

of pure liquid paraffin morning and evening and get the patient on full diet, generally within three days of the operation, with the result that the bowels usually act normally after three or four days. Sometimes the action is delayed without any harm. Occasionally it is necessary to run olive oil into the rectum through a soft catheter. No strong purgative or ordinary enema is given.

REFERENCE.
1 Selected Papers, 1925.

THE ESSENTIAL OIL TREATMENT OF CHOLERA.

BY

ALEXANDER CANNON, M.B., CH.B. LEEDS,
CANTON.

RECENTLY Dr. Tomb introduced in the Asansol Mining Settlement, Bengal, a treatment of cholera by an essential oil mixture made up as follows:

Spt. aether. ...	...	...	...	...	m xxx
Ol. caryoph. ...	...	...	...	...	m v
Ol. cajup. ...	...	...	...	...	m v
Ol. junip. ...	...	...	...	...	m v
Acid. sulph. aromat. ...	...	...	...	...	m xv

One drachm, in half an ounce of water, to be taken every half-hour (in case of cholera); total average dose 8 drachms. One drachm, in half an ounce of water, daily, is an excellent preventive.

This mixture should be given immediately, when practicable, but it is claimed (and here it has been proved) that in 95 per cent. of cases recovery will be secured within a period of seven hours from the onset of symptoms. No special care need be paid to subsequent dieting. Vomiting, purging, and intestinal pains appear to be immediately controlled by this mixture. As little supervision is requisite, the value of the method in mass treatment of natives is obvious.

Manson-Bahr and others state that the cholera vibrio may be found in the stools for as long as forty-four days after the patient has commenced convalescence. Bacteriological examination so far shows that following the administration of Dr. Tomb's mixture the vibrio ceases to exist after a period of from six to twelve hours from the commencement of the treatment, thus apparently reducing the quarantine period from forty-four days to twelve hours. This is a matter of considerable importance from the shipping point of view, as it is not necessary to keep a ship in quarantine for more than twelve hours, since everyone on board (passengers and crew) can be treated as a potential cholera case and given a dose of the mixture every half-hour for four hours (which is sufficient to cure a case of cholera, seen within seven hours of the first symptoms, up to 95 per cent. recoveries, and practically 100 per cent. if given as soon as symptoms appear).

I have bacteriological proof that this mixture can also clear up a case of typhoid fever within twenty-four hours, which is a matter worth investigating, as this might prove an infallible mixture for those diseases where the germ is present in the intestines, etc.

The few cases of cholera we have had here had not taken the essential oil mixture once a day as a preventive. Most of these, when first seen, had marked choleraic symptoms with the typical rice-water stools, and on bacteriological examination, which in some cases was confirmed by Surgeon Commander R. Buddle, R.N., the cholera vibrio was found to be present, and in large numbers, in every case. Only one patient died, and he refused treatment until twenty-four hours after symptoms appeared, when I was called in to see him for the first time. He was in the algid state, and before an intravenous saline injection could be given he died. All other cases recovered in from seven to twenty-four hours of commencing treatment; those recovering in seven hours had immediately resorted to the treatment, and those who took longer to recover had awaited until their symptoms were so marked that treatment had to be strictly enforced. I append a few brief notes of cases.

Case 1.—A man, aged 35, had violent cramps, vomiting, and rice-water stools. On microscopic examination the cholera vibrio was found to be present. The essential oil treatment was given

within two hours of the commencement of symptoms. Six hours later no vibrios were to be found.

Case 2.—A man, aged 32, had symptoms similar to those of Case 1, but no vomiting. Microscopic examination showed the presence of the cholera vibrio. He was given the essential oil treatment within five hours of the onset of symptoms. The vibrio ceased to exist after ten hours.

Case 3.—Lieutenant B., R.N., aged 26, also had symptoms similar to those of Case 1. His doctor at first treated him with opiates, but when he became worse the essential oil treatment was resorted to, and after eight doses at half-hour intervals the patient began "to feel himself again." Although both the surgeon commander and I had confirmed the diagnosis by microscope, when the patient was examined at the Naval Hospital, Hong-Kong, eleven hours later, no vibrios were found.

Case 4.—A woman, aged 26, with symptoms similar to the previous case and also marked tenderness over McBurney's point. The case was not notified to me until at least thirty hours after symptoms had appeared, and the patient was in a very weak condition and passing stools every minute or so. Essential oil treatment was immediately carried out, and within twenty-four hours the patient was convalescing.

