a good expectation of life, provided that the disease is monarticular. It is generally accepted as being the most effective procedure when the knee is seriously involved, and when deformity is developing in relation to that joint. In many cases the operation undertaken to secure bony ankylosis may fail to produce this, leaving in some cases fibrous ankylosis, and in others a false joint. This failure to secure bony union does not seriously prejudice the result in the upper extremity, and even in the lower pain will be relieved by the measure, though some deformity or contracture may develop. Failure to secure bony ankylosis results from either an incomplete operation or inadequate or insufficient fixation afterwards.

3. Formal arthroplasty, or operations designed to leave a movable joint, are naturally in favour if they are effective in curing symptoms and in giving a sufficiently stable joint. In the case of the metatarso-phalangeal joint of the great toe an operation of this character is carried out as a routine by many surgeons for conditions of hallux rigidus or valgus. The good results obtained in this operation cannot, however, be employed as an argument in favour of a similar procedure for the major weight-bearing joints, the knee and the hip. In these articulations it is clear that there is risk of the new-formed joint undergoing in course of time the same pathological changes that were responsible for the primary condition. This risk is so definite in the case of the knee that I think an arthroplasty should only be aimed at here in exceptional circumstances. In the hip-joint operations aiming at mobility appear to be coming more into vogue, being generally based on Whitman's method of reconstruction. Membrane or fascia, after the method of Baer or Putti, is often interposed to secure a movable joint. My own view is that the operation should be limited to the elderly and to those cases in which, on account of disease in the opposite hip or of other joints in the same extremity, mobility is particularly important in order to secure reasonably good function.

This survey represents a brief sketch of a complicated problem. It will be noticed that I have not referred in detail to the treatment of osteo-arthritis of the spine and sacro-iliac joints; this has not been done because the technical methods employed in these areas must still be regarded as on trial. I have not entered into the surgical technique of the different methods discussed, as a full account of these can be found in the literature. My aim has been to indicate the importance of surgical supervision from an early stage in all cases of chronic arthritis, and to demonstrate the possibilities of radical treatment of the more advanced forms.

CONGENITAL DISLOCATION OF THE HIP:

A METHOD OF CONTROLLING THE PELVIS DURING REDUCTION.

BY

F. WILSON STUART, M.CH.,

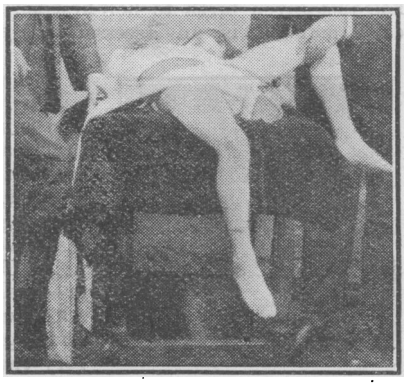
SURGEON TO BIRMINGHAM CRIPPLES' UNION AND ROYAL ORTHOPAEDIC AND SPINAL HOSPITAL (AMALGAMATED), AND TO MANFIELD ORTHOPAEDIC HOSPITAL, NORTHAMPTON.

To every orthopaedic surgeon with experience of a considerable number of cases of congenital dislocation of the hip-joint in patients of varying ages it must be apparent how inadequately control of the pelvis can be carried out by an assistant during attempts at reduction. The chief reason for this is that in pressing downwards on the opposite side of the pelvis in an attempt to fix it, the assistant is converting the pelvis into a short-armed lever, the effect of which, when pressed down, is to raise up the opposite side of the pelvis from the table, carrying the vacant acetabulum with it. The manipulator is at the end of the long-armed lever—namely, the knee of the dislocated femur—and his efforts to lever the head over the posterior lip of the acetabulum are really aiding the assistant in raising the pelvis from the table, and therefore a great deal of energy is wasted as the result of their applied forces acting in the same direction.

This action of opposing levers is very evident when dealing with the older cases—patients aged 5 years and upwards.

