected with plague until further notice.

PROFESSOR RICHET has been nominated Grand Officer of the Legion of Honour.

THE annual provincial meeting of the Section of Balneology and Climatology of the Royal Society of Medicine will be held this year at Llandrindod Wells on Saturday and Sunday, May 8th and 9th. Inclusive terms have been arranged with the Pump House Hotel, and the Great Western Railway will issue week-end tickets available for particular trains. Motor trips and golf have been arranged for Saturday, and there will be a motor tour through the Wye Valley to Hereford on Sunday afternoon. Fellows and members wishing to join the party should communicate with Dr. Ackerley, Llandrindod Wells, before May 6th.

A JOINT meeting of the South-West London Medical Society and the South-West London Chemists' Association will be held at the Balham Constitutional Club, 221, Balham High Road, S.W., on Wednesday, May 5th, at 9 p.m., when Sir William Willcox will give an address on the Dangerous Drugs Acts, their application by the physician and the pharmacist.

A MEETING of the School Medical Group of the Society of Medical Officers of Health will be held at 1, Upper Montague Street, Russell Square, W.C., this day (Saturday, May 1st), at 3 p.m., when Dr. Edgar H. Wilkins, now an assistant school medical officer at Birmingham, and formerly Director of School Hygiene, New Zealand Public Health Department, will read a paper on school medical work in New Zealand. The meeting will be open to all interested in school medical work.

A SESSIONAL meeting of the Royal Sanitary Institute will be held at the Town Hall, Dover, on Friday, May 7th, at 7.30 p.m. The chair will be taken by Professor A. Bostock Hill. A discussion on experiences in diphtheria immunization will be opened by Dr. Joseph Cates, County M.O.H. Surrey, followed by Major Roberts, R.A.M.C. Dr. A. B. McMaster, M.O.H. Dover, will open a discussion on port sanitary administration.

AT a medical mission social evening on April 21st, arranged by the Society for the Propagation of the Gospel in Foreign Parts, short addresses were given by Dr. Minnie Bazely, from St. Stephen's Hospital, Delhi; Dr. H. J. Smyly, from Peking Union Medical College; Nursing Sister Mary Simpson, of St. Catherine's Hospital, Cawnpore; and the Rev. K. W. S. Kennedy, M.B. It was stated that the society required twenty-eight additional medical men and women; one in holy orders is also required for an island in the Nassau diocese.

THE two weeks' special course in cardiology at the National Hospital for Diseases of the Heart, Westmoreland Street, W.1, will commence on Monday, July 5th, instead of July 12th, as previously arranged.

A COURSE of lectures on physic will be given by Sir Robert Armstrong-Jones, M.D., at Gresham College, Basinghall Street, E.C.2, on May 4th and three following days. The lectures, which will be given at 6 p.m. on each day, will be on tumours and cancer, arthritis and rheumatism, venereal diseases, and encephalitis lethargica. They are open free to the public.

THE Fellowship of Medicine announces that on May 5th, at 2.30 p.m., Mr. L. E. C. Norbury will give a special afternoon demonstration at St. Mark's Hospital for Diseases of the Rectum, to which all members of the medical profession are invited. The Royal Waterloo Hospital will begin a three weeks' course in diseases of women and children on May 3rd, and an intensive course starts on the same date at the Central London Throat, Nose, and Ear Hospital, lasting until May 22nd. The course comprises clinical and operative parts, which may be taken separately. The Maudsley Hospital will give a series of lectures and demonstrations in psychological medicine during May, and another course continuing throughout the month is to be held at the London Lock Hospital. The Royal Westminster Ophthalmic Hospital will hold a course in ophthalmology from May 3rd to 22nd. Dr. Eric Pritchard has arranged at the Infants Hospital an afternoon course from May 9th to 22nd. There will be an intensive course in medicine, surgery, and the specialties at the Royal Northern Hospital from May 31st to June 12th. Other courses in June relate to diseases of children, bacteriology, diseases of the chest, gynaecology, urology, and there will be a general practitioners' course. Copies of all syllabuses and of the general course programme may be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE British Institute of Philosophical Studies has arranged a course of lectures on aesthetics by Professor E. F. Carritt, M.A., during the summer term. The first, on contemporary data for aesthetics, will be given at the Royal Anthropological Institute, 52, Upper Bedford Place, W.C., on Friday, May 7th, at 5.30 p.m. Full information can be obtained from the Director of the Institute, 88, Kingsway, W.C.2.

