

## MASTOIDITIS LIMITED TO THE DEEP SUBANTRAL CELLS.

BY

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THE case here reported illustrates the potential difficulties and vagaries of mastoid surgery and the importance of Mouret's<sup>1</sup> teaching as to the necessity of exploring not only the superficial but the deep subantral cells for the possible extension of disease in every case of acute mastoiditis.

A professional man, aged 42, was referred to me on June 29th, 1926, suffering from severe pain in the left ear and left temporal region. It had been present for five days; a discharge from the left ear which had been in evidence for three days had ceased. I encountered some difficulty in viewing the left tympanic membrane owing to exostoses. It was hyperaemic, but the anatomical landmarks were still apparent and the hearing was but slightly impaired. The pulse and temperature were normal, but as there was marked tenderness over the mastoid and temporal regions I at once performed a linear paracentesis of the posterior segment of the membrane and confined the patient to bed. There was no discharge from the ear then or later.

During the succeeding days the patient complained of intermittent radiating pains in the left mastoid and temporal regions, especially at night; these were sufficiently severe to necessitate the administration of sedatives to induce sleep, but they tended to become less, as also did the mastoid and temporal tenderness. A four-hourly temperature and pulse record failed to reveal the smallest abnormality.

On July 9th I noticed very slight paresis of the left side of the face, only evident during emotional activity. As this became much more marked on the following day, I decided to explore the mastoid bone. This proved to be a matter of extreme difficulty owing to its density, the superficial and anterior position of the sigmoid sinus (which lay only a few millimetres below the cortex and immediately behind the posterior meatal wall), and to the downward and lateral inclination of the middle cerebral fossa.

The mastoid antrum, which lay at more than one inch from the surface, could only be reached by the use of a 2 mm. chisel in the very small triangle of dense bone which was circumscribed by the middle fossa, the sigmoid sinus, and the posterior wall of the bony meatus. It was small and contained a somewhat slightly turbid fluid. By applying pressure to the antral floor with a small sharp spoon I succeeded in opening into a small cellular area which lay in close proximity to the descending limb of the facial canal and which was found to contain purulent fluid. Cultural examination of both the antral and cellular contents yielded a pure culture of the *Streptococcus mucosus*. A careful examination failed to reveal any extension of the disease to the temporo-zygomatic cells. A small rubber drainage tube was inserted and retained for four or five days. The facial paralysis disappeared very quickly and the bone cavity was rapidly obliterated.

The deep subantral cells, which may often be prolonged into the interior of the pyramidal portion of the bone, in the space subtended by the labyrinth, the jugular bulb, the cerebellar fossa, and the facial canal, communicate with the inner half of the floor of the mastoid antrum. There may or may not be a connexion between them and the more commonly affected superficial subantral cells, which, as in this case, may be entirely absent. When both sets of cells are simultaneously affected the more apparent symptoms resulting from lesions of the external cells may mask those pertaining to a lesion of the deep, which latter, more especially in the absence of a direct communication with the superficial cells, may continue to advance. These deep lesions, which evolve slowly, may elude the attention of the less observant clinician and end by causing extensive havoc in the depths of the bone, implicating, on the one hand, the aqueduct of Fallopius or the cerebellar fossa (meninges or terminal part of the lateral sinus), or, on the other, the deeper planes of the neck.

### REFERENCE.

<sup>1</sup> Mouret, J.: *Strasbourg Medical*, eighty-fourth year, No. 1.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### HENOCH'S PURPURA IN AN ADULT.

THE following case appears of sufficient interest to be placed on record, since all the symptoms seemed to point to an "acute abdomen" until the purpura appeared.

A man, aged 44, came to my surgery in July, 1926, complaining of pain in the stomach, which was worse after meals; there was no vomiting and no pain on palpation. I gave him a rhubarb and soda mixture; one week later the pain had gone and he stated he was now quite well again.

