a raised violaceous thickening, and a ring of large granulomata formed a corona around the cornea. At the same time a large beefy-looking growth appeared on the right cheek. This was excised by a consulting surgeon, but by the time the stitches were ready for removal there was a recurrence spreading up to the right lower lid, and another growth appeared on the nose, over the left ala and tip.

I made a tentative diagnosis of tubercle, in spite of the rapidity of invasion, and the report of a well-known pathologist to whom a section of the growth had been sent seemed to confirm this.

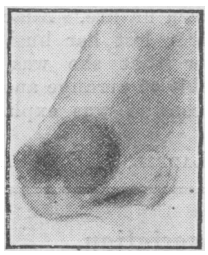

FIG. 1.—Case of blastomycosis. Nose infection.

FIG. 2.—Blastomycosis. Right cheek infection.

The eye condition began to look desperate, and I saw the patient with Colonel Marett, who suggested examination of the sputum; he reported blastomycosis, and recommended a method of treatment which was carried out by Dr. Whitaker with the most happy result. The granulomata and ugly violaceous thickening have disappeared from the eye, the growths on cheek and nose have also vanished, and the patient has increased 9 lb. in weight in five weeks.

In view of the interest of this case, seeing that, apart from his grave general appearance, treatment of his eye for tubercle would have been hopeless, and that the other eye was being menaced by the rapidly advancing growth on his right cheek, I have appended Colonel Marett's notes.

NOTES BY COLONEL MARETT.

The patient was brought to see me by Mr. Ferguson. The condition as seen then (April 19th) showed infection of left eye, nose, and right cheek. On inquiry he was found to be suffering from cough, with sputum, and loss of weight. A section of the growth from the cheek had been examined by a pathologist. There was rapid recurrence after removal. Examination of the sputum showed the infection to be monilia, and the method of infection of the skin was undoubtedly due to the use of handkerchiefs infected from sputum.

The treatment recommended was increasing doses of potassium iodide up to 30 grains thrice daily, and weekly increasing doses of monilia vaccine, the parts to be painted with a solution of 0.5 per cent. each of brilliant green and crystal violet to combat sepsis, and the patient advised to use paper handkerchiefs. It is interesting to note that the report of a section stated that the condition was due to tubercle. Skin infection with monilia is known, and is less frequent than moniliasis of lungs, no case of double infection of lung and skin having been recorded according to the literature available, but owing to the fact that monilia skin infections are usually on the face, it is quite possible that these infections may be secondary to a lung infection. In Jersey the frequency of monilia of the lung is as common as tuberculosis of the lungs, and most of these latter suffer from the double infection. *In vitro* it has been found that there is a symbiotic action between tubercle and monilia. Tubercle grows readily in an alkaline medium, whilst monilia require an acid medium. All cases of true double infection do best by having monilia treated first, and then proceeding with tubercle vaccine. It must be understood that it was solely a monilia infection in this case, and at the time of making the diagnosis a good prognosis was given.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TWO CASES OF MULTIPLE URETHRAL CALCULI.

I.

THE following case, in which retention of urine was caused by the presence of a very large number of urethral calculi, seems to be worthy of record.

A Chinese coolie, aged 45, was admitted to the Ipoh District Hospital, Federated Malay States, suffering from retention of urine. He had previously had no trouble in passing urine, and there was no history of venereal disease. On physical examination a large hard smooth mass was easily palpable in the penile urethra anterior to the scrotum. Further back a large sac was found, which proved to be the enormously dilated urethra; when handled it rattled, and a very great number of stones could be felt.

An incision was made over the most anterior and largest stone, and the urethra was opened. No fewer than 120 phosphatic calculi were then extracted with a slender curved forceps. A sound was passed into the bladder, but no further stones were found. The urethral incision was closed and the patient made an uneventful recovery. Cystoscopic examination at the end of convalescence demonstrated a perfectly normal bladder free from stones.

Perak, Federated Malay States. C. B. PASLEY, F.R.C.S.I.

II.

THE case recorded below, in which close on a hundred stones were removed from the urethra of the patient, presents several interesting features.

A Chinese boy, aged 9, was brought to the hospital of the Shantung Christian University with a history of painful and difficult micturition for three years. The child looked ill, and was badly nourished.

A large stony-hard lump was felt in the posterior part of the penile urethra. On making a rectal examination what appeared to be another hard, rounded mass could be felt in the position of the bladder. It was not possible to pass a catheter, since on entering the urethra it almost immediately impinged on the mass mentioned, and it was quite evident that this was a stone impacted in the posterior urethra. A diagnosis of stone in the bladder with another in the urethra was made. The bladder was distended up to the umbilicus, and the kidney function was very poor, as shown by the urea concentration test.

In order to improve the child's condition with a view to operation he was given syrup freely by the mouth and 20 grains of sodium bicarbonate in water every two hours for one day. In the evening he was given 33 oz. (1,000 c.cm.) of a 5 per cent. glucose solution per rectum and a similar dose the following morning. The operation was performed at 2 p.m.

As it was thought that a suprapubic as well as a perineal incision would have to be made, and as the condition of the patient did not admit of a prolonged operation or anaesthesia, arrangements were made for one of us to operate on the perineum while the other did what was necessary in the suprapubic region. Open ether was administered, and an incision was made in the perineum over the mass, with the result that a number of faceted stones at once came into view and were taken out. In front of these was a larger stone, about the size of a bantam's egg ($1\frac{1}{2}$ by $1\frac{1}{8}$ in.), which was firmly impacted in the urethra, its narrow end being directed forwards. When this was removed it was found that there were many more of the smaller faceted variety packed closely together and forming the mass which had been felt per rectum. It soon became clear that a suprapubic incision would not be needed. When all the stones were removed by means of forceps and a scoop it was found there were 93 in all, including the large one; the 92 small ones ranged in size from 1/2 by 7/16 in. to 1/4 by 3/16 in. in size, and were all faceted.

After they were removed the cavity in which they were embedded was explored with the finger and found to be the posterior urethra much dilated. In its roof the internal opening of the urethra could be quite easily detected; through this opening a catheter was passed, and some ten or twelve ounces of urine were drawn off. Though this opening was quite patent and easily admitted the tip of the index finger there was not a single stone in the bladder, the whole of the 93 being jammed closely together into one mass in the prostatic urethra. The bladder was drained for a few days through the perineal wound and the patient made a good recovery, leaving the hospital two weeks after the operation.

E. R. WHEELER, M.B., B.S., F.R.C.S.,
Medical Superintendent, University Hospital, Shantung, China.

APPENDICECTOMY DURING HERNIOTOMY UNDER LOCAL ANAESTHESIA.

THE following case presented some interesting features, and seems worthy of record.