Case 5.—A Chinese coolie, aged 48, had typical symptoms, as briefly described in Case 1; they began at 4 o'clock. Treatment by essential oils was commenced immediately, and at 9 o'clock the same evening the patient went home free from vibrios, and therefore a non-carrier.

Case 6.—This patient was a Customs officer, aged 32. His symptoms were similar to those of the other patients. Nine hours after treatment by essential oils no vibrios were to be found.

Case 7.—This patient, a commissioner, had the typical symptoms, but without any marked cramps; they commenced at 3.30 a.m. Microscopic examination showed numerous cholera vibrios to be present in the stools. Essential oil treatment was resorted to at once. At 6 a.m. the patient felt that he had taken a turn for the better; he was up the next morning by 10 o'clock. The stools were examined under the microscope and no vibrios found. At 2 p.m. the same day he resumed duty, although feeling rather weak.

Case 8.—In this patient, a nurse, the symptoms commenced with marked vomiting, then diarrhoea, which rapidly took on the appearance of rice-water stools. There were severe pains around the umbilicus, and the patient was so certain that she was dying that she did not want anyone to come near her and take risks. Essential oil treatment was given, and before sunrise the next morning she was well on the way to recovery.

This treatment could no doubt also be used in some kinds of intestinal toxæmia and in certain influenzal and rheumatic conditions. There seems to be no doubt that as a preventive and cure for cholera it is very efficient.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TRAUMA AND SARCOMA.

THE relation of trauma and malignant disease is a question which has always been debated in surgery, and cases clearly illustrating such a connexion are of considerable interest. It is now generally recognized that an important predisposing factor to carcinoma is the presence of chronic irritation, which may be a condition of mild, oft-repeated injury, either purely mechanical—as is often the case in epithelioma following the irritation of a jagged tooth—or mechanical together with a chemical factor, as is seen in mule-spinner's cancer of the scrotum.

Sarcoma, however, is often stated to follow upon a single injury, usually of a mild degree. Coley¹ has found a history of such trauma in 225 out of 970 cases of sarcoma, and the definite statement is made that a single injury may give rise to sarcoma of the breast, such a history having been obtained in nearly 10 per cent. of cases of this condition.

Boyd² states that sarcoma may arise after injury to bone, but the injury must not be of such severity as to give rise to a fracture. This apparently controverts a statement by Johnson and Lawrence³ that sarcoma may arise at the site of a fracture; in the latter case, however, it is often impossible to decide if the tumour was caused by or gave rise to the fracture. Sarcomatous change in the callus has been given as the primary cause. Cerebral tumour (? sarcoma) is said² to have followed a slight head injury. It is also stated³ that sarcoma rarely develops in a pre-existing benign tumour, but may occasionally occur in neurofibromatosis and endothelioma.

¹ Keen's Surgery, vol. 6.

² Boyd's Surgical Pathology, p. 160.

³ Choyce's System of Surgery, vol. i, p. 498.

These considerations render the following case of some interest in showing the development of sarcoma in a previously benign tumour following a definite injury.

A single woman, aged 40, a tailoress, came to me on May 11th, 1926, on account of a cystic swelling on the outer aspect of the left thigh; it resembled a sebaceous cyst. I removed it on July 25th under local anaesthesia and found that it was composed of a lobulated mass of fatty tissue; I took it to be a lipoma.

She again came to me on August 16th, and complained of the recurrence of "lumps" at the site of the soundly healed wound. There was a purplish cystic mass adherent to the skin, not sharply defined from the surrounding tissues and not adherent to the deeper structures. It measured 9 by 5 cm. Under general anaesthesia I excised the growth, removing the affected skin and going down to the muscles, which appeared to be free from any infiltration.

The specimen, which appeared to be made up of fatty tissue with two or three cystic spaces containing blood-stained fluid, was sent to Dr. H. A. Cookson, pathologist to the Royal Infirmary, who reported: "Section shows the presence of a marked sarcomatous change in a myxofibroma."

It was at this juncture that I was informed that the patient had had for "some years," at this site, a small lump which looked like a strawberry. She had noticed the gradual formation of the first cyst after a fall on December 14th, 1925, when she had bruised her left shoulder, side, and left thigh. On this occasion she had been under our care for the condition of the shoulder, but had not mentioned the injury to the thigh.