On November 26th, in the afternoon, while the patient was walking he was suddenly seized with an acute abdominal pain "doubling him up"; this became gradually worse and he passed what he stated to be a good motion. The pain remained severe, and at 9 p.m. he looked collapsed, but the pulse was 74 and the temperature 97.4°. On examination his stomach was hard, and moving little if at all on respiration. By palpation it was difficult to make anything out as the muscles were rigid, but pain was found in the right iliac fossa. On percussion there was a resonant note all over; the liver dullness was lessened and the tongue was furred.

The patient had a bad night, and on the next morning the pulse was 76 and the temperature 97.2°. The pain, severe all over the abdomen, which was still rigid; it was worst in the left iliac fossa. The urine was smoky; it contained blood and slight albumin. On the next morning the pain continued severe, the pulse 82, and the temperature 100.1°. The abdomen was still hard and painful to palpation all over; he had been given small doses of calomel and salts but had vomited them, the vomit being bile-stained. After two enemata with no good result, he passed in the evening a motion which contained obvious blood, some bright red and some dark. In the early morning of November 29th he had severe pain over the left base, resembling pleurisy, but at 11 a.m. he was much better, the pulse and temperature were normal and there was less rigidity of the abdomen. At 11 p.m. he was reported to be unconscious after a bout of wild excitement in which he tried to get out of bed. I found the patient asleep, bathed in perspiration, and covered with a typical purpuric rash. Since then he never looked back; the pain entirely disappeared, and the urine and faeces contained no blood.

I think this is clearly a case of Henoch's purpura in an adult, but until the rash appeared I at first suspected, from the previous history, a perforation; when the temperature rose on November 26th acute appendicitis seemed possible. I notice that in the 1925 edition of Taylor's *Medicine* it

is stated that this purpura may be confused with intestinal obstruction, but this was put out of court in my case by the motion on the 26th; had not the pulse remained quiet I would certainly have sent him into a nursing home for surgical treatment. The pain and rigidity were obviously due to haemorrhage into the bowel wall.

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#### DIVERTICULITIS OF THE CAECUM.

THE following case appears to be worthy of record owing to its unusual features.

A woman, aged 54, had vomited and then was attacked with severe pain in the right lower abdomen at about 9.30 a.m. on October 31st, 1926. She had felt slight abdominal discomfort on the previous day, but put it down to "indigestion."

On examination there was rigidity and tenderness in the right iliac fossa and a small lump was felt in the appendix region. The pulse was 120 and temperature 99°. With these signs and symptoms the case was considered to be a small appendicular abscess with dense adhesions.

*Operation.*—The abdomen was opened in the afternoon by Mr. L. E. Barrington Ward, F.R.C.S., by a right paramedial incision, and the rectus muscle was retracted inwards. The appendix was apparently normal, but there was a large quantity of free fluid in the abdomen. On palpating the caecum, which was covered with plastic lymph, showing that definite peritonitis was present, a mass was felt which appeared to be incorporated in its wall. An alternative diagnosis was made of diverticulitis or new growth. The caecum and part of the ileum was excised and the terminal portion of the small intestine was anastomosed to the ascending colon. The patient stood the operation well and made a good recovery.

The pathological report was that the peritoneum covering the caecum was acutely inflamed and great engorgement was present. Opening into the caecum about one inch from the appendicular orifice was a diverticulum about half an inch long. The mucosa of the diverticulum was inflamed and contained a faecalith. Cross-section of the caecum showed the mucous membrane of the diverticulum partly ulcerated and extending through the muscular coat of the caecum as far as the subperitoneal.

This case is of interest on account of the uncommon situation for diverticulitis to attack the large bowel, and illustrates how difficult an apparent appendix operation may turn out to be in general practice.

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London, N.10.

### OBESITY OF PITUITARY TYPE PROBABLY A SEQUEL OF ENCEPHALITIS LETHARGICA.

THE following case was shown at a clinical meeting for the diseases of children held by the Ulster Medical Society on January 13th.

The patient, a girl aged 10 years, was the youngest of three children; there was nothing abnormal in the physique of the parents or other children.