Some time ago I was faced with the problem of reducing a case of bilateral dislocation in a child aged 6, big for her age, muscular, and with strong femora. The femoral heads were unusually high above the acetabula. An attempt to reduce the left hip failed completely and was abandoned till a future date, after a considerable range of telescopic movement had been obtained by alternate extension and relaxation. Meanwhile both hips were to be subjected to daily stretching.

A fortnight or so later a second attempt was about to be abandoned when, on considering ways and means, it occurred to me to make use of the roller towel which had been employed for counter-extension purposes, and, passing the left limb through one loop, the two strands were crossed on themselves and continued over both anterior superior iliac spines, being well spread out so as to cover the whole pelvic front; the assistant put his foot in the other loop as it hung down towards the floor. A triangular block was then placed between the pelvis and the great trochanter, against which the towel passed. This enabled me at once to apply extension at the femoral condyles with both hands, the limb being in the abducted position, and to lever the head into the acetabulum at the same time.



I have since employed this method successfully in three other cases—one a child aged 9 years—and have found that the adductors stretch easily without any kneading or hacking with the hand. The amount of force applied is under the complete control of the surgeon, the action of the towel converting the pelvis into a very efficient fixed point.

The accompanying illustration should make my meaning quite clear.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HEMIHYPERTROPHY.

THE case recorded below is, I think, of sufficient interest to warrant publication.

The patient, a boy, was 12 years of age when first seen. The left leg, it was said, was short, and the right sometimes "pained." The father, mother, and seven other children were healthy. There had been a suspicion of inequality at the age of three weeks, and shortening of the left leg was definitely noticed when he started school at the age of five years; it was corrected by a boot. For the past five years there had been intermittent attacks of intense oedema of the right leg extending to the top of the thigh, starting with pain in the groin and accompanied by pyrexia, anorexia, and signs indicating toxaemia, but no vomiting. During the attack pain in the whole leg was extreme; the urine was scanty and dark (probably febrile), the face swelled as with toothache, and the arm throbbed and swelled. These attacks occurred irregularly and subsided with rest, lasting about ten days to a fortnight.

The right side of the body, including face, arm, and hand, was bigger than the left, but the enlargement was most marked in the lower limbs. There was oedema of the soft tissues, which increased on standing or walking, but subsided after two or three days in bed. The right leg was 2 inches longer than the left, and resulting scoliosis and limp were present. The right calf was 2 inches greater in circumference than the left, and the right thigh 1½ inches. On *x*-ray examination the bones were found to be normal, but the right was larger than the left. The urine was normal, and the Wassermann reaction negative.

The interest of this case centres, I think, round the intermittent attacks. It has been suggested that the enlargement might be due to a pituitary, a sympathetic, or suprarenal anomaly. I think this would be hard to reconcile with the condition, and feel that it is in all probability a diffuse unilateral lymphatic or reticulo-

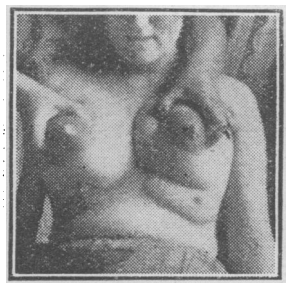
endothelial hypertrophy. The attacks would then correspond to the intermittent inflammation which occurs in other lymphatic overgrowths, such as cystic hygromata.

B. L. McFARLAND, M.D., M.Ch.(Orth.),
Assistant Honorary Orthopaedic Surgeon, Royal Liverpool Children's Hospital.

POLYMASTIA.

ACCESSORY nipples are common enough; bilateral accessory mammae are comparatively rare, and still more so when normal lactation occurs in them.

The subject of the accompanying illustration, aged 25, has just given birth to her first-born female child. Below each mamma is an accessory organ, that on the left being a complete breast, with prominence, nipple, and small areola; whilst on the right side is a full-sized nipple with practically no areola and no mammary prominence—quite distinct, however, from the main gland. The accessory mammae are not visible ordinarily, being hidden by the overhang of the main organs. All four are secreting milk abundantly, though the accessory ones are not being used.



