

blood calcium was found to be normal it was doubted whether calcium therapy would be of any use, and this in spite of the work of Wright and Bettman and the observations of numerous other authorities. Herzfeld and Lubowski³ observed hypercalcaemia in 100 patients who suffered from neuralgia, chorea, tabes dorsalis, and chronic enteritis, yet calcium therapy has furnished splendid results in cases of neuralgia. Vergliano, Looft,⁴ and Tschiember⁵ have observed hypercalcaemia in a series of cases of tuberculosis; Loeper and Bechamp⁶ in cases of nephritis, asthma, and pneumonia; Longo⁷ in rickets, and Blum⁸ in a case of osteomalacia. In all these cases, however, calcium therapy would have produced entirely satisfactory results, in spite of the contrary inference from the state of hypercalcaemia.

REFERENCES.

- ¹ Cf. Oscar Loew: *Der Kalkbedarf von Mensch und Tier*, fourth edition, O. Gmelin, Munich. ² *British Medical Journal*, October 29th, 1927. Report of Discussion of the Therapeutic Uses of Calcium Salts, p. 777 et seq. ³ *Deut. med. Woch.*, 1923, p. 603. ⁴ *C. R. Soc. de Biologie*, 1924. ⁵ *Ibid.* ⁶ *Ibid.*, vol. 69. ⁷ *Il Polietnico*, 1910, p. 495. ⁸ *Presse Médicale*, 1922, p. 223.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

PNEUMOCOCCAL PERITONITIS DURING THE PUERPERIUM: RECOVERY.

THE rarity of the occurrence of pneumococcal infections of the peritoneum would seem to justify publication of a case, especially since recovery ensued.

A woman, aged 24, was delivered of her first child on May 16th, 1927. The labour was conducted by Dr. C. Fraser, who simply eased the head over the perineum with forceps, under light chloroform anaesthesia. The labour was otherwise normal, and the placenta was expelled half an hour after delivery.

On May 23rd, seven days after delivery, the temperature rose to 103.2° F., and the pulse rate was 140. On the following day I was called to see her by Dr. Fraser, and gently brushed over the interior of the uterus with a gauze swab on a holder, but found no retained chorion; the uterus had scarcely involuted at all. I injected an ounce of sterile glycerin through a catheter into the uterine cavity, after the manner of Remington Hobbs. The patient was also given 5 grains of quinine bichloride intramuscularly, and 60 c.cm. of polyvalent antistreptococcal serum, since the case looked like a streptococcal infection; but the report by Dr. H. M. Galt on the swab which I took from the cervix was that the film showed Gram-positive diplococci, while from culture were recovered diphtheroids, *Staphylococcus albus*, and a few coliform bacilli.

On May 25th the temperature had fallen to 99.4° F. and the pulse rate to 100, the patient being very comfortable. I contented myself by giving a further 5 grains of quinine and injecting another ounce of glycerin into the uterine cavity. On May 26th in the morning the temperature again rose to 103° F., and the patient complained of severe pains in the lower abdomen. Towards evening the abdomen had become rigid; vomiting had set in, and the pulse was uncountable.

It was obvious that the patient had general peritonitis, and the case looked hopeless. She was given an anaesthetic, and I opened the abdomen, and found the coils of intestine, as also the uterus, tubes, and ovaries, coated with a greenish covering of fibrinous exudate. I let out about two pints of turbid fluid. Three drainage tubes were inserted through the laparotomy wound, one to the right, another to the left, and a third down into the pelvis.

On May 27th her condition was better, although she vomited from time to time. Her pulse rate was 130 and her temperature 101° F. She was pouring out copious fluid through the drainage tubes. Dr. Galt's report of the turbid fluid taken from the abdomen was that the film showed large numbers of pneumococci, while on a tryptic medium an abundant and pure growth of pneumococci was obtained. On receipt of this report the patient was given 10 c.cm. of Pané's antipneumococcal serum.

