

or hydrocyanic acid were present. No mercury, lead, copper, arsenic, or tin were present. No alkaloidal poison could be detected."

In view of the assertion by Pinner as to the relative harmlessness of cresylic acid, and of the statement of the makers of the weed-killer that the toxic action of this substance would be similar to that of carbolic acid and lysol, it seems that in this case, at all events, the toxic effects were not those usually seen in a case of carbolic or lysol poisoning. The symptoms were those of a poison acting on the nervous system—the so-called narcotic action of carbolic acid and its homologues—and this action was probably due to the paracresol. It is evident that emulsified preparations of the tar acids (carbolic homologues) are not necessarily corrosive; if a 75 per cent. emulsion is tested on the lip or tongue the effect is simply a temporary smarting, whereas carbolic or lysol produces burns on even hard skin.

Conclusions.

My object in reporting this case is threefold:

1. To show that cresol or cresylic acid is not the innocuous substance described by Pinner, at all events when taken in a concentrated form as an emulsion on an empty stomach. Under these conditions, when the toxic cresols are present, the rapid absorption of the poison by the stomach has a profound and fatal effect on the nervous system.
2. To suggest that a substance which can have so rapid and fatal a result should be included in either Part 1 or Part 2 of the Schedule of Poisons. At present it can be sold over the counter by any person, provided it is contained in a closed vessel distinctly labelled poisonous, with the name and address of the seller and a notice of the special purpose for which it is intended.
3. To urge that more attention should be paid in textbooks to the toxic action of the cresols on the nervous system. Attention seems to be focused mainly on the corrosive action. This is true of carbolic acid, and of lysol to a lesser degree, but when we deal with the cresols (cresylic acid), the corrosive action is negligible, while the toxic effects on the nervous system are profound.

ERYTHEMA NODOSUM AND ACUTE ENDOCARDITIS FOLLOWING TONSILLITIS:

RECOVERY AFTER TREATMENT WITH ANTISTREPTOCOCCUS SERUM.

BY

A. MARKSON, M.B., CH.B.,
LIVERPOOL.

THE following case seems of sufficient clinical interest to record.

On January 20th I was called to see a girl, aged 22, suffering from acute follicular tonsillitis. A swab taken for diphtheria proved negative, and the patient was given a sodium salicylate mixture. Defervescence with amelioration of symptoms occurred, and by the fifth day the temperature was normal and the throat much better. The next morning, however, the patient was worse, and the temperature had risen abruptly to 102° F. The face was flushed, she was sweating profusely, and she complained of painful spots on the legs, pains in her joints, dyspnoea, and palpitation on moving. Examination of the legs revealed a crop of large, roundish, raised, tense swellings, of the whole thickness of the skin, along the anterior borders of both tibiae. Bright red, glossy, and extremely tender to the touch, they presented the typical eruption of erythema nodosum. The right knee, right ankle, and left wrist were painful, but not swollen. The precordial impulse was increased, the first sound at the apex was roughened, and the second pulmonic sound accentuated. I recalled the association of erythema nodosum with true rheumatism, and accordingly increased the salicylate dose to 20 grains every three hours, combined with sodium bicarbonate. A sedative lotion was also prescribed for the legs. The urine was febrile, and contained a little albumin. During the next few days the temperature ranged between 101° and 103.6° F., and fresh crops of erythematous swellings kept appearing on the legs and thighs. There was now at the apex a soft, blowing, systolic murmur, conducted into the axilla, the second pulmonic sound remained definitely accentuated; and an appreciable increase in the transverse area of cardiac dullness could be detected. There were no rigors, the spleen was not enlarged, and the lungs were clear. Severe pain continued in the joints, and now affected also those of the fingers of both hands, but no arthritis developed. The

salicylates, however, did not influence the temperature nor relieve the joint pains.

On the fifth day following the onset of the erythema nodosum and the endocarditis the patient was still very ill, with no sign of improvement. The temperature was 103° F., and the pulse 120; she was still dyspnoeic, and a fresh crop of swellings had appeared that morning on the right leg. That afternoon I injected 25 c.cm. of polyvalent antistreptococcus serum well under the skin of the flank. The result was almost dramatic. By the next morning the temperature had dropped to 99.6° F., and the pulse to 90; the joint pains had gone, the tension in the erythematous swellings was relieved, and the dyspnoea was much better. From that day no fresh crops of erythema nodosum appeared, and those already present, even the new ones of the previous day, disappeared in five days. On the third day after the injection some peritonsillar inflammation developed (until then the throat had been much better), and the temperature rose from 98.8° to 100° F. I injected a further 10 c.cm. of the serum, and twelve hours later the throat had improved and the temperature was normal. The temperature and pulse have now remained normal for a fortnight, no acute symptoms have recurred, and the girl feels much better. At the time of writing she is being kept in bed a little longer for her mitral condition.