Is the condition purely accidental—that is, a congenital abnormality? If so, they should occur anywhere on the body, whereas they always, in my experience, appear in the "mammary line"—that is, anterior border of axilla, just below the main breast, or over the rectus sheath, though some authorities state they have been found on the outer side of the thigh. Or has man evolved from an originally polymastic type? If so, why are there so few "throw-backs"? The child has not inherited the condition.

Penzance. G. B. RICHARDSON, F.R.C.S.Eng.

GALL-STONES WITH ACUTE PANCREATITIS AT THE AGE OF 16.

THE association of gall-stones and cholecystitis with the great majority of cases of acute pancreatitis has been recognized for a good many years, although there is still some controversy as to the method by which these conditions may cause pancreatitis. The principal rivalry lies between two views—either that the pancreatitis is due to a spread of some infection from the gall-bladder through the lymphatics, or that infected bile regurgitates into the pancreatic ducts from the common bile duct, this process occasionally being due to the impaction of a gall-stone at their common opening at the ampulla of Vater. The following case appears to be a good example of the latter sequence of events, and, occurring at the remarkably early age of 16, is sufficiently unusual to be recorded.

A girl, aged 16, was admitted to the Wolverhampton and Staffordshire Hospital in October, 1926, with the history that thirty-six hours previously there had been a gradual onset of pain in the upper abdomen, with nausea, loss of appetite, and, later, vomiting. In the last twelve hours the pain had settled to the lower abdomen, and was then more marked on the right side. The bowels had not been open for three days, but she stated that this was not unusual. There was no history of any previous abdominal trouble.

She did not appear to be very ill; the temperature was 99°, and the pulse 116; there was no cyanosis. All over the abdomen rigidity and tenderness were present, though not very marked; the point of maximum tenderness lay over the upper part of the right lower quadrant, while the left lower quadrant was the part least affected. I made the not unusual diagnosis in such cases of "acute appendicitis," and operated for this condition.

Operation.

On opening the abdomen through a right pararectal incision I found the peritoneal cavity contained a large amount of straw-coloured slightly turbid watery fluid. The appendix was normal. Four or five small spots of fat necrosis were found on the mesentery and the omentum, whilst a mass could be felt in the upper part of the abdomen. A drainage tube was placed suprapubically by a stab wound, and the first wound was closed. A right paramedian incision made above the umbilicus exposed a soft mass, about 4 by 2 inches in size, of a dark, almost black colour, lying between the stomach and the transverse colon, and arising from the head of the pancreas. This mass was incised freely, showing necrotic tissue. The gall-bladder was felt to be slightly distended and to contain a number of small gall-stones. Two tubes were left in to drain the necrotic area, and the wound was then partially closed. The gall-bladder was not drained as the condition of the patient was not good towards the end of the operation.

The patient survived for five days after the operation, her appearance during the last three days being that of a case of diffuse post-operative peritonitis. Glycosuria appeared for the first time twenty-four hours after the operation. There was no cyanosis, except in the last thirty-six hours, when the circulation was failing.

Post-mortem Examination.

The subcutaneous fat was soft and friable. There was peritonitis with free pus bathing the coils of small intestine in the lower abdomen. In the pancreas all normal tissue had disappeared from the head, which was replaced by a sloughing mass with extensive areas of fat necrosis around it; this was almost black in appearance, but had no haemorrhage of any size. The ducts in the pancreas could not be identified in the necrotic area. There was no sloughing in the body and tail of the pancreas, which were firm and contained occasional bright yellow spots of fat necrosis. Considerable fat necrosis was found around the tail of the pancreas and in the fat around the left kidney. The gall bladder contained a large number of small yellow faceted stones, but was of normal size, with only a slight degree of inflammation of the wall. The common bile duct was slightly dilated and contained about twelve small gall-stones, whilst one stone about ¼ inch in diameter was found in the ampulla of Vater.