On May 28th her condition had further improved; she ceased vomiting, her bowels acted, and she began to take nourishment. She was given another 10 c.cm. of Pané's antipneumococcal serum. On May 29th a further dose of the serum was injected; pus was coming freely through the drainage tubes.

From this point her recovery was uninterrupted, although her temperature did not become normal until the end of June. An abscess in the right forearm, which also proved to be pneumococcal, was opened on June 16th. She is now in good health.

I have ventured to report this case since pneumococcal peritonitis during the puerperium is rare. In making a search through the literature I have so far found only one case, although there must have been others, no doubt, where a bacteriological examination was not made. This case is reported by Professor C. Monckeberg¹ of Santiago du Chili. His case was fatal, and differs from mine in that pneumococci were found in the swab taken from the cervix;

¹ *Gynécologie et Obstétrique*, Tome vi, 1922, No. 1.

pneumococci were also found in the mouth of the "sage-femme" who attended the woman in her labour, which may or may not have been the cause of infection. No laparotomy was performed in this case, but the necropsy revealed purulent endometritis, pneumonia, and peritonitis. The pneumococcus was found abundantly in the ascitic fluid, as in my case.

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HAEMORRHAGE FROM THE DEEP EPIGASTRIC ARTERY INTO THE RECTUS ABDOMINIS.

THE following case is of special interest in view of the diagnostic difficulty experienced.

A man, aged 55, was admitted to the Kettering General Hospital with a provisional diagnosis of acute intestinal obstruction. He had continued his work until the morning of the day of his admission to hospital, when he had a sudden attack of pain in the umbilical region; the pain was definitely localized, increasing in severity with each respiration. On palpating the abdomen the left rectus was found to be markedly rigid, and there was also a certain amount of general abdominal rigidity; a definite painful area on pressure was present about the middle of the left rectus. The bowels had acted in the morning before the onset of pain; the abdomen was not distended, and the flanks were resonant. There were repeated attacks of feeling sick, but he was unable to bring anything up. The tongue was furred and the breath foul. The temperature was 98° F., and the pulse 108 (6 p.m.). An enema was given with good results. Operation was postponed, and the patient was kept under close observation. At 2 o'clock the next morning the temperature was 100.4° F., and the pulse 76; pain and rigidity still persisted. At 10 a.m. the temperature was 99° F., and the pulse 80. As the pain and tenderness persisted it was decided to operate. The abdomen was opened in the middle line above the umbilicus, and the middle third of the left rectus was found to be the seat of haemorrhagic effusion with apparently no other pathological lesion. The patient became worse under the anaesthetic, and, although the operation was short, stimulants had to be resorted to twice before he left the table. Death occurred on the fourth day after operation.

At the necropsy the haemorrhage into the rectus was found to have increased. The heart valves were apparently normal, but the myocardium was extremely friable; throughout the arterial system there was what appeared to be an advanced stage of general arterio-sclerosis.

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TINEA INTERDIGITALIS PEDIS.

IN his recent address on ringworm and its treatment Dr. J. M. H. MacLeod mentions (*British Medical Journal*, April 21st, p. 656), among other varieties of ringworm affection, a type of "eczematoid ringworm of the extremities"—otherwise tinea interdigitalis pedis. Without discussing the question of which particular variety of epidermophyton is responsible for this most discomfiting and intractable affection, I desire to question the wisdom of part of the treatment recommended for it by the lecturer—namely, the advice to soften the skin by soaking in salt water or wading in sea water; and perhaps also the choice of medicament.