The history was that she was a normal healthy intelligent child, apart from periodical attacks of vomiting, until she reached the age of 7 years, when she had an attack of "appendicitis," the pain being treated "for a week with poultices." Shortly after this she developed tremors, "shakiness," squint, and began to increase in weight. She became mentally changed, developed phobias, was stupid and dull, and fell asleep easily. Her grandmother says "all she knows now she knew when she was 7 years old."

At 10 years she is 49 inches in height, the symphysis pubis being midway, and she weighs 82 lb. The fat deposit is evenly distributed over the body, being of the pre-puberty dyspituitarism type (Fearnside). She is stupid and dull. The Wassermann reaction of the blood is negative. The cerebro-spinal fluid was under slight pressure; it contained no cells; there was no increase in globulin, chlorides 0.74 per cent., sugar 0.07 per cent. There is a slight degree of optic neuritis (right) and paresis of the sixth right cranial nerve. An x-ray plate of the skull shows a questionable slight irregularity of the posterior clinoid processes.

It is suggested that this child's present condition is a rather uncommon sequel of an attack of encephalitis lethargica three years ago.

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### AN OCCUPATIONAL BURSA OF THE HAND.

MANY types of occupational bursae have been described from time to time. This described here is unfamiliar to me, at any rate. It occurred in a railway carriage cleaner, who had followed his occupation for seven years, the last three of which had been on piece-work; it was during these last three years that he had noticed his affliction. On the dorso-medial aspect of the right thumb, opposite the metacarpo-phalangeal joint, appeared a painless swelling, semi-fluctuant, and measuring about  $1\frac{1}{4}$  in. vertically by  $\frac{3}{4}$  in. laterally. He was right-handed, and his method of reaching the high carriage windows was to use his left hand to steady his brush whilst his right hand supplied the motive power. Consequently, the region of most constant pressure was the angle between the right thumb and forefinger which gripped the brush. The bursa had formed over the most prominent bony point in this region—namely, the base of the proximal phalanx of the thumb. It began as a slight thickening of the skin, and not by "blister" formation, as is met with in the hayfields.

The patient states that five of his mates have identical swellings, though varying in size; amongst the cleaners they are called "pig's feet." It is always interesting to observe the protection provided by nature for a part required to perform some special function; this, I think, is some justification for mentioning the case.

Bradford.

B. W. RYCROFT.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### GLOUCESTERSHIRE BRANCH.

A MEETING of the Gloucestershire Branch was held at the General Hospital, Cheltenham, on January 13th. Dr. J. RUPERT COLLINS presided, and Dr. J. S. KELLETT SMITH gave an address on the redundant colon, with radiographic illustrations.

Dr. Kellett Smith said that many people were born with a large intestine too long for comfortable disposition in the abdominal cavity, and necessitating its arrangement in exaggerated or adventitious loops, which might properly be termed redundant. He showed a table illustrating the variation in length of the large intestine, the difference between minima and maxima being roughly 100 per cent. It was important to note that the full variation was in

evidence at birth, and was not the result of diet or habit. Bryant was quoted as concluding, from 160 *post-mortem* examinations, that in 15 per cent. of people the intestine was so far above the average length as to necessitate redundant loops which might cause trouble. It was emphasized that a loop was in no sense a stricture; in many cases it caused no trouble, and when trouble did ensue it was the logical sequence of the tendency in a loop to obstruct if it became overfilled, twisted, or kinked. The symptoms were constipation with absorption results, occasional diarrhoea, very occasionally vomiting, and gas, with abdominal distress, due to partial obstruction or interference with the colon blood supply. A characteristic symptom was the sensation of gas passing an obstruction, with consequent relief; belching of wind was common. Abdominal pain, from mild grumbings to violent colic, might be present, and complete obstruction from acute volvulus might occur. Intermittent tumours had been described. The symptoms were in themselves of a general character, and not diagnostic alone. The diagnosis was made by x-ray examination after a barium enema. Dr. Kellett Smith had had 14 cases in the past twelve months, and he briefly outlined the details. The condition of the colon in each case was shown in a series of very excellent films, which brought out clearly the various types of redundant colon, including the adventitious loops found chiefly on the left side. The symptoms in the cases described included those detailed above, with also in one case the passage of pure blood in considerable quantity from the bowel.