A SERIES of debates, organized for the benefit of King Edward's Hospital Fund, is in progress on Tuesday afternoons, at 5.30, in the Great Hall of the London School of Economics. The following questions are to be discussed: On May 4th, by Miss Sheila Kaye-Smith and Captain P. P. Eckersley, "Is there too much broadcasting?" On May 11th, by Sir Ernest Benn and Mr. James Maxton, "Are capitalists overpaid?" On May 18th, by Dr. Walter Elliot and Miss Ellen Wilkinson, "Is woman becoming too obtrusive?" On June 1st, by the Right Hon. J. H. Thomas and Mr. G. K. Chesterton, "Is the House of Commons of any use?" Tickets and further information may be obtained from the Secretary, London School of Economics, Houghton Street, Aldwych, W.C.2.

THE nineteenth Voyage d'études médicales, postponed from last year, will begin next August. It is organized by Dr. Maurice Gerst, under the scientific direction of Dr. Paul Carnot, professor of therapeutics in the Faculty of Medicine of Paris, and Dr. Harvier, professor agrégé in the same faculty. The party will visit Alsace, Lorraine, and the Vosges. It will assemble at Nancy on the morning of August 29th, and after visiting the antituberculous and thermal establishments, the hospitals and the Faculty of Medicine there, will go on by Morsbronn and Niederbronn to Strasbourg, where the third day will be spent. Leaving there on September 1st it will visit various institutions on the way to Ribeauville and Colmar. On September 4th, after again visiting various institutions on the way, it will reach Plombières in the evening. On September 5th it will go by Bains-les-Bains to Bourbonne-les-Bains. On the ninth day, September 6th, it will reach Contrexéville, and the tenth day will be spent at Vittel, where the party will disband. The cost of the trip, including all expenses from Nancy to Vittel, will be 1,050 francs. British doctors desiring to take part in the voyage should communicate without delay with Madame M. C. Juppé-Blaise, at the Office Français du Tourisme, 56, Haymarket, London, S.W.1. Participants who wish to visit the battlefields of Lorraine and Verdun can do so on August 28th, but must arrive at Nancy on the evening of August 27th.

THE eighteenth Congress of Russian Surgeons will be held at Moscow from May 27th to 30th, when the following subjects will be discussed: (1) Radical operation for inguinal and fundal hernia, and its remote results, introduced by Professor Martynoff. (2) Affections of the spleen, indications for splenectomy and its remote results, introduced by Professor Herzen of Moscow. (3) Surgical treatment of jaundice from retention, introduced by Professor Fédoroff of Leningrad.

THE annual dinner of the Metropolitan Police Surgeons' Association took place at the Holborn Restaurant on April 22nd. The president, Dr. Percy B. Spurgin, received the guests and presided at the dinner. Among the numerous company who attended were the Commissioner, Sir William Horwood; the Assistant Commissioner, Colonel Laurie; the Chief Surgeon, Sir Charles Ballance; the Chief Physician, Dr. Cassidy; Mr. H. W. Wilberforce, Deputy Chairman London Sessions; and the Mayor of Croydon. The speeches were well received, and the company much enjoyed an excellent musical programme. About a hundred divisional surgeons and their friends were present, and the evening was a great success.

THE dinner of the St. Andrews University Former Students' Club will be held at the Royal Hotel, Princes Street, Edinburgh, on Friday, May 21st, at 7.30 p.m. The charge for the dinner is 6s. 6d., and any former students desiring to be present, or to join the club, are requested to communicate with the Rev. G. Christie, B.D., 2, Heriot Row, Edinburgh.

THE Home Secretary gives notice that he has withdrawn from Dr. Samuel Grahame Connor, of 21, Dryden Chambers, Oxford Street, London, the authorizations granted by the Regulations made under the Dangerous Drugs Act, 1920, to duly qualified medical practitioners to be in possession of and supply raw opium and the drugs to which Part III of the Act applies. Any person supplying Dr. Connor with raw opium or any of the drugs to which Part III of the Dangerous Drugs Act, 1920, applies will be committing an offence against the Act.

MR. P. G. DOYNE, F.R.C.S., assistant surgeon Royal London Ophthalmic Hospital, sailed for America on April 24th with a team of British fencers chosen to represent Great Britain in the competition for the trophy presented by Colonel Robert Thompson, which is fought for alternately in England and America. Mr. Doyne has twice won the British Amateur Foils Championship.

A REVISED edition of his *Stellar Songs and other Poems* has been issued by Dr. Herbert A. Smith. The main poem is a metrical study of stellar evolution based on the nebular hypothesis; the other contents include sonnets, miscellaneous verses, and an essay on science and poetry.