

week he had so much tenderness and rigidity in his epigastrium that no tumour could be felt. After the first week he was considerably better; the vomiting and melaena had ceased.

Operation.—On August 22nd he was taken to the theatre with a view to removing the appendix and performing duodeno-jejuno-stomy. Under general anaesthesia a movable epigastric tumour, about 4 inches in diameter, was felt through the abdominal wall and explored through a right paramedian incision. It proved to be a growth of the middle of the stomach, slightly adherent to the pancreas, with multiple glands in the gastro-hepatic and gastro-colic omenta. I removed the growth with the enlarged glands and a small portion of pancreas by the modified Polya method, leaving about a quarter of the cardiac end of the stomach to anastomose to the side of the jejunum. Convalescence was uneventful.

Macroscopically the stomach showed two large ulcers about 2 inches in diameter, facing each other on the anterior and posterior walls, with very thick heaped-up edges and obvious neoplasms in their bases. A section of one was sent to a pathologist, who reported as follows: "This is a difficult specimen about which I felt doubtful. A second opinion I obtained was given as follows: 'The gastric wall is occupied by small polygonal cells of connective tissue type and oat-shaped form. Being almost absolutely uniform in character, without admixture with chronic inflammatory cells, the condition cannot be related to a hyperplastic gastritis or leather bottle condition. The diagnosis would be spindle-celled sarcoma.' I hesitate to accept this diagnosis as the condition would be extremely rare, and I think there are other possibilities. Without knowing anything of the clinical condition, I do not care to express a definite opinion."

Having fortunately preserved the specimen I forwarded a section of the growth from the other ulcer and an enlarged gland. A second report read: "This is evidently a deposit of small round-celled sarcoma which has become ulcerated, a very rare condition. The gland does not appear to be affected."

The patient was seen again four months after the above account was written; he had then gained 2 st. in weight and all signs of malignancy had disappeared.

From a surgical point of view one would certainly say from the specimen that the sarcoma supervened upon chronic ulceration, but that is a pathological point I am not qualified to dispute.

The salient points of the case are rather remarkable—the clinical evidence of duodenal ulcer, the condition found at operation, and the points against malignancy, especially the considerable improvement after rest and diet. I have no information as to the prognosis of these cases, if, indeed, any have been operated upon before.

I would like to express my thanks to Dr. Ponder for the pains he has taken to give me an accurate statement of the microscopical condition of the growth.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

MECKEL'S DIVERTICULUM IN STRANGULATED INGUINAL HERNIA.

THE following case, in which a Meckel's diverticulum was found in a strangulated inguinal hernia, seems worthy of record.

A married woman, aged 66, was admitted to the Royal Infirmary, Liverpool, in October, 1927, with a history of having been acutely ill for three days with a lump in the right groin, abdominal pain, and vomiting; strangulated inguinal hernia was diagnosed. There was a tender, tense, rounded swelling at the lower end of the right inguinal canal; the skin moved freely over it, and there were no signs of inflammation of the cutaneous tissues. The patient stated that she had had a rupture for some years, and that three days before admission, while exerting herself, a sudden severe pain had appeared in the groin, causing her to vomit.

On opening the sac some sanguineous fluid escaped, and a tube was discovered about three inches long, and intensely congested at its distal end. This tube had a small mesentery, and at first sight I took it to be the appendix. On pulling out the portion of bowel to which it was attached, however, a loop of small intestine presented instead of the caecum. After ligaturing and dividing the mesentery (or meso-diverticulum) the tube was clamped at its base, the stump invaginated, and the loop of small intestine returned to the abdomen. The sac was removed in the usual way and the inguinal canal repaired.

The patient made an uninterrupted recovery and no complications have arisen since.

Pathological examination of the tube showed the structure to be typical of a Meckel's diverticulum.

HUGH REID, M.B., F.R.C.S.,
Honorary Assistant Surgeon, Royal Infirmary,
Liverpool.

UNUSUAL COMPLICATIONS OF PNEUMONIA.

IN view of the exceptional symptoms, course, and complications the following case of pneumonia appears to be worthy of record.