This affection manifests eczematous characters, and always appears to be readily curable in cold climatic conditions, but recurs somewhat unaccountably in the summer time, or more particularly under tropical conditions of living, when it is then most intractable. Any such conditions which result in undue moisture of the skin between the toes induce a fresh outbreak of symptoms, initiated by intense irritation and followed by vesication, painful fissures, and the appearance of white sodden patches of thickened epidermis between and beneath the toes. Moisture and warmth are the two factors necessary to promote development of this fungoid affection, which seems able to remain unnoticed in the epidermis for months before reappearing. Salt-water bathing is harmful, because it usually leads to moisture remaining between the toes despite careful drying, and sea wading especially so, because in addition it means spreading of the toes, with consequent causation of fissures made needlessly worse than they otherwise might have been. I would certainly dissuade any sufferer from sea wading or walking barefoot on a sandy beach if previous experience had not already made him wise. It has been demonstrated to me that a week's indulgence of sea bathing in the summer can precipitate the reappearance of this affection after

having been entirely absent for many months during the winter, and in spite of the fact that a mildly antiseptic ointment—namely, 2 per cent. yellow oxide of mercury in vaseline—was used between the toes after careful drying, and the socks were sterilized by soaking in lysol solution. I have found that (a) dusting powders used with the idea of drying the skin between the toes are useless to prevent reappearance of this affection, whilst antiseptic powders continually used on sensitive skins lead to irritation, which it is most desirable to avoid; (b) any spirituous preparation, including salicylic acid in spirit, is unnecessarily severe, and, furthermore, aggravates cracking and shedding of epidermis; (c) salicylic acid ointments tend to a similar result.

After an exhaustive trial of many preparations I have found that the most satisfactory medicament is an ointment of 2 to 3 per cent. chrysarobin in vaseline, applied sparingly but often, after careful washing and drying of the toes. It is at the same time essential to excise the top from all vesicles, remove all loose epidermis, and clean up the edges of ulcers. This ointment soothes and softens the irritated skin, maintains its elasticity, precludes the penetration of undue moisture, induces healing without any aggravating effect, and the drug appears satisfactorily to penetrate the epidermis and kill the fungus proliferating in its substance. Moreover, its continued use renders soft and pliable the tough horny skin of the sole of the foot adjacent to the base of the toes, which is very necessary to promote the healing of ulcers, so prone to occur in this area: it seems probable that here also is the source from which there develops a reappearance of the affection months after its apparent cure has been effected.

Liverpool.

HUGH H. SKEOCH, M.B., Ch.M.Sydney.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

LEICESTER AND RUTLAND DIVISION.

NEW DEVELOPMENTS IN PHARMACOLOGY.

In a lecture given to the Leicester and Rutland Division on May 1st, with Dr. E. L. LILLEY in the chair, Professor W. E. DIXON discussed the trend of thought in the art of therapeutics. He deplored the lack of pharmacological initiative and research in this country, as a result of which for many years there had been dependence for new drugs and treatments on Germany, France, and America. He then gave a detailed description of two drugs which had recently come into prominence.

A New Type of General Anaesthetic.

The first, a tribrom-ethyl alcohol, was a new general anaesthetic known by the trade name of "avertin," the action of which had been determined precisely by Straub. It was a solid substance which at body temperature dissolved only to about 3 per cent. in water, but if more concentrated solutions were required it could be employed in a suspended form. To produce general anaesthesia in a patient weighing 11 st. about 10 grams of this substance was administered per rectum; this was rapidly absorbed—indeed, considerably more rapidly than water or saline solution—and the patient was anaesthetized and ready for the surgeon within ten minutes. With this anaesthetic operations had been performed lasting two hours or more without pain or any subsequent discomfort to the patient, and a considerable clinical literature was already available. At first, accidents happened after using it, but since the mechanism of its action had been better understood these had entirely disappeared. The drug after absorption acted on the central nervous system like the commoner anaesthetics, but within a few hours it was completely broken up in the body, the bromine being converted to sodium bromide. With an anaesthetic dose of 10 grams about 11 grams of sodium bromide was produced, and such an amount led to sleep lasting perhaps for thirty-six hours after the operation had been completed. The proportion of bromide excreted depended upon the amount of sodium chloride in the blood, and varied with it; it was well known that under normal conditions when the chloride