Present Condition.

The patient has had x rays (massive doses) applied to the site of the growth by Dr. Paige Arnold at the Royal Infirmary. The wound is now (November 11th, 1926) soundly healed except at its lower end, where there is some slight discharge, and some irritation of the surrounding skin. As yet there are no signs of recurrence, and she says that she is feeling in quite good health. She has now returned to her work.

Sunderland.

H. B. L. LEVY.

HERPES ZOSTER AT FOURTEEN MONTHS.

The following case is, I think, worthy of being placed on record.

A female child, aged 14 months, suffering from herpes zoster, was brought to the skin department of the Belfast Hospital for Sick Children on November 25th, 1926. The skin lesions were on the left leg, the nerves involved being the first, second, and third sacral. The areas affected were the sole of the foot and between the first and second toes, the posterior aspect of the middle third of the thigh, and the outer surface of the left labium majus. There was little or no disturbance in the general health of the child. The mother is healthy, and, to the best of her knowledge, the child has not come into contact with any cases of chicken-pox or "shingles."

The age of the patient is of special interest. Boix of Montevideo in 1917 recorded two cases—one in an infant 4 days old, and one in a child 4 months old.

IVAN H. McCaw, M.B., B.Ch., B.A.O.Belf.,
Hon. Dermatologist, Belfast Hospital for Sick Children.

ACUTE YELLOW ATROPHY OF THE LIVER.

The case here recorded seems to be of sufficient interest to merit publication.

An electrical engineer, aged 38, was admitted to St. John's Hospital, Lewisham, on March 8th, 1924, complaining of vague pain in the abdomen. He had been feeling unwell for four weeks, had been jaundiced and confined to bed for one week, and had vomited after food for three or four days. For the preceding three months he had imbibed alcohol freely.

He was deeply jaundiced and sleepy; he could be roused with difficulty, and it seemed too much of an effort for him to answer questions. He resented the approach of anyone near him, and his breath had a peculiar odour. There were no physical signs except that he resented pressure below the right costal margin. The bowels were constipated. Both urine and faeces contained bile. Temperature 97.7°, pulse 92, respirations 20. That night he became delirious and voided urine into the bed. On the following day the jaundice deepened and he became unconscious. His breathing was stertorous and his eyes were continually rolling from side to side. The area of liver dullness was diminished. Temperature 98°, pulse 108, respirations 26. He remained in this unconscious condition during the following day, and died in the evening.

A post-mortem examination was made and the only abnormal conditions were found in the liver and lung. The liver was shrunken and its capsule lax. It was of yellowish colour with red areas scattered throughout, especially along the anterior border. The pathologist described it as typical acute yellow atrophy of the liver. Unfortunately no microscope report could be obtained. The right lung showed an obsolete tuberculous lesion at its apex.

It was thought the condition might have been due to salvarsan or its derivatives, but there was no history of this, and at the necropsy there was no macroscopical evidence of syphilis.

I am indebted to Dr. Guy Neely for permission to publish this case, which is apparently very rare.

Swansea.

T. J. EVANS, L.R.C.P.Lond.

SCIATICA: POTT'S DISEASE.

WHENEVER pains in the area of distribution of the sciatic nerve do not promptly disappear after removal of all septic teeth and septic tonsils, an x -ray search for tuberculous disease should promptly be made in the lower lumbar spines and lumbo-sacral and sacro-iliac joints—not omitting such an opportunity to take a radiograph of the hip.

At the moment (October 8th, 1926) I have two cases under treatment which had been diagnosed as sciatica. After considerable waste of time, radiological examination revealed in each marked lateral caries of the fifth lumbar vertebra; the Calmette test was positive. The patients were placed at absolute rest, out of doors, in a double "Liston" frame. The pains disappeared within a few weeks, and periodic radiographs demonstrate steady increase in calcification.

It is a remarkable coincidence that both patients are vigorous men about 40 years of age; both had various decayed teeth, including pus bags and socket absorption; both had led an outdoor "steady" camp life; both had served in the great war, and tuberculous disease is about the last thing that the previous existence or appearance of either would suggest. The fact, however, remains, and points the moral that it is not wise to view anything as neuralgia about face, joint, or spine unless radiological examination warrants such an assumption.

Buenos Aires.

JOHN O'CONOR.

Reports of Societies.

CHANGES IN THE CLINICAL ASPECTS OF DISEASE.