A man, aged 65, when first seen complained of backache, slight headache, and "cold chills." He had not had a rigor, and did not look very ill. His tongue was very dry and red; the pulse was 100, the respirations 20, and the temperature 101.5° F. Physical examination was negative. The next day he had a slight cough, with a little yellow sputum. The chest was resonant, with a few râles at both bases. He had no pain. On the third day the cough had almost gone and the general condition was the same. On the fourth day he had severe hiccup, which continued almost without pause for two days. He also had slight conjunctival jaundice. On the fifth day jaundice became very deep over the whole body, and the abdomen was greatly distended, though no cause was found. The patient passed a small, soft yellow stool, and the urine was markedly haemorrhagic. On the sixth day the jaundice was much less marked, the cough returned, and there was a suspicion of bronchial breathing at the base of the right lung. The pulse was 110, the respirations 30, and the temperature 103° F. The abdomen was still greatly distended, and on this day a hard, globular swelling about the size of an orange was noted in the left iliac fossa. This had a clear edge below, but the upper margin was ill defined; there was a resonant note over it, and it did not move on respiration.

The diagnosis up to now had been influenza with mild bronchitis, and later early pneumonia, possibly. The jaundice presented a difficulty, but was recognized as occurring rarely in influenza. The distension was attributed to a condition of paralytic ileus due to profound toxæmia. The lump could not be explained, and was the chief difficulty.

Dr. J. H. Thornley, honorary surgeon to the Scarborough Hospital, saw the case in consultation, and agreed to take the man into hospital. During the following day the patient became gradually much worse, and died that evening with definite signs of a right-sided pneumonia.

At the necropsy marked pneumonia was found in the lower lobe of the right lung; the heart contained *ante-mortem* clot. There was no lump within the abdomen, but a large haematoma was present in the abdominal wall.

The unusual points in this case are: (1) The huge haematoma. I cannot find a record of this occurring in the abdominal muscles during influenza and pneumonia. I would suggest that the cause was thrombosis of a vessel in the abdominal wall. (2) The marked jaundice.

I am indebted to Dr. Thornley for the later history of the man, for the necropsy findings, and for helpful suggestions generally.

Scarborough.

N. WALSH, M.B., Ch.B. Leeds.

Reports of Societies.

ANAESTHETICS IN OBSTETRICS.

At a joint meeting of the Sections of Anaesthetics and Obstetrics of the Royal Society of Medicine on March 2nd, with Dr. CECIL HUGHES, president of the Section of Anaesthetics, in the chair, a discussion was held on anaesthetics in obstetrics.

Mr. EARDLEY HOLLAND, opening the discussion from the obstetric standpoint, said that he was glad to see that anaesthetists were beginning to take an interest in a department of their art which hitherto they had almost neglected. The requirements of the obstetrician were that the anaesthetic should be simple and safe in administration, and capable of being used by those inexperienced in the use of general anaesthetics. Pain must be abolished and, if necessary, kept in abeyance for long periods of time, but there must be no interference with the force or frequency of the normal uterine contractions, or with the safety of the mother and the foetus. Chloroform and ether were equally good anaesthetics, but the latter needed more expert administration, as it was more difficult to ensure quick results and required more elaborate apparatus. Stovaine was useful in certain obstetric operations, but was not advised in "common labour." Morphine was a good analgesic for the mother, but was dangerous to the foetus. For common labour he believed that intermittent chloroform, as administered by Simpson, its originator, was the best way of ensuring relief from pain. If administered by means of a Junker bottle with a small hand-bulb it was difficult to give an overdose, and so an unskilled person

A SOCIOLOGICAL FORMULA.

SIR,—In view of your welcome report of Mr. C. J. Bond's Galton Lecture on eugenics (February 25th, p. 315) I beg to submit a sociological formula which would serve for all countries and for all time. The fundamental consideration in sociology is the very strong tendency of population to press upon the means of subsistence. This tendency must be completely counteracted if a satisfactory standard of living is to be maintained, and three factors are necessary to counteract it completely—namely, high production, a low birth rate, and eugenic selection. Thus I arrive at my formula: People must work their best, and also must not have more than two children unless they are above the national average in the advantages for parenthood. I assume that if the less eugenic couples do not have more than two children the others will be proud to have larger families.—I am, etc.,

London, S.W.7, Feb. 25th.