A male child, aged 4 years, was transferred to the surgical side on October 4th, 1927, with the following history. He had a right-sided inguinal hernia which on successive occasions had been presenting more difficulty in reduction. He had a status lymphaticus, with a chronic obstinate cough associated with dyspnoea, and a definite record of dangerous idiosyncrasy to general anaesthesia. He had been circumcised two years or so previously under a local anaesthetic. He was of a peevish, apathetic temperament.

On this occasion (October 4th) he exhibited tenderness over the hernia. The hernia also presented a peculiarly solid consistence.

It was noticed that there was delayed descent of testicles of both sides.

In view of the tenderness I asked my colleague to risk a whiff of chloroform, and I thereupon witnessed the almost fatal result of its administration. Reduction was accomplished, but with the absence of the terminal slip and gurgle so essential to the relief of patient and doctor in these cases. The cord felt thicker than on the left side. The patency of the canal appeared to be no more than normal. My colleague, who had had care of the patient, assured me that on all previous occasions the terminal slip and gurgle had been present, and that the tenderness and the peculiar solidity were new features. During the next few days, although the cough was still troublesome, there was no recurrence of the hernia. The patient still exhibited the tenderness over his inguinal region. I decided to operate under local anaesthesia.

The operation was performed on October 14th, ten days after the reduction. I infiltrated locally with a diluted solution of eudrenine. The incision was the usual transverse one for isolating the neck of the sac. On exposure of the neck of the sac the contents felt unusually solid. On opening the sac the appendix was found doubled on itself, presenting like a flexed fifth digit. In its distal half the appendix was completely free from any attachment. The meso-appendix was occupying the floor of the canal, and the appendix for its whole length on this border presented no attachments. On the opposite border it was firmly attached to the roof of the sac by a longitudinal adhesion, which extended from the distal two-thirds of the proximal half. This adhesion ran anteriorly and posteriorly to the arch of the internal oblique.

The lining of the sac and the serous covering of the appendix showed signs of irritation. The adhesion having been dealt with, no difficulty was experienced in drawing down the appendix. It was unusually long, and was a prolongation of what appeared to be a conical-shaped caecum. Appendicectomy was performed with double invagination of the base. Throughout this period the patient was perfectly quiet. During completion of the hernia operation, when the necessary manipulation of the neck of the sac brought the inflamed walls together, the patient appeared to feel pain; otherwise there was complete quietness and apparently complete anaesthesia throughout. Convalescence was normal, and a distinct improvement in temperament was noted.

In addition to the developmental deficiency of the case, the status lymphaticus, the delayed descent of testicles, the congenital hernia sac, the type of the appendix, there is also the "coincidence" of the operation. I should be interested to hear of any other cases of appendicectomy occurring in a hernia operation under a local anaesthetic, as I have failed to trace records of such cases.

London, E.17. D. MACKENZIE, M.B., Ch.B.

THE CAUSE OF AN ANXIETY NEUROSIS.

AN unmarried girl, aged 22, earning her own living, consulted me for nervous symptoms. She stated that she had been nervous as long as she could remember, but that the trouble had only become acute during the past four months. She presented the usual train of symptoms, which can be summed up as an anxiety neurosis: feelings of impending disaster, inability to concentrate, sleeplessness, and a fear of becoming insane. In the course of conversation she showed herself to be a highly intelligent girl of a lively disposition. The fear of insanity had only become acute since reading a novel in which the heroine loses her reason. Her favourite literature, however, was children's stories, and she herself had an ambition to write fairy tales. She confided, too, that she had an aversion to men who wore glasses or who had pimply faces. She acknowledged a liking for flirtation and kissing, although she had recently become engaged to a man whom she described as being exceedingly undemonstrative. She reproached herself for experiencing towards him feelings which she recognized to be of a passionate nature. At this stage I obtained a hint of the nature of her mental conflict. She realized the necessity for sex love in the world, but regarded it as debasing and animal, and her ideal of love was that it should be founded on spiritual affinity and freed from all fleshly yearnings. This attitude accounted for her love for fairy tales and children's stories, in which there is never any hint of sexual passion.

Finally she decided to tell me what she said she had never confided to anyone else. When a child of 5 she was staying in a country cottage with her parents, and her bedroom was remote from theirs. The son of the house, a youth of about 18, used to make a practice of visiting her in bed, and indulging in intercourse with her, under the usual threats of killing her if she told anybody. I was not surprised to learn that the said son wore glasses and had a pimply face. Here, then, was the explanation of her difficulty in adapting herself to life. The experience had prematurely stimulated her sex instinct, giving it an adult significance at a time when it should have been shadowy and diffuse, and also it had brought her to realize the possibilities of passion which were latent in her. At the same time the incident was naturally associated with a feeling of guilt, which coloured her views of all heterosexual relationship. Sex life, therefore, both attracted and repelled her to a degree impossible in an unawakened girl, and she was horrified and frightened of her own nature. Added to this conflict was the more recent fear lest her husband, when she had one, should discover that she was not technically a virgin. It was not possible to arrange another interview, but the nature of her conflict was explained and appreciated by her.

Birmingham. R. MACDONALD LADELL, M.B., Ch.B.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BRADFORD DIVISION.

The Treatment of Pneumonia.

AT a meeting of the Bradford Division on February 29th, at the Royal Infirmary, Bradford, with Dr. W. WRANGHAM in the chair, Sir THOMAS HORDER, Bt., delivered a British Medical Association Lecture entitled "The treatment of pneumonia."

Sir Thomas Horder pointed out that pneumonia could be described as a septicaemia of short duration, limited to an intensive continuous pyrexia. Two types of the disease were commonly encountered—namely, the sthenic or pure pneumococcal, and the asthenic or mixed infection. The second was the commoner and the more grave form. Indications for treatment might be divided into two categories—the specific and the non-specific, the latter including those measures which assisted the elimination of toxins, those which supported the general nutrition, those which maintained the tone of the nervous and cardio-vascular systems, and those which assisted in the aeration of the embarrassed lung tissue. The importance of ventilating the sick-room was emphasized; windows and doors should be kept open, and superfluous furniture and screens removed. The bed should be in the middle of the room, and there should be a limit to the number of people allowed to enter. The skin should be sponged twice daily, with as little disturbance as possible, and the bowels should be regulated by a double dose of the aperient usually taken by the patient. Spontaneous diarrhoea should be regarded as beneficial, though if artificial it was harmful. The best guide to administering fluids was the degree of concentration of the urine. These methods assisted the elimination of toxins and the aeration of the lung tissues. The general nutrition should be supported by food, but overfeeding was very harmful and might even cause death. Rich soups, meat juices, and extracts should be avoided; milk should always be given diluted, and preferably in the form of junket. Carbohydrates should be administered, the best form being glucose or lactose. Barley water, orange and lemon drinks, Benger's food, and ovaltine were useful, and it should be remembered that alcohol was a food as well as a stimulant. The tone of the nervous system was an important factor. The nature of the illness should be explained to the patient, and he should be encouraged and kept cheerful, though conversation with him should be limited. Sleep should not be allowed for more than an hour or an hour and a half at a time, on account of the necessity for clearing the respiratory circulation and secretions, and administering medicine. Strychnine gave temporary support and toned up the nervous centres, but it should not be administered after 2 p.m. For pain opium, morphine, or heroin might be used in the early stages, and antiphlogistine might also be tried. As regards the cardio-vascular system, it should be remembered that the struggle affected mainly the cardiac and to a less degree the respiratory organs. Digitalis and strophanthus were of doubtful value except in acute heart failure; the best stimulants were the volatile ones—ether (sp. aetheris

Dawson Williams Memorial Fund.