I am aware that the connexion of erythema nodosum with rheumatism, although long debated, is not proved, but there were justifiable grounds in this case for associating the two conditions—namely, the initial tonsillitis, the joint pains, and the endocarditis. In spite of this, however, large doses of the salicylate had no effect. It is well known that tonsillitis can be an etiological factor in acute endocarditis, and, judging from the remarkable effect of the antistreptococcus serum in this case, it is possible that the tonsillitis ushered in a train of streptococcal developments, producing not only the endocarditis, but also the erythema nodosum. The etiology of the latter is still not decided, although Rosenow claims to have isolated a bacillus with coccoid forms. I am convinced that the serum had a decided beneficial effect on the erythema nodosum in my case, and, this being so, there may be here a point of etiological significance in connexion with his theory.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

DIAGNOSIS OF "PLEURAL SHOCK" FROM COCAINE POISONING.

THE differential diagnosis of acute cocaine poisoning and "pleural shock" may be a very difficult matter, as the following report of a case shows.

A dental mechanic was readmitted to Winsley Sanatorium on March 16th, 1928, and, owing to constant bleeding, it was decided to perform artificial pneumothorax, though this was not otherwise required. I ordered a 1/4 grain of morphine to be injected half an hour before the operation, and the patient seemed unduly anxious to know what drug had been employed. When I came for the operation he asked me what local anaesthetic we used, and I told him epinephrine, each cubic centimetre of which contains epinephrine 0.0003 gram, and cocaine hydrochloride 0.02 gram. I thought the question a professional one and treated it as such. He made no comment. The injection of 1 c.cm. was given with the usual small syringe with its corresponding needle, and I "felt" the pleura; since the patient was nervous I paid particular notice to the effect of this, but he did not feel the prick. Wishing to wait for five minutes and to take his mind off the artificial pneumothorax, I talked about the war, in which he had been gassed and had suffered from neurasthenia. He suddenly became faint, and cried out "I am going"; he was at first quite limp and looked like a corpse, then there followed a spasm, the face was drawn to one side with marked stiffening of the left sterno-cleido-mastoid muscle, reminding me of the classical picture of torticollis in the textbooks. The teeth were clenched and grinding, the respirations rapid, the pulse could not be felt at the wrists, and there were only very feeble indistinct heart sounds. I thought the condition was delayed pleural shock. I administered strychnine grain 1/60 on empirical grounds, and after half an hour the whole attack was over. In the afternoon he was much better and told me he had an idiosyncrasy to cocaine; this I verified subsequently.

In his introduction to *Forensic Medicine* Dr. Burridge gives the symptoms of cocaine poisoning as—

"If a poisonous dose has been absorbed the person becomes pale, feels faint, and may fall to the ground. Convulsions followed by unconsciousness may occur. The pupils are dilated and insensible to light. The pulse may be uncountable at first. On recovery the patient complains of diminished sensibility of the hands, etc. In several cases epileptiform convulsions have occurred, followed by death in a few minutes";

and Dr. Clive Riviere the symptoms of pleural shock as—

"The symptoms have appeared as a rule with great suddenness at the moment when the needle is entering or leaving the pleural space. More rarely they come on after an interval of fifteen to twenty minutes, or even after some hours. In a typical case the patient develops a sudden pallor, loses consciousness, and soon becomes cyanosed. The pulse and respiration become irregular, the pupil large, and clonic and tonic spasms of the limbs ensue, or these occur only on the side of the pleural reflex or in isolated muscles. Some patients cry out at the onset."

This indicates the lines of differentiation. There was obviously no question of gas embolus.

Unless the bleeding is excessive I shall not again try to induce an artificial pneumothorax in this patient, and I shall not use a local anaesthetic. I have seen slight pleural shocks in other cases, and a very slight cocaine attack on one occasion. I should appreciate the opinion of experts.

J. D. MACFIE, M.B., Ch.B.,
Senior Resident Medical Officer, Winsley
Sanatorium, near Bath.

OMENTAL CYST IN AN INGUINAL HERNIA.