BINNIE DUNLOP, M.B., Ch.B.

POLYDACTYLISM AND REVERSION.

SIR,—The case of supernumerary thumbs reported by Dr. R. H. Mitchell (February 25th, p. 308) raises interesting points. Darwin in his work *The Descent of Man*, chapter ii, page 55, says:

"I attributed, though with much hesitation, the frequent cases of polydactylism in men and various animals to reversion. . . . I was chiefly led to the conclusion that the presence of supernumerary digits might be due to reversion from the fact that such digits not only are strongly inherited, but, as I then believed, had the power of regrowth after amputation, like the normal digits of the lower vertebrata. . . . But at present it is the safest course to give up altogether the idea that there is any relation between the development of supernumerary digits and reversion to some lowly organized progenitor of man."

As Dr. Mitchell remarks, the lack of hereditary influence in his case makes the occurrence somewhat remarkable. Since the patient underwent an operation it would be interesting to be informed later whether there was evidence of any power of regrowth.

Haeckel asserted that the five-toed amphibian foot was formed from the many-toed fish fin (*Evolution of Man*, p. 306). It is a long way back in the animal scale for such a reversion to recur in man; even the interval between one of the apes and a fish is immense. Personally I do not think that Darwin realized the fact that polydactylism is more common than the occurrence of a tail, since otherwise he would not have made this statement about reversion. The question naturally arises, Can a human tail be looked upon as a reversion?—I am, etc.,

REGINALD COCK, M.R.C.S.Eng., L.R.C.P.

London, E., Feb. 26th.

The Services.

DEATHS IN THE SERVICES.

SIR ROBERT PORTER.

Major-General Sir Robert Porter, K.C.B., Army Medical Service (retired), was taken ill during the memorial service to Lord Haig in Westminster Abbey, and died of pneumonia and pleurisy a week later at his residence at Beckenham, Kent, on February 27th, aged 70. He was born in County Donegal on January 31st, 1858, the son of the late Andrew Porter, and educated at Foyle College, Londonderry, at Glasgow University, where he graduated M.B. and C.M. in 1879, and in Paris. He entered the R.A.M.C. as surgeon on February 5th, 1881, attained the rank of colonel on January 14th, 1910, and, after a four years' tour of office, was placed on half-pay on January 14th, 1914. Recalled to duty at the beginning of the great war on August 5th, 1914, he was appointed temporary surgeon-general on November 2nd, 1914, and confirmed in that rank—the title of which was subsequently changed to major-general—on February 18th, 1915. He retired after the war on March 3rd, 1920. He had a very fine record of war service, before as well as during the great war. His first active service was in the Ashanti campaign of 1895-96, when he was mentioned in dispatches and received the star given for that campaign.

He served throughout the whole South African war of 1899-1902, when he took part in operations in Natal, the Transvaal, the Orange River Colony, and Cape Colony, including the actions at Elandslaagte and Lombard's Nek, and the defence of Ladysmith, and received the Queen's medal with five clasps and the King's medal with two clasps. During the war of 1914-18 he was D.M.S., from 1914 to 1917, of the Second Army, the army which held Ypres throughout, and which maintained the long and bloody struggle of Passchendaele. Towards the end of this time this army had grown in strength to 800,000 men, and he had under his administration some twelve hundred medical officers, employed in twenty-eight Divisions, as well as in some thirteen casualty clearing stations, fourteen sanitary sections, three mobile laboratories, and five army schools of sanitation—a vast organization which he had himself built up. He was six times mentioned in dispatches—in the *London Gazette* of October 19th, 1914, February 17th, 1915, June 22nd, 1915, January 1st, 1916, May 29th, 1917, and December 24th, 1917. He was awarded the C.B. in 1916, and the Crown of Belgium, as commander, in the same year, the C.M.G. on June 3rd, 1919, and the K.C.B. on January 1st, 1921. He also had the Belgian Croix de Guerre. In 1903 he married Mary, daughter of the late John Johnstone of Barnard Castle, and leaves a widow and three sons.