I am indebted to Mr. W. F. Cholmeley, under whose care the patient was admitted, for permission to publish these notes.

BASIL M. TRACEY, M.B., B.S., F.R.C.S.,
Late Resident Surgical Officer, Wolverhampton and Staffordshire Hospital.
Norwich.

FRACTURE OF THE NECK OF A RIB BY INDIRECT VIOLENCE.

WE are unable to find any record of this accident in the literature, though, by the courtesy of the librarian of the Royal Society of Medicine, we append references to similar fractures of the *bodies* of ribs by muscular action.

A man, aged 60, but appearing ten years younger than his declared age, spare, wiry, and athletic, reported on September 2nd last that eight days earlier he had suddenly experienced severe left lumbar pain whilst driving at golf. This had almost disabled him at the time and had persisted. Examination disclosed a round, soft, tender swelling, about the size of a florin, in the left lumbar region, three inches from the middle line and two inches below the twelfth rib. It was unattached to the skin, which moved freely over it, and it became more pronounced and was more tender when the lumbar muscles were put into action. Support gave immediate partial relief. It was evidently due to muscular herniation through a tear in the fascia. There was then no indication of any other injury, though the patient, from a previous experience, several years earlier, of fractured ribs in another situation, expressed his belief that a rib had "gone." Repeated external investigations directed to this point failed to elicit any confirmation. In spite, however, of the relief given at first by strapping, and later by a broad Churton's bandage, the pain continued to cause much disability, and in course of time became more definitely centred round the area of distribution of the tenth left dorsal nerve rather than in the lumbar muscles. This localization being difficult to explain by the muscular injury three segments below, a radiograph was taken by Dr. Brailsford on September 17th. This disclosed "a fracture of the neck of the tenth left rib and osteo-arthritis of the lumbar spine." The fracture is transverse, midway between the tubercle and the head, with very slight disturbance of alignment.

The arthritic changes are probably due to a marked gouty diathesis.

The simultaneous production of two such lesions as the result of muscular action is remarkable. The special points of interest are two: (*a*) that the acme of the strain fell on two points some four inches apart; (*b*) that the strongly supported *neck* of the tenth rib (rather than the *body*) should have been fractured, presumably by torsion.

GUY BRANSON, M.D.Lond.
JAMES F. BRAILSFORD, M.B.
Edgbaston.

LITERATURE.

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Josef: Fracture of the Eleventh Rib by Muscular Action (Résumé of Reported Cases), *Med. Record*, Vol. 91, 1917.
Palfrey: Fracture of Ribs by Muscular Action, *Boston Med. and Surg. Journ.*, June and September, 1924.
Webb and Gilbert: Ribs Fractured by Cough, *Journ. Amer. Med. Assoc.*, July, 1923.