The following case seems worthy of record for its interest in regard to diagnosis.

A swelling of the left side of the scrotum about the size of a walnut appeared in an infant 6 weeks old. The swelling gradually increased in size, but had remained easily and completely reducible until three weeks before his admission to hospital at the age of 1½ years. The child was then playing on the floor when he screamed suddenly and was unable to get up by himself. The mother noticed a slight fullness in the left groin immediately above the swollen scrotum, and found that she could not now reduce the scrotal swelling. From that time until admission the fullness of the groin continued, but did not increase in size, and the mother was able to reduce the scrotal swelling only slightly. The bowels had been regular. The smooth oval swelling was about the size of a small coconut; it was fluctuant, translucent, and dull on percussion; the scrotal skin moved freely over the swelling. It was easily collapsible on pressure, being reducible by about two-thirds. There was a little increase in the size and tension of the swelling on straining, and the slight fullness of left groin immediately above the scrotum was not reducible.

Diagnosis.—The obvious collection of fluid in the scrotum suggested a congenital hydrocele. Its ready reducibility into the abdominal cavity, however, suggested the presence of fluid in a patent processus vaginalis such as is sometimes seen in the ascitic form of tuberculous peritonitis or in ascites from other causes, but there was no nodular thickening of the tunica vaginalis detectable, nor was there any general abdominal swelling or shifting dullness in the flanks.

Operation.—The left inguinal canal was opened through a left inguinal incision, and the spermatic cord appeared to be more bulky than normal. On incising the large hernial sac a second sac was found within it containing clear dark, yellowish fluid. This sac was readily drawn up into the wound from the scrotum, and, downward traction being made upon it, the walls of the sac were easily drawn down, sliding smoothly through the inguinal incision, and the contained fluid continued to gush downwards from within the abdomen. Traction was continued until the whole sac had been delivered from the abdomen; it was roughly the size of a large coconut, and contained 15 to 20 ounces of fluid. There was a smaller sac, loculated from the main sac in its upper right part, which contained about 2½ ounces of fluid. A small accessory spleen was present on the left wall of the sac near its upper limit. On further investigation of the relations of the large cyst which had thus been delivered through the hernial sac, it was found to be an omental cyst arising from the left border of the great omentum, the lower portion of which had formed the sole contents of the patent, greatly distended processus vaginalis. The cyst was tied and removed by its pedicle at its emergence from the abdominal cavity; the peritoneal hernial sac was also transfixed, tied, and removed, and the gap closed by stitching the conjoined tendon to Poupart's ligament in front of the spermatic cord. The child made an uninterrupted recovery.

I am indebted to Mr. Morley, who operated on the patient, for permission to publish these notes.

Children's Department,
St. Mary's Hospital, Manchester.

SCARLET FEVER: REINFECTION FROM EMPYEMA.

The following case, in which the patient had two distinct attacks of scarlet fever within three months, seems worthy of record.

A boy, aged 6 years, was admitted to hospital on November 8th, 1927, with typical scarlatina of septic type, accompanied by marked dyspnoea. There was a history of six days' previous illness. On admission he had a very marked scarlatinal rash with severe sore throat and typical tongue. Temperature 102° F., pulse 146,

respirations 44. He was given 500,000 units of scarlatinal anti-streptococcus serum. There was marked dullness over the back of the right lower lobe extending to the mid-axillary line, marked dyspnoea, and slight cough. Four ounces of semi-purulent fluid were withdrawn. A further aspiration was attempted the next day without result. Meanwhile, the patient had become cyanosed the rash was not fading, and sores were appearing around the mouth and nares. A further 500,000 units of serum were given.

By November 11th the dullness was quite "stonewall," and bronchial breathing was heard in the upper lobe. Streptococci were found in the effusion which had been removed. The rash faded on November 12th. On the following day a further five ounces of definite pus were removed from the chest, and thoracotomy was decided upon. A left otorrhoea made its appearance. Resection of a rib freed a large quantity of sero-purulent discharge. Desquamation commenced on November 17th. By this time the patient had become very septic; the pneumonia had cleared up, but he was obviously only just holding his own. Hypodermic injections of camphor in oil and rectal injections of glucose were resorted to.

A temporary improvement in the general condition began on November 21st, but was checked two days later by the appearance of enlarged cervical glands on both sides with increase of nasal and aural discharge. About this time the empyema cavity showed evidence of "pocketing," and irrigation with eusol was tried.