Lieut.-Colonel Charles George Webster, Madras Medical Service (retired), died at Ryde, Isle of Wight, on January 26th, aged 56. He was born on July 5th, 1871, the son of the late John Henrie Webster, Government Telegraph Department, Chandanagore, Bengal, and took the Scottish triple qualification in 1892, and subsequently the F.R.C.S. Ed. in 1905. Entering the I.M.S. as surgeon lieutenant on July 29th, 1895, he became lieutenant-colonel on January 29th, 1915, and retired a year later on January 29th, 1916. He served in the China war of 1900, receiving the medal. He entered civil employment in the Madras Presidency in January, 1902; in 1909-10 he held the professorship of medical jurisprudence in Madras Medical College, and in June, 1914, was appointed surgeon of the 1st District of Madras City.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on March 3rd the following medical degrees were conferred:

M.B., B.CHIR.—S. J. P. Gray, M. J. Harker, R. M. B. MacKenna, K. H. Uttley.
M.B.—J. Dockray, H. K. Goadby, H. B. Stallard.
B.CHIR.—W. J. H. M. Beattie, D. R. Tweedie.

UNIVERSITY OF LONDON.

At the matriculation examination held in January there were 197 successful candidates in the first division and 880 in the second division; in addition 58 took the supplementary certificate for Latin.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

COUNCIL ELECTION.

THE Secretary of the Royal College of Surgeons has sent out the usual election notice, which on this occasion informs the Fellows of the College that on Thursday, July 5th, there will take place an election of four Fellows into the Council in the vacancies occasioned by the retirement in rotation of Sir Anthony Bowly, Bt., Sir D'Arcy Power, and Mr. F. J. Steward, and by the death of Mr. W. Thelwall Thomas.

Blank forms of nomination and of the requisite notice from a candidate may be obtained on application to the Secretary, and the same must be received by him, duly filled up, not later than on Monday, March 19th. A voting paper will be sent by post on April 3rd to each Fellow whose address is registered at the College.

The candidate elected by the smallest number of votes will become substitute Member of Council for the late Mr. Thelwall Thomas until 1935.

Museum Demonstrations.

The following demonstrations of specimens in the museum will be given in the theatre of the Royal College of Surgeons of England by Professor Sir Arthur Keith. The demonstrations are open to advanced students and medical practitioners, and will be given on the dates indicated at 5 p.m.: March 9th—Variations and anomalies of the sacro-lumbar region of the spine and their bearing on surgical practice; March 16th—Variations and anomalies of the cervical and costal series of the vertebral column and their application in diagnosis and treatment; March 23rd—A review of the present state of knowledge regarding the innervation and movements of the intestine.

agreement would be reached. It was not possible to estimate the final requirements of the Ministry in Scotland in respect of special hospital accommodation of its own, but he intended, as heretofore, to provide such accommodation of the best quality that could be obtained as long as required. The only cases having Scottish domicile who received in-patient treatment in England were suffering from certain special disabilities, such as diabetes and certain types of neurasthenia, for which treatment was now provided by the Ministry in a limited number of centres. It was not proposed to alter these arrangements.

On March 6th Mr. DUFF COOPER informed Dr. Vernon Davies that, so far as the War Department was concerned, by the closing of the military hospitals at Chatham, Devonport, and the Alexandra Military Hospital at Cosham, there had been a net reduction of 215 equipped beds and of 15 officers, 15 nurses of the Queen Alexandra's Imperial Military Nursing Service, and 149 other staff. In addition to economies effected by this reduction in beds and staff, the buildings had been set free for other Government purposes, or ultimate disposal.

Condensed Skimmed Milk and Rickets.

On March 6th Mr. NEVILLE CHAMBERLAIN, in reply to Mr. Everard, who asked if he had received any reports that the prevalence of rickets among children in some districts was largely caused by the fact that they were being fed on imported skimmed milk which was marked unfit for babies, said that he had seen a newspaper report of a statement of a lecturer on agricultural economics to that effect. He was advised that the feeding of infants on skimmed milk in any form would tend to produce rickets, and it was for this reason that he had made regulations requiring the words "unfit for babies" to be displayed on the tins. Recently he had issued fresh regulations which would have the effect of displaying these words more prominently.