At the Medical Society of London on January 10th, Sir HUMPHRY ROLLESTON, Bart., delivered his presidential address (printed in full in this issue at pp. 87-91) on "Changes in the clinical aspects of disease." After the thanks of the society had been conveyed to him on the motion of Dr. E. M. CALLENDER, who said that while they were all aware of the changes which had taken place in disease it needed a master mind to bring them into focus as the President had done, a brief discussion took place.

Sir CHARLES BALLANCE, taking up the President's remarks with regard to small-pox, mentioned that in his own early days he was closely acquainted with Sir John Simon at St. Thomas's Hospital, and Simon once told him the interesting fact that when he was a boy there was only one criterion of beauty for an Englishwoman—she was considered fair if she had not had small-pox. The part played by vaccination in bringing about this striking change could not be over-emphasized. With regard to appendicitis, the speaker said that he was at one time clinical clerk to Dr. Charles Murchison, the greatest clinical teacher he had ever known. Under Murchison he saw many cases of peritonitis treated with mercury and antimony, and he recalled one clinical lecture given by Murchison on fatal cases in which pus was found in the neighbourhood of the caecum. He himself saw these cases not only in the ward but *post mortem*, because Murchison always took his class into the *post-mortem* room, and there he remembered distinctly Murchison pointing out ulcerations of the appendix. That must have been about 1878, yet at that time there was no suggestion of operation on the appendix. Suppurative appendicitis had indeed been described and illustrated as early as 1850. He had been interested also in what Sir Humphry Rolleston had said

by Justus Lipsius. This lecture, which had been delivered originally to the Casual Club in London, Mr. Wallis afterwards gave at many places along the Western front in France. Dr. Little also refers to Mr. Wallis's paper on ancient dentistry given to the Royal Society of Medicine, and mentions that he was engaged at the time of his death in preparing an essay on Harley Street, for which he had been collecting material for many years. Dr. Little concludes his tributes as follows: In his professional work Wallis enjoyed the respect and confidence of the whole profession. He never spared himself, was singularly indifferent to pecuniary rewards, and was always ready to do a kindness. His courage in facing persistent ill health was such that even his most intimate friends were often unaware that he was ill; pain never dimmed the brightness of one of the gayest and most cheerful spirits that our generation has produced.

Mr. BISHOP HARMAN writes: A record of long and consistent work such as that of C. E. Wallis is impressive. But to those who knew Wallis intimately the impress of his personality was still greater. He was a man of even temper, genial, kindly, with ever a smile of greeting. Even when his health and vitality was at the lowest, when illness confined him to the wards of his hospital, King's, he would still present a smile to his visitor. To meet him at the meetings of the Association was a pleasure. His gift did not lie in speech or debate, though he could hold his own when moved to the effort; but he had a flair for general converse, such as marks the beginnings and endings of meetings; then his interest was obvious, and kindly suggestions came freely, and not infrequently bore good fruit. The Marylebone Division will miss him, so also will the Metropolitan Counties Branch Council, and not a few members of the Representative Body. One of his chief hobbies lay in the discovery of old social interests. A walk with him about the old streets behind the former Association House and round Covent Garden was a delight and a source of unfailing illumination.

SIR HARRY EDWARD DIXEY, D.L., M.D.,
Chairman, King Edward VII Memorial Sanatorium,
Worcestershire.

We regret to announce the sudden death, on January 6th, of Sir Harry Dixey, at his residence in Malvern, in his seventy-fourth year.

Harry Edward Dixey, who was born in 1853, was the son of the late Charles Anderson Dixey of Highgate. He was educated at Highgate School and the University of Aberdeen, where he graduated M.B., C.M. in 1878, proceeding M.D. in 1881. He held the post of house-surgeon to the Preston Royal Infirmary, after which he began to practise at Droitwich and Malvern, where his professional ability and keen interest in public life won him a very distinguished position. For administrative work he showed remarkable talent. He held the chairmanship of the St. John Brine Bath Hospital in Droitwich, and of the King Edward VII Memorial Sanatorium for Worcestershire. He was also chairman of the Worcester City and County Nursing Association. He found time to play an active part in local government and was an alderman of the Worcestershire County Council; he was a deputy lieutenant for the county, and a justice of the peace, and in 1921 he was appointed sheriff. In previous years he had been an active supporter of the Volunteer movement, holding a commission as surgeon captain in the 8th Worcestershire Volunteer Regiment. He had long been a member of the Worcester Division of the British Medical Association, and served as its representative from 1906 to 1910. He was president of the Worcester and Hereford Branch in 1899, and a member of the Parliamentary Bills Committee in 1900-1.