FIRST LIST OF SUBSCRIBERS.

SIR DAWSON WILLIAMS retired from the Editorship of the *British Medical Journal* on January 19th last after thirty years in that position and nearly fifty years' close connexion with the Editorial Department. In a valedictory leading article on January 21st we anticipated that his resignation would be followed by some public recognition of the long and splendid services he had rendered to the British Medical Association and the profession, to medical science, and medical literature. A provisional Executive Committee was formed almost immediately, and on February 25th we announced the steps that were being taken to promote a testimonial which should give the profession as a whole an opportunity of acknowledging our late Editor's devoted work for the science and practice of medicine. Two days later Sir Dawson Williams died suddenly, and the plans for a testimonial during his lifetime had, alas! to become plans for a memorial.

Sir StClair Thomson, who is acting as Treasurer, told our readers last week of the many messages that had already reached him from far and wide in support of the project. We feel confident that the Fund will now go forward and produce a worthy monument to a great benefactor of British medicine. Its precise form will be for the Executive Committee to decide upon in consultation with the subscribers, but they will no doubt be guided by the knowledge that Sir Dawson Williams, shortly before his death, expressed a wish that the money raised should be used as an endowment for the furtherance of medical research by way of scholarship or prize; in this way his name would be linked with work that was always very near his heart.

We print below the first list of supporters—those whose names were received up to March 10th. Further contributions will be welcomed, and will be acknowledged in these columns in due course. Though the Executive Committee does not wish to limit the amount of individual donations, it hopes that the sum eventually received will include a large number of contributions of two guineas or less, and so represent the profession generally. Cheques should be made payable to Sir StClair Thomson, and sent to 64, Wimpole Street, London, W.1, and the envelopes marked "Dawson Williams Memorial." The amount so far received is £733.

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Souttar, H. S., F.R.C.S.
Spencer, Dr. Herbert R.
Spencer, Walter G., F.R.C.S.
Spokes, Dr. P. S. (Lewes)
Sprigge, Sir Squire, M.D.
Spriggs, Dr. E. I. (Ruthin Castle)
Stanton, Dr. A. T.
Starling, Dr. E. A. (Tunbridge Wells)
Starr, Dr. F. N. G. (Toronto)
Stephens, Dr. Lockhart (Emsworth)
Stevens, Dr. John (Edinburgh)
Stevens, T. G., F.R.C.S.
Stevenson, Dr. R. Scott
Stiles, Sir Harold, F.R.C.S. (Gullane)
Still, Dr. G. F.
Stockman, Professor R. (Glasgow)
Stopford, Professor J. S. (Manchester)

Thomas, Dr. W. E. (Ystrad-Rhondda)
Thompson, Dr. Theodore
Thomson, Dr. A. P. (Birmingham)
Thomson, Dr. F. G. (Bath)
Thomson, Sir StClair, F.R.C.S.
Thomson-Walker, Sir John, F.R.C.S.
Tidy, Dr. H. Letheby
Tilley, Herbert, F.R.C.S.
Tirard, Sir Nestor, M.D.
Trotter, Dr. G. Clark
Trotter, Wilfred, F.R.C.S.
Tubby, A. H., F.R.C.S.
Turner, A. Logan, F.R.C.S. (Edinburgh)
Turner, E. B., F.R.C.S.
Turner, G. Grey, F.R.C.S. (Newcastle)
Turner, J. G., F.R.C.S.
Turney, Dr. H. G.

Verrall, Sir T. Jenner (Leatherhead)
Voelcker, Dr. A. F. (Bude)

Waggett, E. B., M.B.
Walker, Dr. E. W. Ainley (Oxford)
Walker, Dr. J. F. (Southend)
Wall, Dr. R. C.
Wallace, Sir Cuthbert, F.R.C.S.
Walton, A. J., F.R.C.S.
Watson, Dr. G. W. (Leeds)
Watson-Williams, Eric, F.R.C.S. (Bristol)
Waugh, G. E., F.R.C.S.
Webb-Johnson, A. E., F.R.C.S.
Weber, Dr. F. Parkes
Wheeler, Sir William, F.R.C.S.I. (Dublin)
Whitla, Sir William, M.D. (Belfast)
Wilkie, Professor D. P. D., F.R.C.S. (Edinburgh)
Wilkinson, G., F.R.C.S. (Sheffield)
Wilkinson, Dr. W. Camac
Willan, R. J., F.R.C.S. (Newcastle)
Williams, Dr. Leonard
Wilson, Dr. Claude (Tunbridge Wells)
Wood, Dr. Cartwright
Woodman, Musgrave, F.R.C.S. (Birmingham)
Woods, Sir Robert, F.R.C.S.I. (Dublin)
Woodwark, Dr. A. S.
Wright, Sir Almroth, M.D.
Wynter, Dr. A. Ellis (Clifton)

Yealland, Dr. L. R.
Young, Professor A. (Glasgow)

THE PROTECTION OF MATERNITY.

YET another conference on the role of the midwife in relation to maternal health was held, under the auspices of the Midwives' Institute, on March 7th, with Sir FRANCIS CHAMPNEYS, Bt., in the chair. After some brief opening remarks by the MARCHIONESS OF SALISBURY and Lady BERTHA DAWKINS on the place of the practising midwife in rural and in town areas respectively, a discussion was started by Dr. J. S. FAIRBAIRN on the general question of the midwife in relation to normal labour.

Dr. Fairbairn said that the ideal was to have the midwife in charge of normal labour, with the doctor available for emergencies. If a doctor was retained by a patient for her confinement it was for the outstanding reason that something more than normal labour was expected—the patient wished for anaesthesia and for as speedy a termination of her trials as nature would allow. It followed that there was more intervention in labour than there should be. Some doctors had stated that forceps were used in half the deliveries they attended, whereas in institutions the forceps cases did not represent more than perhaps 3 per cent. With all intervention there was a slight rise in morbidity, which accounted for an appreciable addition to the mortality when multiplied by so many cases. He quoted figures from the Lying-in Hospital which showed that there had been 1,200 deliveries in the district served by that institution without a single death, and more than 1,000 deliveries in the hospital itself—these being, of course, the more difficult cases—with only four deaths. These figures suggested that a service conducted by well-trained and experienced midwives would give the best results possible.