Mr. EVERARD asked whether, in the public interest, the Minister of Health would publish figures showing the value of English milk as compared with this foreign condensed milk as a clean product. Mr. CHAMBERLAIN said he did not think it was necessary to publish figures showing the difference between skimmed milk and full milk. Dr. VERNON DAVIES asked if Mr. Chamberlain knew that a lot of this skimmed milk was sold in such small packages that people bought it whether it was marked "unfit for babies" or not; and if he would issue regulations to provide that this milk should be sold in much larger containers. Mr. CHAMBERLAIN replied that he must have notice of that question. Mr. REMER asked if the right hon. gentleman was not aware of the growing importation of this skimmed milk, and if he would not look further into the matter to see whether some other steps could not be taken to avoid this increased consumption, which must be bad for the people who consumed it. Mr. CHAMBERLAIN said that he could not accept that statement. The hon. gentleman seemed to consider that children and adults were in the same position. Though skimmed milk was very bad for infants, it might be wholesome for adults. Colonel HOWARD-BURY asked if the Ministry of Health could not prohibit its sale for infants. Mr. CHAMBERLAIN: I would do so if I was sure that the prohibition would be adhered to.

National Health Insurance Amendment Bill.

On March 5th Mr. CHAMBERLAIN presented a bill to amend the National Health Insurance Act, 1924, and other enactments relating to health insurance, and it was read the first time without debate.

Edinburgh Corporation Bill (Venereal Disease).

The second reading of the Edinburgh Corporation Bill was moved on March 2nd. Objection being taken, it was put down again formally for March 16th.

National Insurance.—In a reply to Mr. L'Estrange Malone, on March 1st, Mr. NEVILLE CHAMBERLAIN said he had never suggested that the whole of the increase in sickness and disablement benefits in 1927 compared with 1926 was attributable to laxity in certification. Such evidence as was obtainable suggested that the increase in claims to these benefits was general and not limited to particular districts. The whole question of certification was being examined with the Insurance Acts Committee of the British Medical Association.

Fees for Notification of Infectious Diseases.—On March 5th Sir KINGSLEY WOOD, replying to Mr. Groves, said that the Minister of Health had no authority to disallow the fees payable to medical practitioners for the notification of infectious diseases. A certain proportion of cases notified as diphtheria and admitted to hospital were subsequently considered by the hospital authorities not to be cases of diphtheria. Those who made use of the returns issued by his department for statistical study applied to the figures of notified cases the information available for correction such as was contained in the annual reports of the Metropolitan Asylums Board.

Medical and Sanitary Services in Kenya.—On March 5th Mr. AMERY replied to Mr. Barr, who asked if his attention had been called to the fact that it had been laid down by the deputy director of sanitary service in Kenya that the minimum for a large rural native district, containing 100,000 to 200,000 people, was one district medical officer, one medical officer of health, one dispensary medical officer, two European nursing sisters, one European sanitary inspector, and possibly a European hospital assistant and a storekeeper, and, in addition, an adequately trained native

subordinate staff, a hospital with accommodation for about 100 patients, and from six to twelve out-dispensaries. Mr. Amery said his attention had been drawn to the address to the Royal Society of Tropical Medicine and Hygiene in which this statement occurred. So far as he was aware the standard suggested had not been endorsed by any colonial Government, and, as the medical requirements of the colonies differed, it would be impracticable to regard such a suggestion as a general standard. Oversea Governments were everywhere endeavouring to maintain a medical staff adequate to their requirements, and in some of the African territories a relatively higher standard had already been achieved.

Iraq Dates and Cholera.—Mr. AMERY, replying to Sir R. Thomas, on March 5th, said that stringent measures were taken by the Iraq health authorities during the cholera epidemic of last year to ensure that all dates exported from Iraq were free from infection. He was not aware whether, under normal conditions, the Iraq Government required inspection or considered it necessary. He was asking the High Commissioner for a report on the subject. There was no evidence of disease being introduced into this country in Iraq dates.