His kindness and tact, together with his skill in various forms of organizing and administrative work, was widely recognized and highly appreciated. In recognition of his distinguished public services the honour of knighthood was conferred upon him last year. He married Ellen Mary, daughter of Mr. J. Dyson Perrins of Malvern.

Dr. JAMES JARDINE, who died at Richmond, Surrey, on December 7th, 1926, in his eighty-first year, was educated at Edinburgh University and at the Royal College of Surgeons, Edinburgh, where he graduated M.B., C.M. in 1871. In the same year he was appointed parochial medical officer of Middlebie in Dumfriesshire, and in 1874 became surgeon to the British Consulate in Kiu Kiang, China, where he remained till 1880. From 1882 until a few years before his death he practised in Richmond and helped to found the Richmond Nursing Guild. Always keenly interested in gynaecology, Dr. Jardine was elected, in 1904, a member of the council of the British Gynaecological Society. For many years he was a Fellow of the Royal Society of Medicine, and a member of the British Medical Association. His conscientious keenness in clinical investigation won him the respect and affection of his patients, by whom he will be greatly missed. He leaves a widow, three sons, one of whom is in the medical profession, and two daughters.

Dr. WILLIAM MILNE ANDERSON, who died on December 29th, 1926, aged 68, was the third son of the late Alexander Anderson, Esq., of Skene, Aberdeenshire, and younger brother of Lieut.-Colonel James Anderson, R.A.M.C. (ret.). He was educated at Aberdeen Grammar School and University, where he graduated M.B., C.M. in 1881. He held the posts of house-physician and house-surgeon at the West London Hospital. In 1886 he commenced private practice at Dulwich, where he held several local medical appointments. He was for many years a member of the British Medical Association and of the West London Medico-Chirurgical Society, and contributed several papers to medical journals. Dr. Milne Anderson's personality endeared him to his many patients and friends. He was very hard-working and led a strenuous professional life. Overwork during the war caused his health to fail, and in 1920 he retired to live at Alford in Aberdeenshire, where he hoped to regain health. He improved for a time, but became eventually a confirmed invalid. He leaves a widow, two daughters, and a son.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY (Part I).—P. Bauwens, E. E. Carter, G. Chambers, J. C. Coutts, A. M. Craib, R. McG. C. Crawford, Jane G. E. F. Cummins, H. Fisher, N. Fram, D. B. H. Hallett, Minnie E. Hope, W. H. Hudson, J. J. Luddy, A. T. Makar, W. Morrish, A. Orliansky, R. D. Saigol, W. H. Steele, E. J. Tyrrell, S. A. Withers, K. J. Yeo.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

THE University College Committee, with the authority of the Senate, has accepted a gift of £500 from Lady Godlee for the foundation of a Rickman Godlee lectureship, in memory of the late Sir Rickman Godlee, Bt., F.R.C.S., a Fellow of the College.

The following distinctions and awards have been reported to the committee: The Professor of Anatomy, Dr. G. Elliot Smith, to be Huxley Lecturer at the University of Birmingham for the current session; the Royal Medal of the Royal Society has been awarded to Professor A. V. Hill; the Symington Prize for Anatomy of the Queen's University, Belfast, has, on the advice of the council of the Anatomical Society of Great Britain and Ireland, been awarded to Dr. H. Woodlard.

The following candidates have been approved at the examinations indicated:

M.D. (Branch I, Medicine).—Elizabeth M. Cowie, E. R. Cullinan, F. Davies, V. Feldman, Dorothy Gibson, R. S. Johnson, A. J. Kohiyar, W. A. Robb, N. W. Snell, J. G. Wilson. (Branch III, Psychological Medicine).—Emma M. Store. (Branch IV, Midwifery and Diseases of Women).—H. J. Malkin, H. K. V. Soitau, Edith E. Stephens. (Branch V, State Medicine).—D. Davidson. M.S.—(Branch I, Surgery).—G. F. Gibberd, W. R. Spurrell.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examination indicated:

D.P.H.—(New Regulations).—J. S. Bradshaw, Helen Standring, S. A. Talib, O. F. Thomas, T. S. Townsend. (Old Regulations).—Olive L. Jones, Eleanor Lancelot, Vera M. Macfarlane.