was constant the excretion of bromide was very slow, and, after a single dose, could be detected in the urine for several days. It was a simple matter, however, to get rid of this excess. In the case under consideration after the operation had been completed the excess of bromide should be eliminated by increasing the excretion of chlorides; this was effectively achieved by injecting from 5 to 10 grams of common salt, suitably diluted, into the rectum. One objectionable feature of this form of anaesthesia, as indeed of other forms of anaesthesia, was the production of some degree of acidosis. To combat this it was advisable to dose the patient before operation with sodium bicarbonate. The great advantages of this method of producing anaesthesia were obvious. The ease and certainty of producing the desired effect in a short time and for a long period, the absence of discomfort during administration, and the general comfort of the patient for several hours after the operation was completed, were some of them.

Specific Therapy in Septicaemia.

In discussing specific therapy Professor Dixon paid considerable attention to mercurochrome, the sodium salt of mercury dibrom-fluorescein; it contained about 26 per cent. of mercury and 21 per cent. of bromine, and had a molecular weight of 750, which was a molecule so large as to be approximating to the colloidal state in solution. The samples obtainable on the open market varied considerably in their toxicity; many experiments showed that rabbits succumbed to an intravenous injection of 10 mg. per kilo of body weight, but Professor Eyre had stated that he had a preparation which, while possessing therapeutic efficiency, did not kill rabbits in doses of 25 mg. per kilo. The lack of uniformity in many of the experiments with this compound might not be unconnected with this variability. Mercurochrome was non-astringent and non-irritant. Its antiseptic action in the test tube was high; thus *B. coli* and *Staphylococcus aureus* in urine were killed by concentrations of 1 in 1,000 within a minute. This fact had led to the prevalent view that it acted as a cure by directly destroying micro-organisms; this might be true in the case of local infections. Thus it might account for the cure of bladder troubles used in a strength of 1 in 1,000, or for posterior urethral injections (1 in 400), employing a catheter, or for local applications to the vagina in gonorrhoea where sometimes as strong a solution as 1 in 25 was required. Mercurochrome was given, however, mainly by intravenous injection to effect a cure of general infections, and remarkable clinical reports had been published by many different clinicians. Why so large a number of patients were cured after such injections was not understood. It had been suggested that the beneficial results were due to colloidal shock reaction, and in favour of this was the fact that the compound was rapidly excreted by the bile, and that no bactericidal properties were shown by the blood, the bile, or the joint fluids in those cases in which arthritis was a symptom of the infective process. Moreover, occasionally the injection was followed by a sudden rise in temperature, succeeded by a rapid fall and associated with other symptoms of mild shock, as in the gold treatment of tuberculosis. Clearly, then, the element of shock might not be without its significance. The lecturer, however, regarded the bacteriological findings of little importance in appraising its therapeutic value when compared with the findings of the physician. Several substances which produced a cure of specific disease had apparently little direct action on the causal agent. This was true, to mention only one example, for the complex-dye substance prepared by the Bayer Laboratory and by Fournet, which effected a cure of certain forms of trypanosomiasis. Ehrlich at first discarded atoxyl as useless in syphilis because its direct action on protozoa was negligible, though when its curative properties came to be recognized it formed the starting point from which salvarsan was ultimately evolved. Experiments made on animals inoculated with the pneumococcus or anthrax bacillus had shown that mercurochrome produced a considerable percentage of cures—50 per cent. or more—but even these results were not yet conclusive, since, although they had been confirmed, they had also been denied. Clinical reports were more definite and impressive. They

shrewdness and firmness born of knowledge of human nature. Of the esteem in which she was held by her friends and colleagues it is unnecessary to write. This was well demonstrated by the large attendance at the funeral service held in Radnor Park United Free Church, Clydebank, of which Dr. Paterson was an active member. The profession was well represented, and there were present members of both the medical and nursing staffs of the Glasgow public health department.