in Tunbridge Wells and commenced a partnership with Dr. Claude Wilson, which was afterwards extended. In 1902 he was appointed junior honorary surgeon to the Tunbridge Wells and County General Hospital, and subsequently filled the senior post; for many years he was a member of the committee of management, and took special interest in the jubilee extensions of the institution, which included the children's ward and the *x*-ray department. He built up a large private practice, and was held in very high esteem over a wide area as a skilful operator and a wise consultant. He was also honorary surgeon to Dr. Barnardo's Home for Crippled Children. Free from all ostentation, his sympathy and kindness won him many friends. Mr. Guthrie rendered valuable services to the British Medical Association; he was a member of the Executive Committee of the Tunbridge Wells Division for many years between 1904 and 1923, chairman in 1915, and vice-chairman in 1916. At the time of his death he was about to retire from his hospital appointment. He is survived by his widow, one son, and one daughter. His wide popularity was shown at his funeral by the large congregation, which included many of his colleagues and friends. A colleague writes: Mr. Guthrie was an exceptionally able surgeon, and had a large surgical and consulting practice. He never spared himself, and gave his best services with equal hands to rich and poor. Though suffering from a fatal malady he performed many major operations till within a few months from the end. He was a man of the highest integrity and character, tall, cheerful, and possessing the best type of dry Scottish humour and candour. The singularly elusive charm of his personality was such that even his faults seemed to endear him. In spite of the curious fact that he never knew the time, and was consequently often late for his appointments, he enjoyed the friendship, respect, and confidence of all his colleagues, and any excusable irritation was on such occasions replaced by a smile of amusement, in which he often joined. In his hours of leisure he was the keenest of sportsmen, being a good golfer and tennis player, a first-rate angler, and a good shot. "He warmed both hands at the fire of life." Nature he loved, and in his approaching retirement he looked forward to life in the fresh air devoted to country pursuits and pastimes. His life indeed was a full one; his death is an irreparable loss to his medical brethren and to the public.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE title of Fellow of University College has been conferred upon Dr. Gleb V. Anrep, formerly senior assistant, Department of Physiology, lecturer in physiology, University of Cambridge, and Surgeon Vice-Admiral Arthur Gaskell, C.B., R.N., Medical Director-General of the Royal Navy.

The title of Fellow of King's College has been conferred upon Dr. William Blair Bell, professor of obstetrics and gynaecology in the University of Liverpool and Director of the Liverpool (Cancer) Research Association.

Sir Holburt Waring has been appointed the representative of the University at the centenary celebrations of the Faculty of Medicine and International Congress of Tropical Medicine and Hygiene, to be held in Cairo in December next.

At the annual general meeting of the University of London Conservative and Unionist Association, held on February 23rd, it was decided to adopt Sir John Gilbert, K.B.E., formerly Chairman of the London County Council and a Member of the Senate of the University since 1921, as the prospective Conservative candidate at the next General Election.

The name of Dr. John N. Beadles has been added to the supplementary list of University extension lecturers in physiology and meteorology for the session 1928-29.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—W. A. A. Collington, B. Elliott, M. Franzler, G. Furniss, A. E. Gibbs.

MEDICINE.—G. N. Beeston, M. Franzler, H. I. Jones, J. R. Mitchell, N. S. J. Roberts (Section I), R. W. Wood.

FORENSIC MEDICINE.—G. N. Fox, M. Franzler, K. J. M. Graham, W. B. Hallums, H. J. Harcourt, H. T. Ince, F. M. Lessing, H. T. Rylance.

MIDWIFERY.—K. D. C. Beckitt, E. E. Bowen, M. Franzler, K. J. M. Graham.

The diploma of the Society has been granted to Messrs. G. N. Fox, M. Franzler, G. Furniss, and R. W. Wood.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

SUBJECTS discussed in the House of Commons this week have included the British Government's decision not to ratify the Washington Convention on Hours of Labour, the state of trade, the railway companies' applications for power to transport goods and passengers by road, and a bill for the registration of architects.

The Chairman of Committees will probably set down the Edinburgh Corporation Bill for discussion on second reading on an evening during the first fortnight in March. As explained last week the corporation seeks by this bill to secure greater powers for dealing with infectious cases of venereal disease where treatment is neglected, refused, or abandoned. A meeting called by Dr. Graham Little and Dr. Salter on February 22nd, brought together over thirty members who disapprove of the bill. No resolution was passed.

Scottish Board of Health.

Supplementary Estimate.