The PRESIDENT, while admitting that there were very few departments in medicine in which more help was obtained from the radiologist than in opaque meal cases, advised caution in assuming that the demonstration of a redundant colon immediately interpreted all the symptoms. In his opinion the treatment of the patient should overshadow local treatment in these cases. Dr. MEYRICK JONES mentioned some of the pitfalls in barium work, and congratulated Dr. Kellett Smith on the uniform technical excellence of his skiagrams. Dr. SOUTAR emphasized the fact that auto-intoxication was a very real clinical condition, and one which in neurasthenias and psychasthenia had constantly to be investigated. In his view it was advisable to explain to a patient so far as possible the origin of his symptoms, as his co-operation was thus more readily secured, and this was an invaluable factor in treatment. Dr. FORSTER mentioned a woman patient who said her bowels moved regularly, but questioning elicited the fact that the regularity was "every third Sunday morning." Dr. CURTIS WEBB put in a strong plea for the restriction of purgatives in such cases, and the substitution of the enema. He had found, when the abdominal wall was lax, as it usually was, that it was useful to begin building up the feeble abdominal muscles with the faradic current before attempting much in the way of exercises. In his experience pain in redundant colon, due to congestion at a loop, was frequently relieved by diathermy. Other members discussed the paper, and in reply to various questions Dr. KELLETT SMITH gave an outline of the treatment which had been found useful in his cases by the medical men who had charge of them. The Americans believed in "oil above and oil below." Normacol had proved valuable. He agreed with washing out rather than the use of purgatives, and recommended potassium permanganate injections.

Dr. J. B. DAVEY showed pathological specimens. (1) Cauliflower type carcinoma of pyloric end of stomach, with secondaries in head of pancreas and liver; it weighed 14 lb. 2 oz. (2) Large fibro-adenoma of breast in a girl aged 14, following on a blow six weeks before admission. Clinically sarcoma was suspected. (3) Clot containing microscopic fragments of carcinoma of colon, passed per rectum by a man with three weeks' history of passing blood and mucus. He had been regarded as a case of mucous colitis. Subsequently a large fungating growth of the sigmoid was detected by sigmoidoscope.

The PRESIDENT showed a boy, aged 6, weight 1 st. 12 lb., suffering from infantilism and chronic diarrhoea. The stools contained 60 per cent. fat. The diagnosis was discussed. Dr. ALLMAN POWELL demonstrated a case of

## The Services.

### MEDICAL ARRANGEMENTS FOR THE SHANGHAI DEFENCE FORCE.

THE following are the medical arrangements which have been made for the troops composing the Shanghai Defence Force:

Colonel H. Ensor, C.B., C.M.G., D.S.O., Deputy Director of Medical Services of the Western Command, has been appointed A.D.M.S., with Major D. G. Cheyne, M.C., R.A.M.C., from the Royal Army Medical College, as D.A.D.H. Lieut.-Colonel S. Boylan Smith, D.S.O., O.B.E., R.A.M.C., Senior Medical Officer at Hong-Kong, will act as temporary D.A.D.M.S.

Colonel Ensor will have under his administration a general hospital of 600 beds, a field ambulance, and a field hygiene section, all of which have left England. Brevet Colonel E. Ryan, C.M.G., D.S.O., R.A.M.C., is in command of the general hospital, Lieut.-Colonel S. L. Pallant, D.S.O., R.A.M.C., of the field ambulance, and Captain G. O. F. Alley, M.C., D.P.H., R.A.M.C., of the hygiene section. An advance party of seventeen members of Queen Alexandra's Imperial Military Nursing Service have left England for duty with the general hospital. An advanced depot of medical stores will shortly be dispatched from England.

The troops from India will be accompanied by a field ambulance, a general hospital, and half a sanitary section.