Medical News.

COLONEL SIR JOHN LYNN-THOMAS, K.B.E., C.B., C.M.G., F.R.C.S., has been appointed a Deputy-Lieutenant for the County of Cardigan.

The sixth international congress of the history of medicine will be held at Leyden and Amsterdam from July 18th to 23rd, 1927, under the patronage of the Prince of the Netherlands, with Dr. J. G. De Lint as president. Those intending to join the congress should send their names to the secretary, Dr. J. E. Kroon, Stationsweg 25, Leyden, before April 1st. The subscription, which is 10 florins for members of the International Society of the History of Medicine, 5 florins for their relatives and medical students, and 12.50 florins for others, should be sent to the treasurer, Dr. F. W. T. Hunger, Van Eeghenstraat 52, Amsterdam.

At a meeting of the Society of Medical Officers of Health to be held at 1, Upper Montague Street, Russell Square, W.C., on Friday, January 21st, at 5 p.m., there will be a discussion on the education of the public in regard to modern methods of disease prevention (premunization, immunization, etc.). Different points of view will be presented by the following speakers: The government department, Dr. S. Monckton Copeman, F.R.S.; the medical officer of health, Dr. C. W. Hutt; the press, Lord Riddell; the public, Dean Inge; the laboratory director, Professor J. C. G. Ledingham, F.R.S.

THE Post-Graduate Hostel's programme for next week includes an address on Tuesday by Dr. J. M. T. Finney of Baltimore on the surgery of gastric and duodenal ulcer. On Wednesday Mr. Foster Moore will lecture on acute glaucoma, and on Thursday Professor A. W. Sheen will discuss the early recognition of surgical emergencies. The meetings are held at the Imperial Hotel, Russell Square, W.C., at 9 p.m., and dinner (5s.) is served at 8. All medical practitioners are welcome.

THE Fellowship of Medicine has arranged daily clinical demonstrations in ophthalmology at the Royal Eye Hospital, Southwark, during the week beginning January 17th, at 3 p.m., and on January 19th Mr. D. C. L. Fitzwilliams will give a special demonstration in the wards at St. Mary's Hospital at 2 p.m. These demonstrations are open to members of the medical profession without fee. At the London Lock Hospital there will be a comprehensive course in venereal diseases from January 31st to February 27th comprising clinical instruction in the out-patient department and formal lectures. A four weeks' course, beginning on January 31st, at the St. John's Hospital for Diseases of the Skin, will consist of instruction in the out-patient department and bi-weekly lectures; classes in pathology can be arranged also. From February 7th to 19th an all-day course in diseases of children will be held jointly by the Paddington Green Children's Hospital and the Victoria Hospital. The Royal Northern Hospital will hold a one-week course for general practitioners, starting February 21st, for which no fee will be charged. The Fellowship can provide for post-graduates practical courses in anaesthetics and in obstetrics, and also arrange for clinical assistantships at the Samaritan Hospital for Women. Copies of all syllabuses and the programme of the general course of work can be obtained from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

THE Sims Woodhead series of ten educational health lectures arranged by the People's League of Health will be given in the lecture room of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Monday, January 31st, and the following Mondays at 6 p.m. Information regarding the lectures may be had from Miss Olga Nethersole, R.R.C., 12, Stratford Place, W.1.

A NEW course of lectures at the Hospital for Sick Children, Great Ormond Street, W.C.1, was commenced on Thursday last, when Dr. Hugh Thursfield dealt with the treatment of bronchitis and bronchopneumonia. The lectures will be continued on Thursdays at 4 p.m., ending on April 7th, when Dr. Pearson will discuss vomiting in infancy.

THE spring session of the James Mackenzie Institute for Clinical Research, St. Andrews, commences on Tuesday, January 18th, at 4 p.m., when Dr. Maitland Ramsay will deliver a lecture on so-called acute rheumatic iritis. On Tuesday, January 25th, at the same hour, Professor Herring will discuss the physiological aspects of blood pressure. Lectures will be continued on succeeding Tuesdays, terminating on March 29th, when Dr. Fyfe will speak on laboratory observations in acidosis.