Dr. J. A. WILLETT, speaking of the place of the midwife in connexion with the consultant, said that the first function of the ante-natal centre was to manage normal pregnancy and to treat such minor illnesses as might occur; its second function was to decide on the prognosis of labour. Either the ante-natal centre should be staffed by people who had had actual experience in maternity hospitals, or else the consultant should be more widely used. In the urban district the main difficulty was sepsis, and this was largely due to intervention during labour under unsuitable conditions. In rural districts the problem was rather that of accidents, and for this it was difficult to suggest a remedy, though it was to be hoped that by really good ante-natal work cases likely to give rise to any difficulty might be selected beforehand.

Dr. W. H. F. OXLEY, who spoke, from thirty years' experience of East End practice, on the place of the midwife in relation to the general practitioner, said that thirty years ago the position of the midwife was nothing like what it was to-day. The medical practitioner formerly was dependent almost entirely for the nursing of his case upon women wholly untrained. Since then not only had the Midwives Act altered the position, but the National Health Insurance Act had made a great difference. Following upon this latter, doctors had to a large extent given up midwifery, and now, in the working-class districts of London, the majority of women were attended by the trained midwife, who was the right person to attend normal labour. Conditions being what they were, normal confinements were better treated by midwives. The doctor had not the time to give to the case. Remembering that he had perhaps fifty patients waiting for him at his surgery, the doctor was tempted to hasten delivery by means of forceps. The fault was not his; it was the system under which the doctor formerly had to work. The well-trained midwife called in the doctor when anything became abnormal; it was the badly trained midwife who failed to do so. He added that the East End Lying-in Hospital was the first in London to start definite ante-natal work. Last year in the district 820 cases were attended, of which seven only required instrumental delivery, and there was only one case of pyrexia due to a septic condition, though there were a few others which had temperatures due to prevailing influenza. He thought that the rule that a midwife should not call in the doctor unless the temperature reached

lesion *may possibly* be present, beware of delay in doing an exploratory laparotomy.

I saw a case four days ago in which the only objective symptom was a small tender bruise over the left iliac fossa. The story was that the wheel of a motor had passed over the boy's abdomen. His colour was good. His abdomen was perfectly flaccid. He had no sickness. His bladder was distended and he could not pass his urine. A half-hourly observation over a few hours of an increasing pulse rate, a flicker of uneasy movement of a coil of bowel seen beneath the flaccid parietes, gave me all the indications I required that the case was one for exploration. I found the mesentery of the small intestine entirely abrupted from two inches of the ileum, and this portion of intestine, congested and paralysed, but as yet unruptured, was adherent to the back of the bladder. My suspicions were amply justified, I think, though none of the symptoms of the acute abdomen were present on which I could base a diagnosis.

Most of my friends in general practice candidly admit that they cannot make regular hourly observations in cases under suspicion of being "acute abdomens," and they are only too thankful to be able to send them to hospital "for further observation and operation if thought necessary." On my part I welcome cases at that stage from every point of view—except accommodation. This winter I could at one time have shown Mr. Billing six cases of "acute abdomens" lying side by side—all atypical pneumonias—so that I appreciate the value of his hint, and hope he knows that in such cases there may occasionally be a concurrent acute abdominal lesion.

I believe that 75 per cent. of the patients with acute abdomens who die ought to be saved, and such cases will in the future be saved by early operation when the factors controlling the situation have been properly adjusted. What a need there is for proper education and organization of the profession in regard to this type of case.

Only the last paragraph of Mr. Billing's letter has any interest. In cases of menstrual trouble, hysteria, commencing specific fevers, and poisoning I have seen associated vomiting and abdominal pain which (the physician in me, considering all the facts of the case, was able to persuade the operating surgeon in me) did not require operative treatment, but I confess I am unacquainted with that large variety of cases he writes of, where persistent vomiting associated with abdominal pain need cause no concern lest they should suddenly become "acute abdomens." I feel certain the profession will be under a debt of gratitude to Mr. Billing if he will give detailed notes of, say, six typical cases of the sort he has in mind.—I am, etc.,

Glasgow, March 4th. WILLIAM RANKIN.

ERGOT POISONING AMONG RYE BREAD CONSUMERS.

SIR,—A good deal of interest has been aroused amongst the Jewish community by the article published under the above heading in the BRITISH MEDICAL JOURNAL of February 25th (p. 302).

Having been associated with a number of Jewish institutions for a considerable period, and practising as I am in a thickly populated Jewish neighbourhood, it seems strange that neither my colleagues (with whom I have consulted on the subject) nor myself have ever come across cases such as those described.

It is quite true that brown, or rye, bread is an important factor in some Jewish diets; still the figures given as to the amount of ergot it contains appear very much exaggerated, and do not approach the 22.85 grains stated to be consumed by the individual in one day.

Rye bread, according to a very reliable baker (who bakes a large quantity of this bread), only contains at the maximum 15 per cent. of rye meal. There is a coarser rye bread, called "sweet and sour," which contains about 10 per cent. more—that is, under 25 per cent. of rye flour. This is the maximum of rye meal or flour that could possibly be put into any brown bread, as bread containing a larger percentage is neither edible nor presentable. The "sweet and sour" bread is not much used, and it is principally the 15 per cent. bread that is consumed.

Assuming, as in the article referred to above, that half a pound of rye bread is consumed daily, this only represents 5 oz. of flour, of which 15 per cent. is actual rye flour. Of this 15 per cent. 1 per cent. is ergotized, and it therefore follows that the amount of ergot consumed is only 3.45, and not 22.85, grains per day as calculated.

I append the following report of rye bread submitted for analysis:

"I beg to report I have examined the loaf of 'rye' bread received from you yesterday for the possible presence of ergot. I have submitted the bread to a careful chemical and microscopical analysis, and I find it is perfectly free from this poison. I have also examined the rye and wheaten flours from which this bread is made, and I find they contain no trace of ergot or any other poisonous ingredient.—Dr. E. A. Wagstaffe, M.Sc., F.I.C., Analytical and Consulting Chemist, Victoria University, Manchester."

This applies to the bulk of rye bread, and the examples given by your correspondents must have been taken from a very unusual batch of bread.—I am, etc.,

BERNARD HIRSON, L.R.C.P. and S.I.,
Hon. Physician, Home for Aged and Needy Jews, Jewish Home for Incurables.

Manchester, March 4th.

SHOCK AND ABORTION.