A hospital ship is to be fitted up at Hong-Kong with a staff from England under Lieut.-Colonel D. Ahern, D.S.O., R.A.M.C., including fourteen members of Queen Alexandra's Imperial Military Nursing Service.

Each artillery brigade and infantry battalion is accompanied by a medical officer.

The following medical officers of the Royal Navy have been sent to China:

*Royal Marine Battalion:* Surgeon Commander C. E. Greeson and Surgeon Lieutenant H. H. Fisher.

*H.M. Hospital Ship "Maine":* Surgeon Captain W. W. Keir, Surgeon Commanders F. J. Gowan, H. R. B. Hull, F. J. D. Twigg, H. B. Padwick.

### H.M.S. "RENOVN."

THE following medical officers of the Royal Navy are serving in H.M.S. *Renown* during the voyage of their Royal Highnesses the Duke and Duchess of York:

Surgeon Commander G. R. McCowen, O.B.E.; Surgeon Commander H. E. Y. White, M.V.O., O.B.E. (appointed on staff of Duke of York, January 1st, 1927); Surgeon Lieutenant J. M. Sloane.

### TERRITORIAL ARMY MEDICAL OFFICERS' ASSOCIATION.

LIEUT.-COLONEL L. A. HARWOOD, R.A.M.C. (T.A.), honorary secretary of the Territorial Army Medical Officers' Association, writes: Will you allow me to remind medical officers of the Territorial Army, both active and retired, that the annual dinner of this association will be held on Thursday, February 24th, at 7.30 for 8 p.m., in the Café Royal, 68, Regent Street, W.1. The council, for the future prosperity of the association, is very anxious to make this dinner a great success. I would take this opportunity of drawing the attention of medical officers to the advantages of joining this association. It has been formed to provide an organization for the consideration of all matters that in any way are of interest and benefit to the Territorial medical officer. Dinner tickets (12s. 6d., without wine) can be obtained from me at 37, Russell Square, London, W.C.1.

### TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following officers of the R.A.M.C., T.A., under the terms of the Warrant of October 13th, 1920: Major John L. Hamilton, M.C., Major Arnold Morris, Captain Greville B. Tait.

### DEATHS IN THE SERVICES.

LIEUT.-COLONEL JAMES CORT MARSDEN, Madras Medical Service (ret.), died on October 28th, 1926, aged 71. He was born at Bangalore, and was the son of Edmund Marsden of Ootacamund; he was educated at the Madras Medical College and at University College, London. He took the M.R.C.S. and L.S.A. in 1879, and entered the I.M.S. as surgeon on October 31st, 1879, became lieutenant-colonel after twenty years' service, and retired in 1910. Most of his service was spent in civil employment in the Madras Presidency.

Surgeon Captain Seton Guthrie Hamilton, 1st Life Guards (ret.), died in Edinburgh on January 1st, aged 72. He was born in that city on March 3rd, 1854, was educated at St. George's Hospital, and took the M.R.C.S. and L.R.C.P. Ed. in 1879. After filling the post of house-physician at Westminster Hospital, he entered the army as surgeon in 1881, and was posted to the 1st Life Guards. He retired with a gratuity in 1894. He served in the Egyptian campaign of 1882, and received the medal and the Khedive's bronze star.

Surgeon Frederic Morell Mackenzie, Bengal Medical Service (ret.), died in London, after a long illness, on January 30th, aged 83. He was the son of Mr. Frederic Mackenzie of Tiverton; he received his education at the London Hospital, and took the M.R.C.S. in 1866, and the L.S.A. in 1868. He entered the I.M.S. as assistant surgeon in 1868, became surgeon in 1873, and retired on account of ill health in 1877. He was afterwards for many years in practice in London.