It was not until December 5th that any marked improvement took place, but by the end of the month the boy was well enough to run about the grounds on fine days. There was a slight bead of discharge from the sinus on the dressing each morning.

On February 1st the boy complained of sore throat and vomited three times. The temperature went up to 102° F., and a typical scarlatinal rash developed by evening, with slight pharyngitis and a strawberry tongue. A sudden increase of thin watery discharge from the empyema sinus was noticed; and in this discharge were found staphylococcus aureus and haemolytic streptococci. The amount of discharge increased until February 6th, and by the 28th haemolytic streptococci were absent. The rash had gone by the 6th. Desquamation commenced on the 11th. The boy was discharged on March 9th perfectly well, with a small discharging sinus to be dressed by his private doctor.

In this case it would appear that the acquired immunity from the first attack was soon lost, and that the boy actually reinfecting himself from the haemolytic streptococci in his own empyema.

HERBERT E. MARSDEN, M.B., D.P.H.,
Medical Officer of Health, West Lancashire
Rural District.

RENAL ABSCESS FOLLOWING GONORRHOEA.

The occurrence of renal abscess as a complication of gonorrhoea is sufficiently rare to justify the publication of the following note of a case.

A sailor, aged 19, was admitted to the British Military Hospital, Shanghai, on February 2nd, with a purulent urethral discharge containing gonococci. He was put to bed on milk diet, and given irrigations of potassium permanganate (1 in 8,000) twice daily. Eight days later he had a temperature of 99.4° F., and complained of pain in the left lumbar region. His urine was acid and contained much pus with intracellular gonococci, no other organisms being seen. He was given urotropine in 10-grain doses three times a day. On February 19th he was given an injection of 1,000 million gonococci, with little or no reaction. Further injections of 2,000 million and 3,000 million were given on February 22nd and 24th, with almost similarly negative results. Bladder irrigation with 1 in 8,000 oxycyanide of mercury was also prescribed. Pyrexia continued in the region of 101° F. On February 25th a swelling was found in the left lumbar region, with pain and rigidity on pressure. A diagnosis of renal abscess was made and the patient transferred to the General Hospital, where facilities for operation were available.

On March 3rd, under ether anaesthesia, the usual kidney incision was made. This exposed to view a large fluctuating kidney, from which about a quart of cream-coloured pus was evacuated. A large rubber drain was inserted and the wound was closed.

Bacteriological examination of the pus revealed gonococci, and cultivation on blood agar remained sterile, indicating the absence of secondary infection.

The patient's temperature returned to normal within two days, and convalescence was uneventful. Vaccines and urethral irrigations were again employed.

This case merits attention, I think, from three aspects: (1) the rarity of renal abscess as a complication of gonorrhoea; (2) the absence of secondary infection; (3) the question of the pathology. Did the infection reach the kidney by way of the lymphatics, or were the ureteric valves rendered so incompetent by the cystitis as to allow the gonococcus admission that way?

For permission to publish this case I am indebted to Colonel S. Pallant, R.A.M.C., and Dr. F. M. Neild (Admiralty surgeon and agent).

J. K. G. WAY, M.R.C.S., L.R.C.P.,
Shanghai. Surgeon Lieutenant, R.N.

100,000 inhabitants would be impracticable, and so the service could not be a full-time one throughout the country. The building of hospitals and maternity homes had considerable effect on fees, of which Dr. Davies gave examples.

After further discussion the bill was read a second time and sent to a standing committee.

Protection of Dogs Bill.

Sir ROBERT GOWER moved, on April 20th, that the Protection of Dogs Bill be read a second time. He said he had secured a second reading for a similar bill a year ago. Members from almost every constituency had assured correspondents that they would vote for the second reading this year.

Lieutenant-Commander KENWORTHY, in seconding, said he had introduced bills to prevent all living creatures being used for vivisection. He asked the House to give a second reading to the bill. Any necessary safeguards desired by the more reasonable members of the medical profession could be put in in committee.

Dr. GRAHAM LITTLE said the dog was necessary for certain experiments as it was most like the human being in its internal organs and many other parts of its body, more so than the pig.

At this point the House adjourned without any question being put, the hour of adjournment having been reached with the discussion uncompleted.

On April 19th the Marriages (Prohibited Degrees of Relationship) Bill was read a second time.