Birmingham Guardians and the Mentally Unfit.—Sir KINGSLEY WOOD informed Sir G. Dalrymple-White, on March 5th, that the Minister of Health had received a copy of a resolution passed by the guardians of the Birmingham Union on February 15th with regard to the mentally unfit. The Minister could not undertake, at present, to embark on an inquiry which would involve the far-reaching and controversial issues inseparable from this question. Dr. FREMANTLE asked if Sir Kingsley Wood would take steps to impress on local authorities the powers that they already had, and the necessity of enlarging them, under the Mental Deficiency Acts. No reply was given.

Beds and Personnel in Naval Hospitals.—Lieut.-Colonel HEADLAM, answering Dr. Vernon Davies, on March 5th, gave a full list of naval hospitals at home and abroad, the number of beds available in each hospital, and the number of personnel attached to each hospital. The details were as follows: Haslar: 625 beds; 62 salaried and 334 wages staff—total staff, 396. Plymouth: 590 beds; 52 salaried and 272 wages staff—total staff, 324. Chatham: 490 beds; 55 salaried and 279 wages staff—total staff, 334. Portland: 104 beds; 12 salaried and 37 wages staff—total 49. South Queensferry: 103 beds; 8 salaried and 29 wages staff—total, 37. Great Yarmouth: 213 beds; 4 salaried and 38 wages staff—total 42. Malta: 365 beds; 31 salaried and 131 wages staff—total 162. Cape of Good Hope: 48 beds; 5 salaried and 21 wages staff—total 26. Bermuda: 77 beds; 6 salaried and 16 wages staff—total 22. Hong-Kong: 107 beds; 11 salaried and 70 wages staff—total 81.

Medical Examination of Intending Settlers in Canada.—Mr. AMERY informed Mr. B. Smith, on March 5th, that intending settlers in Canada who were examined and passed by Canadian medical officers were not required to undergo further examination, and were not liable to rejection on medical grounds on arrival at the port of entry unless essential information had been withheld, or unless some disease had developed in the interval. The new arrangements came into operation on February 14th.

Notes in Brief.

The Prime Minister does not propose to make the Ministry of Pensions a subordinate department of the Ministry of Health.

The Minister of Health does not propose a general survey and allotment to local authorities of water board areas, preferring the system which has been adopted of regional water committees.

In 1927 there were 707 dead bodies found in the Metropolitan police district, of which 77 of newly born infants and 74 others remain unidentified.

Mr. Chamberlain is not aware of any instance where a casual had been detained for a medical examination beyond the prescribed hour of 9 a.m. on the day of discharge.

In the twelve months ended October 31st, 1927, 435 persons were apprehended for being drunk and incapable in Glasgow whose condition was believed to be due to the drinking of methylated spirits.

Medical News.

THE Irish Medical Schools and Graduates Association will hold its fiftieth anniversary dinner at the Savoy Hotel on Saturday, March 17th, at 7.30 p.m. The president, Dr. G. W. Dawson, will take the chair. Among the guests expected will be General Sir Hubert de la Poer Gough, K.C.B., and Sir StClair Thomson, M.D. Colonel W. P. McArthur, D.S.O., will receive the gold medal of the association. Tickets, 15s. each, may be obtained from the dinner secretary, Dr. Holmes Meyrick, 59, Kensington Court, W.8.

THE first annual general meeting of the University of London Medical Graduates Society will be held in the rooms of the Medical Society of London, 11, Chandos Street, W.1, on Monday, March 12th, at 5 p.m., to consider the draft constitution and by-laws.

AT the meeting of the West Kent Medico-Chirurgical Society, to be held at the Miller General Hospital, Greenwich, S.E., to-day (Friday, March 9th), at 8.45 p.m., Dr. Maud M. Chadburn will read a paper on the radium treatment of cancer of the cervix uteri.

WE regret to learn that Dr. W. J. Howarth has been compelled by ill health to resign the appointment of medical officer of health for the City of London. Dr. W. M. Willoughby, medical officer for the Port of London, is acting temporarily in Dr. Howarth's absence until a successor is appointed.

THE annual meeting of the Royal Medical Benevolent Fund will be held at 11, Chandos Street, W.1, on Thursday, March 22nd, at 5.30 p.m., when the annual report and financial statement for the year ending December 31st, 1927, will be presented, and the officers and committee for the current year elected.