## Universities and Colleges.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

LICENCES have been granted to the following forty-six candidates who have passed the necessary examinations and conformed to the by-laws and regulations:

Gertrude Alphonso, R. Andrews, N. Attygalle, R. Bandhopadhyay, H. B. Binner, Augusta J. Blumenthal, H. J. Burrows, R. W. Butler, Middel Carpenter, A. Carr, B. Chaudhuri, Pamela M. G. Chubb, F. H. N. Cruchley, A. S. El-Katib, V. Freeman, J. H. Gubbin, V. F. Hall, E. O. Harris, J. W. O. Holmes, S. G. Irlam, Freda C. K. I. v. A. E. Kingston, J. S. Lewis, E. M. Lourie, R. W. L. May, Helen E. Mayfield, J. L. Newman, F. G. Parker, Muriel V. Paol, G. C. Pether, R. K. Pillay, E. N. Price, L. J. Rae, R. H. Ratnay, E. R. Roes, W. Rosenberg, R. Rutherford, M. Schwartz, Helen D. S. G. Scott, S. Segal, M. Shaw, E. S. Vergette, D. P. Wainling, L. A. F. Wiles, Marian E. Williams, R. M. Williams.

### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on February 1st, when Dr. G. M. Robertson, president, was in the chair.

Dr. James Richard Drever and Dr. Alan Leonard Smith Tuke, M.C., were introduced and took their seats as Fellows of the College, and Dr. William Bell was elected a Fellow.

The following were elected Members: R. F. Aitken, S. Thiagarajah, A. M. Affleck, J. K. Slater, and P. N. Kapur.

## Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

### Postponement of Poor Law Bill to Autumn Session.

PARLIAMENT was opened by the King in State on February 8th. The Government proposes that the session should be a short one, and that a new session, to extend over 1928, shall begin this autumn. To that session the Cabinet has decided to postpone several important measures which had been proposed as part of this year's programme, but which are put back owing to doubts about their being generally accepted or because the preoccupation of the Government with industrial troubles last autumn prevented full consideration of technical or administrative questions which the projected bills would involve. Among the bills thus postponed are the Factories Bill and the Poor Law Reform Bill. Bills proposed by the King's Speech for the consideration of Parliament before August include one to amend the King's title, one defining and amending the law relating to industrial disputes, one altering the law relating to leasehold premises, and one dealing with the law of unemployment insurance. Proposals are to be put forward for reorganizing certain of the Government departments in Scotland. It is understood that boards will thereby be changed to departments, but the change is purely administrative.

Until the week before the session commenced the general expectation had been that the Poor Law Bill would have a prominent place in the King's Speech and in the work of the session, but the Government appears to have been influenced by the criticisms or indifference with which many public authorities have received Mr. Chamberlain's proposals. The association of Poor Law reform with the suggestion of instituting a block vote for public health services seems to have prejudiced the case for the bill. There has been strong opposition to the Factories Bill by industrialists, who contend that the present time is unsuitable for the introduction of stricter factory standards involving reconstruction and expenditure. Objection has also been taken to the proposal to treat many workshops as factories.

Speaking in the House of Commons, on February 8th, during the debate on the Address, Mr. Baldwin briefly defended this restriction of the Government programme. He said that it was intended to close the session at the end of July and give the House a substantial rest through the late summer and early autumn, and to begin a new session in the early part or middle of November. He felt that the House had been suffering from work which had been too long and too continuous. From the point of view of efficacy of their work a less strenuous session in the early part of this year was a matter of very great importance. The question of Poor Law reform was so large and comprehensive that it would be impossible to take it this session unless a long autumn session was contemplated. He hoped it might be possible, when the new session started in November, to get ahead with this important piece of work. The same thing was true of the Factories Bill.

## Medical News.

A LISTER centenary celebration will take place at King's College Hospital Medical School, London, on Monday, April 4th, at 8.15 p.m., when Sir Watson Cheyne, Bt., and others will speak of their experiences as house-surgeons and dressers under Lord Lister. All old King's College Hospital students are invited to attend.

THE Confédération Internationale des Etudiants has founded a scientific cinematograph commission consisting of representatives from student organizations in all countries for the purpose of obtaining information on this subject and for preparing an international catalogue of scientific films. The National Union of Students of England and Wales has organized an exhibition of scientific films at its third annual congress to be held at Bristol this year from March 24th to April 1st. There will be a special exhibition of medical films. Particulars can be obtained from the Congress Secretary, National Union of Students, 3, Endsleigh Street, W.C.1.