The Services.

DEATHS IN THE SERVICES.

Major John Drew Moir, R.A.M.C.(ret.), died in London on March 26th, aged 66. He was born in Australia, at Victoria, on September 7th, 1861, and educated at Aberdeen, where he graduated as M.B. and C.M. in 1883. Entering the R.A.M.C. as surgeon on January 31st, 1885, he became major after twelve years' service, and retired on January 30th, 1905. He was employed, when on the retired list, in Fort Efford and Mutley districts from 1907 to 1913. He served in the Sudan campaign of 1885-86, in the Egyptian Frontier Field Force, was present in the action at Ginnis, and received the Egyptian medal and the Khedive's bronze star. He also served in the South African war from 1899 to 1902, in charge of the Princess Christian Hospital and of the 11th Brigade Field Hospital. He took part in operations in Natal and in the Transvaal, when he shared in the relief of Ladysmith, and was present in the actions of Spion Kop, Vaal Krautz, Tugela Heights, Pieter's Hill, and Laing's Nek. He was thrice mentioned in dispatches, in Sir Redvers Buller's dispatches of March 30th, June 19th, and November 9th, 1900, and in the *London Gazette* of February 8th, 1901, and received the Queen's medal with six clasps and the King's medal with two clasps. After his retirement he was in the Reserve of Officers, and when the recent great war began rejoined for duty on August 5th, 1914. During the war he served as president of recruiting boards in London, and afterwards as D.A.D.M.S., and was again mentioned in dispatches; and later as president of the pensions boards for South London.

Lieut.-Colonel William Henry Burke, Bombay Medical Service (ret.), died at Lansdowne, Bath, on February 29th, aged 69. He was born on November 5th, 1858, the son of the Rev. Thomas James Burke of Shepton Mallet, Somerset, and educated at Trinity College, Dublin, where he graduated as B.A. in 1881, M.B. and B.Ch. in 1882, and took the D.P.H. in 1883. After studying also at Vienna he entered the I.M.S. as surgeon on September 30th, 1882, became lieutenant-colonel after twenty years' service, and retired on January 1st, 1910. He served in the Burma war in 1886-87, was mentioned in dispatches in G.G.O. No. 561 of 1887, and received the medal with a clasp. Most of his service was spent in civil employ in the Bombay Presidency, where, for some years before his retirement, he was civil surgeon of Poona, surgeon to the Sassoon Hospital there, and superintendent of the Poona Medical School. After his retirement he rejoined for service in the great war, and served in the Indian hospitals at Brockenhurst and Brighton.

Lieut.-Colonel Edwin William Reilly, Madras Medical Service (ret.), died at Llandudno on December 21st, aged 68. He was born on September 29th, 1859, the son of Edwin Reilly, medical assistant, of Calcutta, and educated in Calcutta and in Edinburgh, where he took the L.R.C.P. and S. in 1881. Entering the I.M.S. as surgeon on April 1st, 1882, he became lieutenant-colonel after twenty years' service, and retired on July 18th, 1907. After retirement he rejoined for service in the great war, and was for some time medical officer of the hospital for officers at Worsley Hall, near Manchester. He served in the

Burma campaign of 1886-88, when he took part in the operations of the 2nd Brigade, was present in the actions at Kypaung and Sabenatha, and received the medal with two clasps. Most of his service was passed in civil employ in the small province of Berar, now amalgamated with the Central Provinces.

Universities and Colleges.

UNIVERSITY OF LONDON. UNIVERSITY COLLEGE.

AMONG the public lectures arranged at University College, London, to take place during the current term is a course of three on "The pharmacological evidence for current methods of treatment," to be given by Dr. J. H. Burn; the first lecture will be on Tuesday, May 1st, and the others on the two following days, all at 5 p.m. A series of three lectures on "Anatomy and the problem of behaviour" will be given by Dr. G. E. Coghill of the Wistar Institute, Philadelphia, at 5 p.m. on May 7th, 8th, and 10th. Professor L. J. Henderson of Harvard is to give six lectures, his subject being "Blood: a study in general physiology"; these lectures will be given on Tuesday, Thursday, and Friday in two successive weeks at 5 p.m., the first being on May 15th. On Friday, June 1st, at 5.30 p.m., Professor Spearman will speak on "The psychologist in the school." All these lectures are open to the public without fee or ticket.

UNIVERSITY OF GLASGOW.