SIR,—While "anticipation," "fright," and "shame" are probably contributory causes of the sudden and often fatal shock in cases of criminal abortion, one can hardly feel satisfied that this forms a complete explanation of the condition. Especially does this seem to be likely when it is remembered that only in a very trifling percentage of instances of criminal abortion does a fatal result follow. In the case which gave rise to this discussion, and in the one mentioned by Dr. E. E. Nicholl (BRITISH MEDICAL JOURNAL, February 25th, p. 328), a fluid injection was used, and it seems probable that in both of these the fluid—soap and water in the one case and a disinfectant in the other—on reaching the uterine cavity, was forced through the Fallopian tubes into the peritoneal cavity, thereby causing the profound and fatal shock.

This seems to be borne out by a case which came under my notice in hospital some years ago. A woman, a gynaecological case, in the course of treatment was given an intrauterine injection; immediately after this she became profoundly shocked and collapsed. The only feasible explanation seemed to be that the fluid had reached the peritoneal cavity through the tubes, thereby causing the shock. This explanation was confirmed by her abdominal condition when the shock passed off.—I am, etc.,

T. J. HOLLINS, M.D., M.A.O.

Sandwich, Kent, March 6th.

Universities and Colleges.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on February 22nd.

A resolution was adopted authorizing a variation of the trust deed establishing the Geoffrey E. Duveen lectureship in otology to allow of the establishment of a travelling post-graduate studentship in oto-rhino-laryngology, and of a fund for the promotion of research in those subjects.

The regulations for the first examination for medical degrees (Red Book, 1927–28, p. 245, second paragraph, and Blue Book, September, 1927, p. 212, fifth paragraph) were amended to read as follows:

> Candidates who have been permitted to offer themselves for re-examination in any subject at the first examination for medical degrees may offer themselves . . .

Dr. J. B. Christopherson has been appointed to succeed the late Sir Percy Bassett-Smith as examiner in tropical medicine for the year 1928.

It was reported that the Registrar of the Royal College of Physicians had notified that Sir Wilmot Herringham has resigned, as from March 31st, his membership of the Senate as one of the representatives of the College, and that, in view of the reconstitution of the University, the College did not propose to fill the vacancy.

The ceremony of Presentation Day will be held in the Albert Hall on Wednesday, May 9th, at 3 p.m., and the graduation dinner will take place the same evening at 8 p.m. in the Grocers' Hall, Prince's Street, E.C.

The election of three Beit Fellowships for Scientific Research, of the value of £250, will be awarded on or about July 16th. Forms of application and all information can be obtained by letter only addressed to the Rector, Imperial College, South Kensington, S.W.7.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council meeting was held on March 8th, when the President, Sir Berkeley Moynihan, was in the chair.

Diplomas and Licences.

The diploma of Fellowship was granted to J. S. Fathi, who has attained the prescribed age. Licences in Dental Surgery were granted to 20 candidates. Diplomas in Tropical Medicine and Hygiene were granted jointly with the Royal College of Physicians to 44 candidates.

Court of Examiners.

Mr. H. S. Clogg was re-elected a member of the Court of Examiners at the expiration of his period of office.

Central Midwives Board.

Mr. Victor Bonney was re-elected a representative of the College on the Central Midwives Board for one year from March 31st next.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons this week considered the Air Estimates and Navy Estimates, and had second reading debates on the Local Authorities (Emergency Provisions) Bill and a bill to authorize the totalisator on race-courses. The Representation of the People (Equal Franchise) Bill was introduced by the Home Secretary. It proposes to make electoral qualifications, both parliamentary and municipal, the same for men and women, and it will enfranchise 5,250,000 additional women over 21 years of age. Of these nearly 2,000,000 will be over 30. It does not propose to alter the University franchise. The new register containing the names of the enlarged electorate will come into force on May 1st, 1929, and a general election is to be expected soon afterwards.

At its meeting on March 9th the Parliamentary Medical Committee elected Dr. Drummond Shiels its honorary secretary for the session. The Committee, of which the attendance was small, discussed the Edinburgh Corporation Bill, whose object, as previously explained in these columns, is to authorize compulsory treatment for persons suffering from venereal disease and liable to infect others, and who break off or refuse voluntary treatment. As to the wisdom of the Corporation submitting such proposals to the House of Commons members of the Parliamentary Medical Committee expressed widely divergent opinions, but they agreed on the need to emphasize the essential gravity of the disease and the need to strive for its eradication. The meeting also discussed the Dogs' Protection Bill and the Dogs Bill. The Research Defence Society was reported to be considering possible amendments, but the Committee doubted whether much could be achieved thereby.

Invaliding from the Navy.

Suggested Re-examination of Rules.

In the House of Commons, on March 7th, Sir BERTRAM FALLE proposed a motion declaring it imperative that the Board of Admiralty should re-examine the rules by which the question is determined whether disability is attributable to or aggravated by service in the Royal Navy, and the manner in which these rules are attributed. He pointed out that whether a recruit entered from Greenwich School, or as a boy at 15½, or as a man at 18, he had to satisfy medical, dental, and mental conditions, which, practically speaking, made every man and boy in the navy a "first-class life." Nine out of ten men who went up for examination were not accepted. Once in the navy the youth was well fed and well clothed, but his sleeping accommodation was, for the most part, a metal tank, with no port-holes, and only artificial light. Very often the only ventilation was that forced through by a fan. The fan caused a draught, which men did not like, and it was possible for the fan to be blocked or covered. Hammocks were slung not more than 2½ feet apart, or still closer when a ship was carrying a draft to a foreign station. These were the conditions of a world-wide service. What were the chances of a healthy man avoiding tuberculosis in them? If a man was suffering from incipient tuberculosis he dare not complain, because he knew that if he had that disease he would be discharged, and, if his service were not long, without a pension. If a man had entered since 1921 he must have fourteen years' service, in the event of invaliding, before he got a pension, unless the disease for which he was invalided was admitted by the Survey Board to be attributable to or aggravated by his service, when he got a small pension. In 1920, when there were 124,000 men in the navy, 265 were discharged for tuberculosis, and in only 3 per cent. was it allowed that their cases were attributable to or aggravated by service. Between January and September, 1926, of 154 men dismissed from the navy for tuberculosis alone, service conditions were held responsible in less than 4 per cent. The last return showed 180 cases of tuberculosis, of which 18 were certified to be attributable to or aggravated by service. Before 1914 the President of the Board of Survey was the man's own captain. That gave the rating an advantage he had not got now he was brought before a board of medical officers, however learned. Sir Bertram added that he did not undervalue the ability and self-sacrifice of the medical profession. There was not a naval doctor in the world who would not admit that any doctor might be wrong, particularly a civilian doctor. The sailor had the conviction that if a surgeon was too kind-hearted he soon lost his job, and was sent to some part of the world which was not so pleasant. It was not fair to lay any man under such a suspicion, however mistaken and ridiculous. There must be some kind of appeal for every rating. At present there was one to the Board of Admiralty, but that was too remote, though he instanced cases where appeals had been taken through and had been treated generously. He should like to see a board with a captain (R.N.) executive as president, with at least one naval medical officer on it, and also a civilian of common sense and experience. The board should appoint a civilian doctor of eminence as a referee.