DR. W. W. KEEN of Philadelphia celebrated his 90th birthday on January 19th, when he received numerous congratulatory messages from his fellow countrymen and from friends abroad. The celebrations were centred in the First Baptist Church, where an address was presented by the President of the Brown University, Dr. Keen's alma mater, and Dr. Keen himself responded by summarizing the advance which has taken place in surgery and medicine during his long and active career.

IN the article on certification of the fact of death published last week (p. 252) certain views were attributed to the Registrar-General which were really those of the Home Secretary. The error occurs in the last two paragraphs, where proof of the fact of death is under consideration. It was to the Home Secretary that should have been attributed the opinion, first, that the coroner may ask the doctor why he has not seen the body, and, secondly, that for such a service the coroner (if the schedule made by the local authority enables payment to be made for such services) may, on sufficient occasion, ask another practitioner to see the body and report.

THE treasurer of the Royal Medical Benevolent Fund gratefully acknowledges the sum of £30 from Dr. (Phil.) Otto Rank of Vienna, through Dr. Marie Moralt.

AT the meeting of the Post-Graduate Hostel at the Imperial Hotel, Russell Square, W.C., on February 17th, at 9 p.m., Mr. G. S. Stebbing will discuss fractures of the upper third of the femur. On the following evening Mr. Ernest Clarke will speak on ophthalmic emergencies. Dinner (5s.) will be served at 8 p.m. All medical practitioners are welcome.

THE Fellowship of Medicine announces that Dr. Wilfred Harris will lecture on trigeminal neuralgia, at 5 p.m., on February 17th, at the Medical Society, 11, Chandos Street, W.1. On February 14th, at 2 p.m., Mr. H. Kisch will give a demonstration at the Central London Throat, Nose and Ear Hospital. On February 18th, at 5 p.m., Mr. Viner will give a demonstration on ocular palsies, at the Royal Westminster Hospital. The lecture and these demonstrations are open to members of the medical profession without fee. The following courses are in progress this month: at the Lock Hospital, in venereal diseases; at the Paddington Green and Victoria Hospital, in children's diseases; at St. John's Hospital, in dermatology; and at the National Hospital, Queen Square, in neurology. The special courses in March will include diseases of the chest at the Brompton Hospital, diseases of children at the Queen's Hospital, ophthalmology at the Royal Eye Hospital, gynaecology at the Chelsea Hospital, orthopaedics at the Royal National Orthopaedic Hospital, and a practitioners' course at the London Temperance Hospital, late afternoons. Syllabuses of these special courses and the general course programme are obtainable from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

THE Royal Society of Medicine announces in our advertisement pages that work to be submitted for the second award of the Nichols prize must reach the Secretary of the Society, 1, Wimpole Street, London, W.1, by October 1st. Under the terms of the will of the late Dr. Robert Thomas Nichols the prize of £250 is offered every three years for the most valuable contribution towards "The discovery of the causes and the prevention of death in childbirth from septicaemia"; it is open to any British subject.

PROFESSOR KARL HERZFELD of Munich has been nominated professor of physics at Johns Hopkins University, and Professor Leonor Michaelis of Berlin director of the new pathological institute in the same university.

ON the occasion of a recent visit to Buenos Aires Professors Sergeant of Paris and Pittaluga of Madrid were elected members of the Argentine Medical Association.

THE Home Secretary has appointed Dr. Gerald Roche Lynch, O.B.E., lecturer in chemical pathology at St. Mary's Hospital and on forensic medicine at the Westminster Hospital, to be senior official analyst to the Home Office in succession to the late Mr. John Webster. Dr. Lynch has been junior official analyst to the Home Office since 1920.