THE following degrees were conferred on April 21st:

M.D.—Muriel J. Brown, *W. C. Harvey, *W. A. Horne, †W. Brown, J. W. Graham, †W. Napier, D. O. Taylor.

CH.M.—D. R. E. Roberts.

M.B., CH.B.—J. S. M. Robertson, †D. Fraser, †R. H. Moyes, †D. R. Milligan, †Constance D. Roberts, J. Aitchison, T. R. Baird, T. Barrowman, C. Black, R. Brown, D. H. W. Cameron, J. M. Carnovsky, W. Craig, Mabel E. Cruickshank, A. F. R. Dewar, W. M. Dickson, Katherine M. Douglas, S. K. Drainer, W. Duncan, S. Dunn, J. G. Dyer, T. Dymock, C. R. Gibson, L. P. Gray, A. Henderson, J. Hinds, Elizabeth C. M. Jack, J. C. Kane, J. G. Kirk, L. Lamont, H. Leslie, P. L. B. Lorcer, Isabella K. A. Macdonald, Janet B. Macdonald, Elizabeth S. McFarlane, Margaret I. McGill, A. I. Maclean, J. C. MacMaster, D. C. MacE. Macpherson, A. H. W. Marshall, W. Marshall, A. Miller, J. W. Montgomery, T. Y. Muir, J. E. Naftalin, Frieda J. Oswald, A. L. Pirrie, J. A. Reddrop, J. F. Reilly, J. Riddell, R. Ritchie, A. B. Robertson, J. L. D. Roy, M. Sragowitz, W. Stewart, G. M. Stirling, C. Taylor, W. S. Thomson, J. B. Tyrrie, D. Wilson, J. N. Wilson.

* With high commendation. † With commendation.
‡ With honours.

The following prizes were also presented to the successful candidates: The Captain H. S. Ranken, V.C., Memorial Prize of £5, awarded to the student who obtained the highest marks in the subject of pathology in the professional examinations held in the year 1927, and the Macleod Gold Medal for surgery to J. F. Heggie; the Macewen Medal in surgery to Margaret W. Thomas; the Asher Asher Gold Medal for laryngology and rhinology to S. J. Scott.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—T. Gilchrist, H. T. Chapman, Agnes Donaldson, A. F. J. C. Chitty, J. T. Erskine, J. E. Mulholland, R. D. Jones, S. K. Kapur, N. A. F. de Soya, H. A. Shakerley, J. Leibman, W. Wallace, M. R. Ramjohn, S. N. Chopra, J. P. Lozan, J. Lees, L. M. Davies, Eileen McCabe, N. Macleod, W. Allan, A. J. de Villiers, A. B. P. Amies, R. D. Buckner, A. El-Sayed Ali Ammar, C. B. Goodwin, T. Kelarkar, H. L. Cohen, C. E. Vaz, B. Singh. *Medicine*: N. S. Fraser, A. Jacorovitch, N. W. Laing, H. W. A. Marshall, H. M. C. de Silva, F. E. L. Stewart. *Surgery*: W. D. Alvis, J. Campbell, H. Gunavathana, H. Lazarus, M. Riffat, C. K. Row, B. Schulman, O. Stern. *Midwifery*: O. Ajibade, A. J. F. Almeida, W. D. Alvis, A. H. F. Arnott, J. Campbell, A. M. Fraser, H. Gunavathana, A. Jacorovitch, K. Kanagasabapathy, N. W. Laing, H. Lazarus, Mary E. J. Magee, A. B. O'Brien, B. Schulman, F. E. L. Stewart, C. K. Row, H. Lazarus. *Medical Jurisprudence and Public Health*: R. D. Allison, I. Campbell, H. Craig, D. P. Dow, T. H. Fairley, F. J. Fell, P. A. P. Fennell, J. R. S. Gupta, D. A. Herd, M. D. D. Jayawardana, J. Kearney, N. Y. Labib, C. L. X. S.-Muturkumar, T. H. Oh, J. B. Reid, C. H. Rowe, W. P. Shand, R. P. Carew-Smyth, I. W. Spence, E. C. Thomas.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—G. E. Bent, A. R. D'Abreu, D. Jacobson, D. K. Reynolds, I. O. B. Shirley, A. E. Vawser.

MEDICINE.—H. B. Blaker, H. T. Ince, H. T. Rylance, W. Ziv.

FORENSIC MEDICINE.—B. Elliott, J. H. Johnston, N. H. Kettlewell, E. A. Lipkin.