Rear-Admiral BEAMISH seconded the motion. He said that in 1925 2.19 per 1,000 of the men in the navy were invalided for pulmonary tuberculosis, and the death rate was 0.34. In the army in 1926, the nearest year for which he could get figures, the case rate was 0.91 per 1,000 and the death rate 0.12. Among civilians in 1926 the case rate was 1.52 per 1,000 and the death rate 0.17. Two-thirds of the men invalided from the navy for tuberculosis had over five years' service, and more than half of them were over 25 years of age. Men in the navy got tuberculosis at a higher rate than did the officers. Conditions of life in a man-of-war were very bad, so far as tuberculosis was concerned. Men often slept head to toe, with their hammocks touching, in ill-ventilated spaces. Small ships were battened down at sea in bad weather, and even in good weather ventilation was poor. He doubted whether there was anywhere such a wastage of first-class life from disease as in the navy. Until the State understood its responsibility in regard to the health of the people it employed and set up some fund, if necessary on a contributory basis, or some form of insurance, they would continue to inflict hardship on men and officers.

Mr. AMMON, in associating himself with the motion, said that not many years since tuberculosis was almost endemic in the post office, which had the highest rate for death and sickness of any calling in the country. Now it had almost been stamped out by attention to the working conditions. Investigation was needed to see whether that could be done in the navy.

Dr. VERNON DAVIES said members constantly had cases brought to their notice which appeared to deserve consideration from the Admiralty, but which were held to be non-attributable to service conditions. He had received a letter from the First Lord in 1926, in which Mr. Bridgeman said: "Where there is evidence that a man invalided for a particular disease has been exposed to exceptional conditions of the service involving the risk of contracting that disease, this evidence would be accepted as proof of attributability." Dr. Davies remarked that to prove a man had been exposed to exceptional conditions was an exceedingly hard condition to fulfil. It could be decided for accidents and certain tropical diseases. On the other hand, the Admiralty had a good case in refusing to accept as attributable to service some instances of bronchitis or rheumatism followed by heart disease. Tuberculosis was in a different category. In only two instances would the Admiralty acknowledge without hesitation that tuberculosis of the lungs was attributable to service. One was when a man had been nursing tuberculous patients; the other when he had served in a submarine in which a consumptive man had been among the crew. In every other case the Admiralty Board had proved extremely difficult to convince. To say that the case had arisen as the result of exceptional circumstances during a man's service was a matter of opinion. In 1923, 1924, and 1925 not quite 3 per cent. of cases invalided out of the navy were held attributable; that was an exceedingly small percentage. He believed that as the result of questions in that House a committee had been set up to inquire into tuberculosis. It had been sitting for some time, and he thought that as a result the Board of Admiralty was beginning to take not quite so strict a view as it did before. Two years ago he had suggested a scheme of compulsory insurance against tuberculosis. The First Lord of the Admiralty had considered it sympathetically, but the Board of Admiralty had turned it down. When these men were invalided out of the service all that remained for them was the national health insurance, amounting to about 15s. a week for a short time. Then they were sent to a sanatorium, and when they came out they were left to starve and die. If, under a compulsory insurance scheme, one penny a week were deducted from pay, every man, if Dr. Davies's scheme was actuarially sound, would have a pension of £2 a week as long as he lived.

Mr. HORE BELISHA said that each month 5,000 men tried to get into the navy and only 500 succeeded. The principal diseases for which men were invalided out of the navy were those one would expect from the conditions of bad ventilation, bad light, noise, and confinement. They were deafness, weakened eyesight, and chest trouble. A civilian who claimed to have contracted tuberculosis out of his duty could go to a county court. A doctor who was an Admiralty servant, honest though he was, was not the proper tribunal. The place of the doctor was in the witness-box.

Viscountess ASTOR did not believe it possible to prevent a high rate of tuberculosis on a modern man-of-war. In the American navy the rate was also high.

Mr. GROVES cited cases, one of which had been reconsidered after the man's death, on the weight of medical opinion at the London Hospital. He remarked that if British ex-soldiers had a medical grievance they could go before an independent doctor.

Sir GERALD HOHLER said doctors often followed one another like sheep when they gave an opinion. An independent board was required which could decide cases in an atmosphere outside the service and on the best skilled opinion.

Mr. KELLY remarked that the Admiralty must not assume the House was satisfied with the tribunals provided in respect of the army.

and a member of the Branch Council 1911–15. He is survived by his widow, one daughter, and two sons, the younger of whom is in the medical profession. A colleague writes: I remember Marriner on his first coming to Bournemouth. For some time he was in general practice, but afterwards he devoted himself to the Victoria Hospital. He was a keen Volunteer officer for many years. He took an interest in public affairs and in politics, but was not an active participant. His chief characteristic perhaps was his great loyalty to his friends, his hospital, and his regiment.

Dr. WALTER RIGDEN, who died on February 28th at Bournemouth, in his 80th year, was the last survivor of the five sons of the late Dr. George Rigden of Canterbury, of whom four were in the medical profession. After studying medicine at University College Hospital he became M.R.C.S. and L.S.A. in 1870, and graduated M.D.St. Andrews in 1892. Dr. Rigden had been for over fifty years a well-known figure in South Kensington. He practised, until his retirement a few years ago, nearly opposite Brompton Oratory, and had witnessed much of the transformation of South-west London since the sixties. Among his recollections of olden days were those of disorderly scenes at the long extinct Cremorne Gardens (where the big generating station for the electric railways now stands), much frequented by rowdy elements sixty or seventy years since. Dr. Rigden was local honorary secretary for Epsom College for a great number of years, and, in fact, resigned this position only two years ago. He was a loyal and valued member of the council of the Medical Defence Union almost from the foundation of that body. He had also been a member for close on half a century of the Brompton Medical Book Club, and was an old member of the British Medical Association. Dr. Rigden was very highly esteemed by a wide circle, both of professional colleagues and of patients. He was a man whose complete uprightness was transparent to all, and he was always more than ready to do a kind act or help with wise counsel the younger men in his profession. He was twice married, but leaves no family.

Dr. WILLIAM JOHN CUTHBERT WARD, who died at Harrogate at the age of 83 on February 16th, received his medical education at Edinburgh; he obtained the diplomas L.R.C.P., L.R.C.S.Ed. in 1868, and the M.R.C.S.Eng. in the same year. After practising for some time in London he went to Harrogate in 1877, and for thirty years held the post of medical officer of health, retiring when a whole-time appointment was created. For forty years he was surgeon to the Harrogate section of the London and North-Eastern Railway, and medical officer to the Ancient Order of Foresters. His wife predeceased him in 1924; he leaves five sons and four daughters, two sons being in the medical profession.