THE annual dinner of the Cambridge Graduates' Medical Club will be held at the Langham Hotel on Tuesday, March 1st, at 7.30 p.m., with Sir Humphry Rolleston, president, in the chair. All Cambridge medical men who are graduates of the University are eligible for membership. Application forms can be obtained from the honorary secretaries, Mr. R. M. Vick of 113, Harley Street, W., and Dr. F. G. Chandler of 1, Park Square West, Portland Place, N.W.1.

THE Dean of the Birmingham Dental Hospital asks us to state that the Council and Senate of the University of Birmingham on February 2nd granted permission to Licentiates in Dental Surgery to wear a black stuff gown with coloured cord (dark red) on facings and across the top of shoulder with forearm of sleeve gathered up with the same cord and black button. This gown may be obtained from Messrs. Ede and Ravenscroft, 93 and 94, Chancery Lane, London, W.C.2, the official gown makers to the University.

A CONVALESCENT home for the sick children of Birkenhead and Wirral is to be provided by the conversion of a house presented to the Birkenhead and Wirral Children's Hospital by Mr. T. Kroyer Kielberg, who has also offered to contribute financially towards the cost of the reconstruction and of the maintenance of the home for the next ten years. The value of the house is estimated at over £12,000, and the cost of equipping between £3,000 and £4,000; the yearly upkeep is expected to be about £2,500.

THE January issue of the *Cripples' Journal* contains a full report of the joint conference on the care of crippled and invalid children, which was held by the Invalid Children's Aid Association and the Central Committee for the Care of Cripples, at the London House of the British Medical Association last November.

THE French Government, which recently gave notice that it would re-establish its requirement of a visa for foreigners entering France, announces that the requirement will not apply to ordinary British travellers.

THE second volume of the *Transactions of the Sixth Biennial Congress of the Far Eastern Association of Tropical Medicine*, held at Tokyo in 1925, has now been received. It contains 110 papers, principally relating to bacteriology, parasitology, and public health.

THE Carnegie Foundation has presented Professor Witmaak with the sum of 3,000 dollars for his researches on oto-sclerosis.

DR. BERNHARD SPATZ, editor of the *Münchener medizinische Wochenschrift* since 1886, celebrated his seventieth birthday recently.

THE number of medical practitioners in Germany is 44,715 for a population of 63 million—that is, a proportion of one practitioner for every 1,400 inhabitants. The specialists are classified as follows: Dermatologists and urologists, 2,428, or 5.4 per cent.; physicians, 1,688, or 3.7 per cent.; neurologists and psychiatrists, 1,661, or 3.7 per cent.; surgeons, 1,536, or 3.4 per cent.; obstetricians, 1,479, or 3.3 per cent.; oto-rhino-laryngologists, 1,338, or 3 per cent.; ophthalmologists, 1,185, or 2.6 per cent.; pediatricians, 975, or 2.2 per cent.; gynaecologists, 570, or 1.3 per cent.; phthisiologists, 409, or 0.85 per cent.; orthopaedists, 312, or 0.7 per cent.; gastropathologists, 239, or 0.5 per cent.

A SPRING tour in Morocco has been organized by the *Bruxelles-Médical* for doctors and their families at reduced prices, leaving Bordeaux on April 10th; visits will be paid to Casablanca, Marrakech, Rabat, Meknès, Fez, Oudjda, and Oran. Three cruises in the Eastern Mediterranean will also be organized, leaving Marseilles on March 11th, 29th, and April 21st. Further information may be obtained from the Section des Voyages de Bruxelles-Médical, 29, Boulevard Adolphe Max, Brussels.

DR. ETIENNE BURNET, assistant director of the Institut Pasteur at Tunis, and Dr. Chaumier of Tours, well known for his vaccine lymph, have been elected national correspondents of the Académie de Médecine.

UNDER the direction of Professor Jeanselme a post-graduate course in dermatology will be held at the Hôpital St.-Louis, Paris, from April 25th to May 21st, and a course in venereology from May 23rd to June 17th. A course in the therapeutics of dermatology and venereology will be held from June 20th to July 12th, and instruction in laboratory technique will be arranged in connexion with these courses. Further information may be obtained from Dr. Burnier, at the Hôpital St.-Louis.