THE Physical Treatment Centre of the Kensington Division of the British Red Cross Society at The Limes, Holland Park Gardens, W.14, will be open for inspection by medical practitioners on Thursday, March 22nd, at 8.30 p.m. Dr. James Mennell will give a short lecture on foot trouble and foot gear.

A SESSIONAL meeting of the Royal Sanitary Institute will be held in the Council Chamber of the Town Hall, Scarborough, at 5 p.m. on Friday, March 16th, when a discussion on the Scarborough water supply and new scheme will be opened by Mr. Herbert Lapworth, D.Sc. The chair will be taken by Professor A. Bostock Hill.

THE next evening meeting of the Pharmaceutical Society of Great Britain will be held in the lecture theatre of the Society's House, 17, Bloomsbury Square, London, W.C.1, on Tuesday, March 13th, when an address will be given by Dr. H. H. Dale, secretary of the Royal Society, and head of the Department of Biochemistry and Pharmacology, National Institute for Medical Research, upon some reactions of pharmacology on pharmacy. The president will take the chair at 8 p.m.

A SPECIAL discussion on the pulpless tooth will be held at a combined meeting of the Sections of Odontology, Pathology, and Electro-therapeutics of the Royal Society of Medicine at the Society's House, 1, Wimpole Street, W.1, on Monday, March 26th, at 8 p.m. Mr. Frank Coleman will open for the Section of Odontology and Dr. H. M. Worth for the Section of Electro-therapeutics.

THE meeting of the Society of Medical Officers of Health for a discussion on the control of small-pox fixed for March 16th is postponed until a date to be announced after publication of the report of the Departmental Committee on Vaccination.

THE Fellowship of Medicine announces that Dr. J. L. Birley will lecture on the high-grade defective in relation to general practice on March 12th, at 5 p.m., in the lecture room of the Medical Society, 11, Chandos Street, Cavendish Square. On the following day Dr. B. T. Parsons-Smith will give a special clinical demonstration at the National Hospital for Diseases of the Heart at 11 a.m.; and on March 15th Mr. R. H. Jocelyn Swan will give a special clinical demonstration at the Cancer Hospital at 2 p.m., replacing the one originally announced for March 16th. The lecture and demonstration are free to medical practitioners. Three special courses begin on March 19th. The first, at the Brompton Hospital, lasts a week and occupies mornings and afternoons. The two other courses continue for two weeks; one, at the Royal National Orthopaedic Hospital, occupies the whole day with operations, lecture-demonstrations, and work in the out-patients' department; the second, at the Hampstead Hospital, continues from 4.30 p.m. to 6 p.m., and comprises a lecture and a demonstration each day in medicine, or in surgery, or in one of the allied departments. There will be no special courses from March 31st until April 16th. Comprehensive tickets are, however, issued for any period from one week to one year for the general courses at various hospitals, and special arrangements are made for practitioners who have little spare time. Further information about the general course, all syllabuses, and specimen copies of the *Post-graduate Medical Journal* may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

DR. O. REES, chairman of the West Dorset Division of the British Medical Association, and a member of the executive of the Panel Committee and also a member of the Dorset Insurance Committee, has been elected a member of the Dorset County Council. The total votes polled for him exceeded the combined totals of the other three candidates.

SIR FRANCIS CHAMPNEYS, Bt., M.D., president of the General Lying-in Hospital, London, S.E., presided at the annual general meeting of the governors on February 29th. It was recalled that the institution was founded by Dr. John Leake in 1765 for maternity cases. The out-patient district includes Westminster, Lambeth, Southwark, Camberwell, and Battersea. A feature of the hospital's work is the training of midwives.

IT is now announced that the fifth international congress on thalasso-therapeutics will be held at Bucarest and Constantza from May 21st to 29th.

THE annual congress known as Journées médicales de Bruxelles will be held at Brussels from April 21st to 25th, when the following papers among others will be read: Ileocaecal excision in diseases of the ascending colon, by Mario Donati of Turin; arterial encephalography, by Egas Moniz of Lisbon; cardiac syncope and adrenaline, by Emile Bardier of Toulouse; preventive inoculations, by C. Zoeller of Paris; cholagogue function of the liver, by Noel Fiessinger of Paris; carbohydrate metabolism, by Cesare Serono of Rome; heliotherapy of surgical tuberculosis, by A. Rollier of Leysin; rheumatism in the menopause, by M. P. Weil of Lyons; neurology of the abdominal wall, by G. Sodenbergh of Gothenburg; and plastic surgery of the face, by Sauvennero-Roselli of Genoa.