Dr. THOMAS FAIR HETHERINGTON SPENCE, who died at Peebles on February 20th, was the eldest surviving son of the late Dr. James Spence, professor of surgery in the University of Edinburgh. Dr. Thomas Spence received his early education at Edinburgh Academy, graduated M.B., C.M. at Edinburgh University in 1875, and afterwards acted as house-surgeon to his father. After a period of post-graduate study spent in Vienna he became for a time assistant to his father in the department of surgery, and then settled in general practice in Edinburgh, where he was much beloved by his patients for his kindness of heart. He retired from practice nearly twenty years ago, and went to reside at Innerleithen. Both on Tweedside and at Loch Leven he was a noted angler, and his little book entitled *How to Catch Trout* went through many editions. Dr. Spence is survived by his widow.

Dr. DAVID ROBERTSON DOBIE died at Digby, Lincolnshire, on February 22nd, a fortnight after retiring from practice in Crieff. He was born at Ladykirk and was educated at George Watson's College and the University of Edinburgh, where he graduated M.B., C.M. in 1882, proceeding M.D. three years later. He obtained the diplomas F.R.C.S.Ed. in 1902 and the D.P.H. in 1906. After graduation he spent periods of medical service in Greenock, Cromarty, and Coldstream, and for the past twenty-seven years he had carried on a large practice in Crieff, where he was held in great respect by a wide circle of patients and friends. We mentioned on February 18th (p. 291) a presentation made to him in connexion with his retirement from practice. He had been medical officer of health for Coldstream, and afterwards, while residing in Crieff, he acted in a similar capacity for the burgh of Auchterarder, and took an active part in the establishment of Crieff and District Cottage Hospital. He had had twenty-five years' service in the R.A.M.C. He published articles on typhoid fever carriers and on acute yellow atrophy of the liver. He is survived by a widow, one son, and two married daughters.

Dr. ALEXANDER STUART of Crieff, who recently died, studied medicine at the University of Edinburgh, where he graduated M.B., C.M. in 1892, and obtained the diploma of L.R.C.S.; he proceeded M.D. in 1913. Dr. Stuart was a district parochial medical officer and public vaccinator, honorary medical officer of Crieff and District Cottage Hospital, and medical officer of the post office. His constant unselfishness and devotion to his patients rendered him widely popular in the district. He was a member of the British Medical Association.

Medical News.

THE Robert Jones Medal and Association Prize for 1927 has been awarded by the British Orthopaedic Association to Mr. J. F. Brailsford for an essay on deformities of the lumbo-sacral region of the spine.

DR. E. GRAHAM LITTLE, M.P., will give an address on the future of medical practice—intended more especially for senior students and young practitioners—at a meeting arranged by the Metropolitan Counties Branch of the British Medical Association, to be held at the B.M.A. House, Tavistock Square, London, on Thursday, March 22nd, at 5.30 p.m. Tea and coffee will be served at 5 o'clock. All fourth and fifth year medical students and recently qualified practitioners are cordially invited.

AT the meeting of the Royal Anthropological Institute to be held at 52, Upper Bedford Place, W.C.1, on Tuesday, March 27th, at 8.30 p.m., Sir Arthur Keith, M.D., F.R.S., will give a lecture, illustrated by lantern slides, on the human remains discovered by Sir Aurel Stein in ancient cemeteries of the Taklamakan Desert.

A PROVINCIAL meeting of the Tuberculosis Society and the Society of Superintendents of Tuberculosis Institutions is to be held in the Dunn Laboratory, Oxford, on Thursday, Friday, and Saturday, March 29th, 30th, and 31st. At 2 p.m. on the first day there will be a discussion on lupus and its treatment, under the chairmanship of Sir Farquhar Buzzard. Two discussions will be held on March 30th: on the potentially tuberculous child, at 10 a.m., with Sir StClair Thomson in the chair, and on the treatment of haemoptysis in pulmonary tuberculosis, at 2 p.m., with Professor Lyle Cummins in the chair. The concluding session, on Saturday morning, will be devoted to intestinal tuberculosis, under the chairmanship of Dr. F. R. Walters. The two participating societies will hold their annual meetings at the Clarendon Hotel on the evening of March 29th, and a dinner will be held on the following evening. Non-members who are interested in the subjects of the programme will be welcomed as visitors. The joint honorary secretaries are Dr. J. R. Dingley (Darvell Hall Sanatorium, Robertsbridge, Sussex) and Dr. G. T. Herbert (Tuberculosis Department, St. Thomas's Hospital, S.E.1).

THE Fellowship of Medicine announces that Professor Frederick Langmead will lecture at the Medical Society of London, 11, Chandos Street, on dull and backward children, on March 19th, at 5 p.m. On March 22nd Professor Louise McIlroy will give a lecture-demonstration at the Royal Free Hospital at 5 p.m., and on the same date, but at 6.30 p.m., Mr. Theodore Just will give a demonstration at the Golden Square Throat Hospital. The lecture and the demonstrations are the last of the series arranged by the Fellowship of Medicine for this session, and are free to medical practitioners. A week's course at the Brompton Hospital for Consumption

and Diseases of the Chest begins on March 19th. At the Royal National Orthopaedic Hospital there will be an all-day course from March 19th to 31st, and from March 19th until the 30th the Hampstead General Hospital will provide a late afternoon course, including demonstrations or short lectures in medicine, surgery, and the specialties. There will be no special courses between March 31st and April 16th, but the Fellowship provides a general course of instruction at its affiliated hospitals throughout the year, comprehensive tickets being issued for any period from one week to one year, and special arrangements being made for those limited to part-time work. Full particulars of this course, syllabuses, and specimen copies of the *Post-Graduate Medical Journal* may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE London School of Hygiene and Tropical Medicine is arranging courses in tropical hygiene for laymen as well as for medical practitioners. Inquiries should be addressed to the secretary of the School, Malet Street, W.C.1.

THE congress of the Royal Sanitary Institute at Plymouth, from July 16th to the 21st next, will comprise seven sections —namely, sanitary science and preventive medicine, engineering and architecture, maternity and child welfare, including school hygiene, personal and domestic hygiene, hygiene of food, hygiene in industry, and veterinary hygiene. In connexion with the congress there will be conferences of representatives of sanitary authorities, port sanitary authorities, national health insurance services, medical officers of health, engineers and surveyors, sanitary inspectors, and health visitors. Further information may be obtained from the secretary, the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.1.