THE annual general meeting of the Society of Superintendents of Tuberculosis Institutions will be held at 122, Harley Street, on Monday, January 17th, at 3 p.m. A discussion on the observation case will be opened by Dr. F. R. G. Heaf and Dr. N. Bardswell, and short papers will be read by other members.

As already announced, a conference has been called by the Labour party to consider the present position of nurses. It will be held at the Caxton Hall, Westminster, on January 28th, and will be opened by Mr. Ramsay MacDonald. At the morning session, when Mr. Frederick Roberts, formerly Minister of Pensions, will preside, a discussion on the Sick Nursing Services will be opened by Dr. Somerville Hastings. In the afternoon, when Mrs. Sidney Webb will be in the chair, discussions will take place on nurses employed by the State, to be opened by Mr. George Gibson, General Secretary of the National Asylum Workers' Union, and on public health and preventive services, by Miss A. Sayle, of the Women Sanitary Inspectors' and Health Visitors' Association. Discussion will range round the draft report issued by the Standing Joint Committee of Women's Organizations and the Labour party's Advisory Committee on Public Health, but it is not proposed to adopt specific resolutions or take amendments. The object of the conference is to afford an opportunity for an interchange of opinion, and all suggestions made will receive consideration before the official report is issued. Among the bodies which will send delegates to the conference are the General Nursing Council, the Royal British Nurses' Association, the College of Nursing and Queen Victoria's Jubilee Institute for Nurses, the British Red Cross Society and the Order of St. John of Jerusalem, the National Association of Insurance Committees, and several hospitals in London and the provinces. The British Medical Association has nominated Sir Jenner Verrall, Mr. H. S. Souttar, F.R.C.S., Dr. G. F. Buchan, Dr. Alfred Cox, and Dr. G. C. Anderson to represent it.

THE Gifford Edmonds prize in ophthalmology of £100 is offered for the best essay on the causation and differential diagnosis of proptosis. The award is made every two years, and preference will be given to original work based on any branch of the subject. A notification appears in our advertisement columns, and further particulars may be obtained from the Secretary, Royal London Ophthalmic Hospital, City Road, E.C.

DR. GEORGE CRAN, M.B.E., V.D., was entertained on January 6th by his friends and patients at a complimentary dinner in the Town Hall, Banchory, in recognition of fifty years' zealous professional services in the district, and handsome gifts were presented to him and Mrs. Cran.

DR. A. T. BRAND having resigned the post of medical officer to the Driffield Workhouse, which he has held for forty-three years, the guardians have placed on record their great appreciation of his services.

DR. W. H. ANDREWS, a report of whose recent paper on trypanosomiasis in man and animals appears in our present issue, has been appointed to the post of Director of Veterinary Research in the Ministry of Agriculture's laboratory at Weybridge, in succession to the late Sir Stewart Stockman.

DR. J. C. BRIDGE, one of the medical inspectors of the Factory Department of the Home Office, has been appointed to succeed Sir Thomas Legge as Senior Medical Inspector of Factories.

THE American Society for the Control of Cancer announces that two prizes, each of 50,000 dollars, have been offered by Mr. W. L. Saunders of New York, one for the discovery of the nature and prevention of cancer, and the second for the invention of an absolute cure; the offer is open for three years to medical practitioners or laymen and may be renewable. The terms of the awards will be announced later, and further information may be obtained from Dr. C. N. B. Camac, 76, East 56th Street, New York.

MESSRS. J. AND A. CHURCHILL announce for early publication new editions of Professor A. J. Clark's *Applied Pharmacology*, and of Jameson and Marchant's *Synopsis of Hygiene*.

SINCE September there has been a great increase in scarlet fever in Berlin, the number of cases being almost double what it was in the corresponding period in the previous year, and several schools have had to be closed.

A REPORT on the results of convalescent care of the neuro-psychiatric patient, made under the auspices of the Advisory Committee on Convalescence of the Hospital Information Bureau of the United Hospital Fund of New York, has been received. The medical direction of this study was in the hands of Dr. Irving Pardee and Dr. Thomas K. Davis, acting on behalf of the committee on neurological convalescence of the Public Health Committee of the New York Academy of Medicine. Its purpose was to evaluate the customary procedures for the treatment of such cases in convalescent homes, and the hope is expressed that the interpretation of the findings made may lead to better classification and to improvement in the present methods. Among the findings are the marked shortage of beds for neuro-psychiatric convalescent care and the large percentage of patients (35 per cent.) between 20 and 30 years of age.