MIDWIFERY.—A. E. Gibbs, C. C. F. White.

The diploma of the Society has been granted to Messrs. B. Elliott, H. T. Ince, D. Jacobson, D. K. Reynolds, H. T. Rylance, and I. O. B. Shirley.

Medical News.

SIR BERKELEY MOYNIHAN, Bt., P.R.C.S., will preside at the first annual dinner and meeting of members of the University of London Medical Graduates Society at the Langham Hotel, Portland Place, at 7.15 for 7.30 p.m., on Tuesday, May 8th. Any medical graduate of the University of London can join the society by sending a life subscription of £1 to the honorary treasurer, Mr. W. McAdam Eccles, M.S., 124, Harley Street, W.1.

FOUR Gresham Lectures on the need of change and the medical aspects of the health resorts of England and Wales will be delivered by Sir Robert Armstrong-Jones, M.D., at Gresham College, Basinghall Street, E.C. (three minutes' walk from the Bank Station), on May 1st, 2nd, 3rd, and 4th, at 6 p.m. Admission is free to the public.

SURGEON COMMANDER S. F. DUDLEY, R.N., will open a discussion on the problem of diphtheria control in crowded institutions at a meeting of the Naval, Military, and Air Force Hygiene Group of the Society of Medical Officers of Health on Thursday, May 3rd, at the house of the society, 1, Upper Montague Street, Russell Square, W.C., at 5 p.m.; medical practitioners interested in the subject are invited to attend.

THE Royal Society of Arts, John Street, Adelphi, W.C., has arranged two lectures for Wednesdays, May 2nd and May 9th, at 8 p.m. The first will be by Mr. William Taylor on standardization in apparatus for science teaching, and the second by Captain R. W. Lane on the sterilization of milk.

A CONFERENCE, organized by the Society of Chemical Industry in co-operation with its London section and chemical engineering group and the Institution of Chemical Engineers, will be held in London from May 11th to May 15th. It has been arranged as a practical reply to a friendly challenge by the Earl of Balfour, who recently expressed his apprehension regarding the ability of British chemists to apply scientific knowledge to industry. An interesting series of discussions has been arranged dealing with such important subjects as the economic utilization of coal, water, and air. Fuel problems are, of course, receiving an increasing amount of attention; questions relating to water supply are of great consequence to industry; the fixation of nitrogen from the air and the production of fertilizers therefrom is perhaps the greatest contribution yet made by science to agriculture. Members of the conference will have an opportunity of visiting the Rothamsted Experimental Station. The feature of greatest general interest will probably be the address to be given by Sir Alfred Mond, president of the British Science Guild, on scientific research as applied to industry.

THE Council of the Derby Medical Society has arranged a course of post-graduate lectures on applied physiology to be given at the Derbyshire Royal Infirmary by Dr. W. Langdon Brown, at 3.15 p.m., on Wednesday afternoons from May 2nd to June 6th, both inclusive. The lectures are designed to show the bearing of recent advances in physiology on the clinical work of general practice. Particulars may be obtained from Dr. G. E. Kidman, 134, Osmaston Road, Derby.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that there will be two demonstrations next week, both taking place on Tuesday, May 1st, one at 1 p.m., by Mr. Goulden, at the Royal London Ophthalmic Hospital, and another at 3 p.m., by Dr. H. C. H. Bull, at the Royal Waterloo Hospital; both are open to all members of the medical profession without fee. The special course in psychological medicine at the Maudsley Hospital, as already announced, begins on Monday, April 30th, and on the same day there begins a month's course in dermatology at the St. John's Hospital, Leicester Square. Practical pathological demonstrations will be arranged if desired. Four special courses are due to begin on May 7th, occupying periods of varying duration; they are in diseases of infants, for a fortnight, occupying each afternoon; diseases of the throat, nose, and ear, occupying all day for three weeks; a course at the Central London Ophthalmic Hospital for four weeks, occupying each afternoon; and one in neurology at the National Hospital, Queen Square, lasting for two months. Full particulars and copies of all special course syllabuses may be obtained from the secretary, Fellowship of Medicine, 1, Wimpole Street, W.1., who will also supply information concerning the general course of work, which continues throughout the year.

IN connexion with the University of Liverpool Clinical School ante-natal clinics will be held at the Royal Infirmary on Monday and Thursday mornings at 10.30, and at the Maternity Hospital on each morning, except Saturdays and Sundays, at 11.30. The fee is £2 2s. for three months' attendance.