THE 155th anniversary dinner of the Medical Society of London was held at the Trocadero on March 8th, with the president, Mr. Herbert W. Carson, in the chair. The toast of the society was proposed in a genial speech by Lord Carson, who declared that no one owed more than he did to the medical profession, but, greatly as he admired doctors, he had seldom seen them at their best as witnesses in courts of law. A difficult problem before both professions was to find a satisfactory definition of lunacy which went further than merely saying that a lunatic was a person of unsound mind. The president, in his reply, spoke of some of his great predecessors in office, and congratulated Dr. Poynton on this year's Lettsomian Lectures. The society, he said, was in a most flourishing condition, 101 new Fellows having joined it in the past year, and the average attendance at the meetings held this session was nearly seventy. The health of the visitors was proposed by Sir John Rose Bradford, who said that the well-merited success of the society depended on its activity in promoting clinical medicine and surgery, and in providing opportunities for medical men to meet one another, sometimes as hosts and sometimes as guests. Surgeon Vice-Admiral Gaskell, in his reply, spoke of the enormous help given by the heads of the civil profession to the Royal Naval Medical Service, and Dr. F. G. Crookshank also responded to the toast in a very entertaining speech.

THE Lord Mayor of London presided over the annual general meeting of St. Mark's Hospital, City Road, at the Mansion House on March 8th. It was stated that since the middle of the last century every Lord Mayor in turn—except one—had been president of the hospital. Sir Charles Batho said that last year was eventful in the hospital's history in consequence of the completion and opening of the new wing. With this enlargement the number of beds had been increased to seventy-two, and an up-to-date cancer research laboratory had been provided. Last year 583 in-patients had been admitted, and the attendances of out-patients (6,440) had been the largest in the hospital's history. He added that St. Mark's was the only entirely free hospital of its type in the world; surgeons came from every part of the world to study its methods of treating diseases of the rectum. Unfortunately there was a balance on the wrong side this year, with an excess of expenditure over income of nearly £700, and a debt of £3,500 on the new wing. The Lord Mayor spoke very highly of the work of the hospital, and said he proposed to pay a visit to it in the course of his year of office, and to bring the sheriffs with him. The Corporation of the City of London had been glad to assist this deserving charity, and would no doubt help it again.

THE March issue of the *Edinburgh Medical Journal* is devoted to tuberculosis, and contains several interesting clinical and pathological articles. Professor Murray Lyon contributes a careful critical account of the use of sanocrysin, summing up on the whole in favour of this form of treatment. Dr. Donald Stewart deals with the examination of the cerebro-spinal fluid in tuberculous meningitis for diagnostic purposes. A report is given of the discussion on ultra-violet therapy arranged by the Medico-Chirurgical Society of Edinburgh last December.

DR. BRIAN B. METCALFE has been returned unopposed to the Cornwall County Council as the member for the Liskeard Division. Dr. Metcalfe is also a member of the Cornwall County Panel Committee and chairman of the South-East Cornwall Division of the British Medical Association.

AT the invitation of the Board of Management of the London Lock Hospital the Minister of Health has appointed a committee to inquire into the administration of the hospital, consisting of the Rt. Hon. Sir John Eldon Bankes (chairman), Dr. John Fawcett, and Mrs. H. J. Tennant. The terms of reference are: To inquire into the management, administration, and staffing of the London Lock Hospital, with special reference to the arrangements for the medical treatment of the patients and to the provision made for the moral, social, and material welfare of the inmates. The proceedings of the committee will be held in private.

WE are asked to state that hospitals situated within eleven miles of St. Paul's desiring to participate in the grants made by King Edward's Hospital Fund for London for the year 1928 must make application before March 31st to the honorary secretaries of the Fund at 7, Walbrook, E.C.4. Applications will also be considered from convalescent homes which are situated within the above area, or which, being situated outside, take a large proportion of patients from London.

THE National Union of Students of the Universities and University Colleges of England and Wales is seeking to secure hospitality in Great Britain for foreign students who are anxious to improve their knowledge of English and who are prepared, in exchange, to give their services as teachers of their own languages. Applications for hospitality for varying periods from Easter onwards have been received from a number of French and German students, all possessing satisfactory credentials, and those interested are asked to communicate with the secretary for Exchange and Tuition Visits, National Union of Students, 3, Endsleigh Street, London, W.C.1.

LADY HUDSON has given a donation of £3,000 to the Westminster Hospital for the perpetual endowment of a ward in memory of the late Sir Robert Hudson, who was treasurer of the institution from 1921 till 1927.

ON behalf of *The British Journal of Ophthalmology* the Cambridge University Press will shortly publish a monograph on *The Development of the Human Eye* by Miss Ida C. Mann, with a preface by Sir John Herbert Parsons and reproductions of 250 original drawings by the author.

WE have received the first issue, dated January, 1928, of *Levante Medico*, a monthly journal published at Murcia in Spain under the editorship of Dr. Juan Antonio Martínez Ladrón de Guevara, assisted by Drs. Fidel Fernández Martínez and Ramón Sánchez Parra. The issue contains original articles on idiopathic cutaneous atrophy by Drs. Barrio de Medina and Nicolas Calvin, a study of rabies by Dr. Ladrón de Guevara, the prophylaxis of trachoma in Murcia by Dr. Eduardo Poveda Pagan, society intelligence, and medical news.

ACCORDING to the returns received from thirty-seven States scarlet fever in the United States of America was more prevalent in 1927 (158,978 cases) than in 1926 (143,159 cases) or in 1925 (135,937 cases).

PROFESSOR JOLLY, who holds the chair of histophysiology at the Collège de France, and is the author of a well-known textbook on haematological technique, has been elected a member of the Académie de Médecine.

DR. ALFONS JACOB, lecturer in psychiatry at Hamburg, has been invited by the Brazilian Government to undertake the establishment of an institute for the study of the anatomy of the brain at Rio de Janeiro, and to deliver a course of lectures on nervous and mental diseases from May to July.

THE second congress of the French societies of oto-neuro-ophthalmology will be held at Marseilles from May 25th to 27th. Papers will be read on vascular spasm by Drs. Bremer of Brussels, Aubaret and Sedan of Marseilles, and Portmann of Bordeaux. Further information can be obtained from the general secretary, Dr. Velter, 38 Avenue du Président Wilson, Paris XVI^{e}.

THE eighth congress of the Italian society of medical radiology will be held at Florence from May 14th to 16th. Further information can be obtained from Dr. Manlio Gambillo, Istituto de radiologia della R. Universita, Via degli Affani 33, Florence.

THE following appointments have recently been made in foreign medical faculties: Dr. Georges Fontés, professor of biological chemistry at Strasbourg; Dr. Hans Reinhard Schmidt of Bonn, professor of obstetrics and gynaecology at Düsseldorf; Dr. Rudolf Klapp of Berlin, professor of surgery at Marburg; Dr. Arnt Kohlrausch of Greifswald, professor of physiology at Tübingen.