Introducing a nominal Supplementary Estimate for £10 in the House of Commons on February 23rd Sir John Gilmour said it was required to meet State grants payable on expenditure incurred by approved societies in Scotland on sickness and disablement benefit, and was necessitated, as in England, by the rise in the cost of these services. The large increase was a matter of very grave anxiety to the approved societies and to the Minister concerned. Expenditure commenced to rise markedly in 1926, and continued abnormally high till the end of that year. Expenditure on sickness and disablement benefit in 1927, contrary to expectation, was even higher than in 1926. Taking the index figure for 1925 as 100, the figure for 1926 was 113.5, and for 1927 117.75. It was difficult to find any explanation of this exceptional expenditure. Apart from an epidemic of influenza in March, 1927 was not an unhealthy year, whether judged by the mortality or by the number of prescriptions issued by medical practitioners in Scotland to insured patients. There was a great feeling of apprehension among the approved societies that the medical profession was not taking the care in giving this relief that might be expected of it. Already the Scottish Board of Health had called the attention of the approved societies to this huge increase, and had consulted representatives of the medical profession. The period of transfer of an applicant from one medical practitioner to another had been increased, and might have to be still further increased. If there were flagrant examples of medical practitioners failing to carry out their duties reasonably such steps as increasing the period or other remedies would have to be taken. He did not ask the House for extra money to meet this expenditure, which amounted to £40,000, as that sum could be found by transferring a part of the saving made through a reduction by 500 in the department's programme of steel houses.

Mr. James Stewart moved the reduction of the vote. He noted that the Corporation of Glasgow had decided to have nothing further to do with steel houses, and he invited the Secretary for Scotland to say why they were not a success. The shortage of houses in Scotland, which had been estimated at 121,000 in 1917, was now nearly 230,000. What was the use of increasing medical benefit and spending more money in health administration when housing was the source of nearly all the troubles which beset them? The infantile death rate this year was the second lowest in Scottish history, but was higher than in other parts of the world not more happily situated. Medical officers in every municipality in Scotland had drawn attention, year in year out, to the relationship between housing and health. In every part of Glasgow where housing was bad the infantile mortality rate was thrice the average for the city. The Labour party did not oppose this increased grant of £40,000. They knew that in the circumstances it was necessary.

Mr. Kidd said he was suspicious of the Minister's reference to the extra cost incurred through increased sickness. Last year Scotland was still suffering from the coal stoppage, and had the wettest season on record. The weather, acting on vitality lowered after the stoppage, accounted for the increased sickness. He asked the Minister to be slow in assuming that medical practitioners had been too facile in allowing panel patients medical treatment, or too slow in turning them off the list. If they interfered with the discretion of the doctor, on whom was the supervision to rest—on official medical men representing the Ministry, or should the doctor have the assistance of other panel doctors? He had found cases where a doctor objected to being overruled on the quality of the medicine which he prescribed. They should not create the impression that there were two classes of patients, only one of which received certain medicines even though they were equally necessary to the other. Mr. Scrymgeour did not think there was any ground for saying that the doctors were slack in attending to the interests of the patients or of the approved societies. He had not for some time heard a complaint in Scotland that a doctor had more than the maximum number on his panel. Mr. Campbell Stephen said the working classes frequently complained that the doctors were far too particular in certification. Very often these poor people were sent back to work when, if they had been members of the middle classes, they would still have been receiving every medical attention and the best of treatment. Because they happened to be poor people the doctors insisted that they should go back to work. Nevertheless, the Minister was now going to bully the doctors, though he had no evidence to show

In the Admiralty hospitals of the United Kingdom 1,912 beds are available; the maximum number occupied on any day last year was 1,804. For Air Force hospitals the figures were 440 and 368.

Excluding lunatics, casuals, and persons only receiving domiciliary medical relief, 1,208,179 persons were receiving poor relief in England and Wales on February 4th, 1928.

On March 31st last 14,563 blind persons between 50 and 70 years of age were receiving pensions under the Blind Persons Act, and there were approximately 10,000 blind old age pensioners over 70. On the same date there were in England and Wales 258 blind children under 5 years of age and 2,554 between 5 and 16.

Mr. Chamberlain is advised that the information available does not justify further legislation on the use, for treatment of disease, of electrical methods as well as *x* rays and ultra-violet rays by unqualified practitioners.

The revenue from the sale of alcohol and narcotic drugs in the provinces of India in 1925–26 was 1,930.8 lakhs of rupees.