THE 300th anniversary of the birth of Marcello Malpighi, the founder of histology, was celebrated at Bologna on March 10th.

THE Lord Lieutenant of Berkshire, Mr. J. H. Benyon, will open the new operation theatres of the Royal Berkshire Hospital, Reading, on Tuesday next, May 1st, at 12.15 p.m.

THE Right Hon. W. Ormsby-Gore, M.P., Under Secretary of State for the Colonies, has been appointed a trustee of the Beit Memorial Fellowships for Medical Research in place of the late Sir Arthur Shipley.

A PRELIMINARY meeting of the Committee of Inquiry appointed by the Government to examine the questions raised by the use of tetra-ethyl lead in motor spirit was held on April 20th, when the existing information regarding lead ethyl petrol was considered and the question of procedure discussed. The next meeting of the committee will be held in Room 61, second floor, H.M. Office of Works, St. James's Park, S.W.1, at 11 a.m. on Monday, April 30th, and evidence will then be taken from the Air Ministry and the Anglo-American Oil Company. The proceedings will be open to the public. The duty of the committee is to ascertain whether the use of ethyl petrol is in any way dangerous to health, and any persons wishing to give evidence on this question should communicate with the secretary of the committee, Ministry of Health, Whitehall, S.W.1. The names of the members of the committee were given in the *Journal* of April 7th (p. 615) in a report of the discussion which took place in the House of Lords on March 29th, when Lord Gage announced its composition and described the scope of its investigations.

A TABLET has been erected in St. Mary's Church, Whitechurch, Oxon, in memory of the late Sir Rickman Godlee.

THE Treasury has made an Order under the Finance Act, 1926, exempting from key industry duty anhydrous hydrocyanic acid; lactic acid, which satisfies the requirements of the *British Pharmacopoeia*; metaldehyde; methyl chloride; R. potassium chlorate; and synthalin.

WITH the April issue of the *British Journal of Inebriety* a quarter of a century of publication is completed. The Society for the Study of Inebriety was founded in 1884, and the first number of its *Proceedings* appeared in July of that year. It was continued quarterly until the session 1901-2, when the proceedings were published in a single volume and the *British Journal of Inebriety* appeared for the first time. The present issue contains appreciative notes by Sir Arthur Newsholme, Sir William Willcox, Mr. C. J. Bond, Sir William Collins, Dame Mary Scharlieb, Mr. McAdam Eccles, and many others.

To mark the completion of its fortieth year the *Nursing Mirror and Midwives Journal*, which first appeared in 1888 as a supplement to the *Hospital*, publishes its current issue as a special "birthday number."

THE following appointments have recently been made in foreign faculties of medicine: Dr. A. Schmincke of Tübingen, professor of pathology at Heidelberg; Dr. Wilhelm von Gazen of Göttingen, professor of surgery at Rostock; Dr. Eduard Rehn of Düsseldorf, professor of surgery at Freiburg; Dr. Novoa Santos of Santiago, professor of medical pathology at Madrid.

THE International Labour Office has issued a further set of pamphlets forming part of a series which, when complete, will constitute the *Encyclopaedia of Industrial Health*. Eighty-seven parts have already appeared, and the seven new issues deal with the bakery trade; bleaching; breathing apparatus, respirators, and gas masks; cadmium, carbon bisulphide; carbon tetrachloride; cobalt. Each subject is dealt with in its relation to hygiene, pathology, and social welfare. The entire series will ultimately be published in volume form.

AN interesting account of the existing medical organization in Peking is embodied in a *Medical Guide* issued by the National Medical Association of China on the occasion of its seventh biennial conference there early this year. It is intended ultimately to expand the *Guide* into a complete medical directory for China. The present issue contains lists of medical institutions and of Chinese physicians; with descriptions of the public health organization and teaching institutions in Peking. In spite of the political and financial difficulties progress is being made in the provision of treatment and of educational facilities. There exists at least the framework of a public health service, and the Government maintains at Peking a National Epidemic Prevention Bureau, erected, perhaps with a subtle sense of humour, on a site adjacent to the Temple of Heaven. It appears that the hospitals and teaching institutions in the main are still largely dependent upon non-Chinese support; the Peking Central Hospital, which opened in 1918, is said to be the first general hospital established and conducted by Chinese practitioners on modern lines.