THE forty-first congress of the French Society of Ophthalmology will be held at the Faculty of Medicine of Paris from May 14th to 16th, when a paper will be read by Dr. Mawas on the biomicroscopy of the iris in health and disease. Further information can be obtained from the general secretary, Dr. René Onfray, 6, Avenue de la Motte-Picquet, Paris VII.

THE Standing Committee appointed by the Board of Trade to consider whether imported surgical, medical, dental, and veterinary instruments, dental supplies and dental furniture, should bear an indication of origin, announce that their inquiry has been postponed, and will be now held on March 19th and 20th.

DURING the fourth year of the Ella Sachs Plotz Foundation for the Advancement of Scientific Investigation fifty-five applications for grants were received by the trustees, twenty-one of which came from the United States and thirty-four from eleven different countries in Europe and Asia. Twenty-four grants were made during 1927, including one to Dr. J. E. Dawson of Edinburgh for investigating the pathology of the breast. Applications for grants for the coming year should be sent to Dr. J. C. Aub, Massachusetts General Hospital, Boston 14, before May 15th.

THE February issue of the *Deutsche Zeitschrift für Chirurgie* is dedicated to Professor Alexander Fraenkel, director of the surgical division of the General Policlinic of Vienna, on the occasion of his 70th birthday.

MESSRS. W. HEFFER AND SONS, Ltd., announce for early publication *Practical Serology*, by Professor Luigi Viganò of Milan, translated from the latest Italian edition by Miss E. M. Heffer, and edited by Dr. C. G. L. Wolf.

WILLIAM HEINEMANN (Medical Books) Ltd. announce for early publication *Tonsils and Adenoids and Their Diseases: Including the Part They Play in Systemic Disease*, by Dr. Irwin Moore.

RESOLUTIONS emphasizing the importance, in combating malaria, of co-ordination between the public health authorities and the promoters of engineering works were passed by the Malaria Section of the Far Eastern Association of Tropical Medicine at the seventh congress, Calcutta, in December last, on the proposal of Sir Malcolm Watson, M.D., seconded by Lieut.-Colonel S. R. Christophers, I.M.S., director of Central Research Institute, Kasauli. Reference was made to the fact that many cases had occurred in which a great increase in the incidence of malaria had been caused by facilities given to mosquito reproduction by engineering works, and it was suggested that the plans of such works likely to affect the conditions producing malaria should be submitted to the public health authorities before being sanctioned. The congress concluded that there was no single method of malaria control applicable to all conditions and all countries, but, whatever other measures might be adopted, control of the mosquito breeding places should be employed where there were large aggregations of people.

THE following German medical congresses will be held next month: Röntgen Society, April 11th to 14th, at Berlin; Society for Internal Medicine, April 16th to 19th, at Wiesbaden; Pathological Society, April 19th to 21st, at Wiesbaden; Society for Psychiatry, April 24th and 25th, at Kissingen.

THE following appointments have recently been made in foreign faculties of medicine: Dr. Erich Lexer of Freiburg, professor of surgery at Munich; Professor G. A. Wagner of Prague, professor of gynaecology at Berlin; Professor Marx of Münster, professor of otology at Würzburg; and Professor W. Kerl of Innsbruck, director of the dermatological clinic at Vienna in succession to Professor Finger.

PROFESSOR ARDIN-DELTHEIL has been nominated dean of the medical faculty of Algiers.

PROFESSORS NICOLAS and PIERRE DUVAL of Paris have been elected foreign corresponding members of the Royal Academy of Medicine of Belgium.

A COMMITTEE has been formed at Tunis to commemorate the twenty-fifth anniversary of Dr. C. Nicolle's appointment as director of the Institut Pasteur of that city. Further information can be obtained from Dr. F. Gérard, 100, Rue de Serbie, Tunis.