During 1927 seventeen applicants for service in the Post Office as boy messengers were rejected for flat-foot.

The Ministry of Health has received no report from the West Ham Board of Guardians on the health of the children boarded out by them. These children are regularly inspected.

The Government think it inexpedient to ratify the Convention accepting the prohibition of the use in war of asphyxiating poison or gases until all important Powers have ratified the Protocol, or have signified their intention to do so.

The average daily number of cases under treatment at Haslar Royal Naval Hospital in 1927 was 386, against 381 in 1926 and 338 in 1925. The peace accommodation is 88 officers and 1,059 men; the annual cost in the year ended September last was £105,419.

Medical News.

A MEETING of the Harveian Society of London will be held at the Paddington Town Hall, W., on Thursday, March 15th, at 8.30 p.m., when Sir William Willcox, K.C.I.E., will deliver the Harveian Lecture on toxicology in its application to medical practice.

A Conference on the Place of the Practising Midwife in Relation to the Protection of Motherhood will be held at the Royal Society of Arts, John Street, Adelphi, on Wednesday, March 7th, from 5 to 7 p.m. The chair will be taken by Sir Francis Champneys, Bt., M.D., chairman of the Central Midwives Board, and the speakers will include Dr. John S. Fairbairn, Dr. J. A. Willett, and Dr. Oxley.

THE Right Hon. J. H. Whitley, M.P., Speaker of the House of Commons, will open the new building of the Leeds Dental School on March 16th at 2.30 p.m. Some particulars of the growth of the school and of the new building were published in our issue of January 14th, p. 72. After the opening ceremony visitors will have an opportunity of inspecting the rooms, and at 4 p.m. honorary degrees will be conferred upon the Speaker and other distinguished persons.

A DISCUSSION on neuroses in the tropics will take place at a joint meeting of the Sections of Tropical Diseases, Psychiatry, Neurology, and Balneology of the Royal Society of Medicine to be held at 1, Wimpole Street, W.1, on Tuesday, March 13th, at 8.30 p.m.

THE thirteenth Guthrie Lecture before the Physical Society on electrodeless discharge through gases will be given by Sir Joseph Thomson, O.M., F.R.S., on Friday, March 9th, at 5 o'clock, at the Imperial College of Science and Technology, South Kensington. No tickets are required.

THE course of three post-graduate lectures on cancer at the Leeds Medical School on March 7th, April 4th, and May 9th is under the joint auspices of the Yorkshire Council of the British Empire Campaign and the Leeds and West Riding Medico-Chirurgical Society.

THE Fellowship of Medicine announces that Dr. C. M. Wilson will lecture on the chronic abdomen on March 5th, at 5 p.m., at the Medical Society of London, 11, Chandos Street, Cavendish Square, W.1. On March 6th, at 3 p.m., Dr. F. Hernaman-Johnson will deliver a lecture, illustrated by radiographs, at the British Institute of Radiology, 32, Welbeck Street, W.1, on *x* rays as an aid in the diagnosis of abdominal disease, and on March 7th, at 3 p.m., Mr. T. Jefferson Faulder will give a clinical demonstration at the Golden Square Throat Hospital. The lecture and two demonstrations are free to medical practitioners. Three two weeks' courses begin on March 5th—namely, in gynaecology at the Chelsea Hospital for Women, in diseases of children at the Queen's Hospital, and in ophthalmology (afternoons only) at the Royal Eye Hospital. An all-day course will be held at the Brompton Hospital for one week, beginning March 19th. From March 19th to 31st inclusive there will be a course at the Royal National Orthopaedic Hospital, and from March 19th to 30th a course for the general practitioner at the Hampstead General Hospital daily from 4.30 to 6 p.m. No special courses will be begun subsequently until April 16th, but the Fellowship of Medicine provides a general course of instruction at hospitals, for which comprehensive tickets are issued for varying periods. Further information may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A POST-GRADUATE course in neurology and psychiatry will be held, in English, at Vienna, under the auspices of the American Medical Association of Vienna, from June 1st to July 31st. Further information may be obtained from Dr. E. Spiegel, Falkestrasse 3, Vienna I.

THE Central Committee on Rheumatism of the International Society of Medical Hydrology has decided to organize clinical conferences on cases of rheumatic disease in hospitals, with the assistance of members of the different national committees. In connexion with the inaugural meeting of the French Committee on Rheumatism in Paris on April 2nd a conference will take place, with the collaboration of French physicians, at La Pitié Hospital and the Salpetrière. Any medical men desiring to attend this conference can obtain further information from the secretary of the French Committee, Dr. H. Forestier, 10, Rue du Mont Thabor, Paris (I).

THE tenth international medical post-graduate course, with special reference to balneology and balneotherapy, will be held at Carlsbad from September 23rd to 29th, 1928. Clinicians and scientists from the medical faculties of Austria, Bulgaria, Czechoslovakia, Denmark, England, France, Germany, Italy, Norway, Poland, Sweden, Switzerland, and the United States of America will give addresses. England will be represented by Professor Hugh MacLean and Dr. George Graham. An invitation is extended to all medical practitioners. Those who accept will receive a passport visé without charge and a 33 per cent. reduction on all State railways in Czechoslovakia. A programme of entertainments has been arranged. Full information may be had from Dr. Edgar Ganz, secretary of the medical post-graduate course, Carlsbad, Czechoslovakia.

THE Standing Committee appointed by the Board of Trade will hold an inquiry on March 5th and 6th as to whether the following imported goods should bear an indication of origin: surgical, medical, dental, and veterinary instruments and appliances, aseptic hospital furniture of all descriptions, dental supplies of all descriptions other than glassware, and dental furniture of all descriptions. The inquiry will be held at the Board of Trade Offices, Great George Street, S.W.1. Communications should be addressed to the secretary, Mr. E. W. Reardon, at that address.

THE second Hispano-Portuguese Congress of Urology will be held at Madrid from May 10th to 16th. Further information can be obtained from the general secretary, Dr. T. S. Covisa, Calle de Alcala 93, Madrid.

THE National Institute of Industrial Psychology, which was founded seven years ago for the application of the human sciences to the everyday needs of industry, has received an anonymous gift of £4,000 towards the cost of new premises.

WE have received the first issue, dated January 15th, 1928, of a new monthly journal on anaesthetics entitled *Narkose und Anaesthesie*, and published at Berlin under the editorship of Dr. H. Franken of the Freiburg University Women's Clinic, assisted by Drs. H. Eppinga and O. Pankow of Freiburg, E. Rehn of Bonn, and P. Trendelenburg of Berlin. The issue contains an original article by Dr. H. Lindemann of Düsseldorf on new methods for producing anaesthesia of the jaws and face, a review by Dr. Hans Killian of Düsseldorf on the results of rectal anaesthesia by avertin, and abstracts from current literature.

IT is announced in the January issue of the *British Journal of Anaesthesia* that a prize of £50 is offered in commemoration of the late Dr. Sidney Rawson Wilson for the best research on inhalation anaesthesia between now and December 1st. In sending the essay a *nom de plume* is to be used; further information may be obtained from the editor of that journal "Ainsdale," Palatine Road, Withington, Manchester.

THE subject of tetra-ethyl lead as an addition to motor spirit, which is referred to at pages 363 and 366 of our present issue, was raised in the House of Lords on Wednesday by Lord Buckmaster, who moved that the Government should immediately set up a committee to advise as to the public danger that might arise from this cause. Lord Salisbury, in replying for the Government, said that an interdepartmental committee would be appointed forthwith, containing representatives of the Ministry of Health, the Home Office, and the Medical Research Council. On this undertaking Lord Buckmaster withdrew his motion, after insisting that eminent chemists ought to be included in the membership of the committee.