Dr. HARRY MORTLOCK WALLER, who died suddenly at Nuneaton on May 17th, in his fifty-seventh year, entered the profession late in life, and received his medical education at St. Bartholomew's Hospital, obtaining the diploma L.M.S.S.A. in 1918. He subsequently held a medical appointment under the Ministry of Munitions, and spent several years in the Far East, where he was at one time medical officer to H.H. the late Rajah of Sarawak and to the Sarawak Government, and served for a period as principal medical officer of that territory. On returning to England he practised in various districts—notably in Cheshire, Carnarvon, Nottingham, and Cardiff—and for the last three years had been resident at Nuneaton. He had served as a medical referee under the Ministry of Pensions, and acted for a period as honorary surgeon to the Griff division of the St. John Ambulance Association. A short time ago he decided to retire, and had just completed the disposal of his practice when he had a seizure which proved fatal. Dr. Waller, who was a member of the British Medical Association, is survived by his widow and two daughters.

Universities and Colleges.

UNIVERSITY OF LONDON.

The title of Professor of Experimental Pathology in the University has been conferred on Dr. Archibald Leitch in respect of the post held by him as Director of the Research Institute at the Cancer Hospital, London.

The title of Reader in Pathological Chemistry in the University has been conferred on Dr. C. R. Harington in respect of the post held by him as Lecturer in Pathological Chemistry at University College Hospital Medical School.

Dr. Geoffrey Hadfield has been appointed as from May 1st, 1928, to the University Chair of Pathology, tenable at the London School of Medicine for Women. Since 1919 he has been pathologist, bacteriologist, and clinical pathologist to the Bristol General Hospital.

Dr. Percival Hartley has been appointed as from August 1st, 1929, to the University Chair of Biochemistry, tenable at the London School of Hygiene and Tropical Medicine. Since 1922 he has been on the staff of the National Institute for Medical Research, Hampstead.

Dr. F. D. Turner has been appointed a Governor of the Royal Grammar School, Colchester, and Dr. M. E. Delafield as representative (in respect of University College) at the International Convention of Cancer, to be held in July next.

The Dunn Exhibitions in Anatomy and Physiology for 1928 have been awarded to Mr. J. D. H. Bird of King's College.

Dr. Robert Knox has been recognized as a teacher of radiology at the Cancer Hospital. Probationary recognition has been granted to Mr. G. P. Crowden as a teacher of physiology at University College for a period of two years from March, 1928.

It has been resolved to institute, in accordance with the regulations on University titles, a Readership in Morbid Anatomy and Histology, tenable at the Middlesex Hospital Medical School, and a Readership in Bacteriology, tenable at University College Hospital Medical School.

Dr. W. W. Jameson has been admitted to the Faculty of Science as from January 1st, 1929.

The regulations in the Faculty of Medicine for internal students have been amended by the addition at the end of the first paragraph, under the heading "Second Examination for Medical Degrees, Part II," on page 251 of the Red Book, 1927-28, of the following: "either as an internal or as an external student."

The regulations for the First Examination for Medical Degrees have been amended by the addition of the following paragraph at the end of the section headed "General Biology," on page 243 of the Red Book, 1927-28, and page 218 of the Blue Book, September, 1927:

Candidates will be required to bring to the practical examination note-books containing a record of their previous practical work for inspection by the examiners if desired. These note-books must be certified by the teachers of the candidates as being the actual working note made by them in the laboratory.

Dr. John Fawcett has been elected chairman of the Committee of the Medical Members of the Senate for the remainder of the year 1927-28; Sir John Rose Bradford, P.R.C.P., has been appointed vice-chairman of University College Committee for the year 1928-29.

NATIONAL UNIVERSITY OF IRELAND.

THE following degrees and diplomas in the Faculty of Medicine were conferred at University College, Dublin, on May 12th:

M.D.—G. E. Breen, W. H. B. Magauran.
M.B., B.Ch., B.A.O.—S. J. Savage, G. A. O'Reilly, L. P. Younglao, P. J. Aird, L. Brennan, Fras Carroll, W. E. Chinasing, J. D. Grant, J. A. Henry, M. J. Kevany, W. P. Lappin, J. J. McCarthy, T. S. McDevitt, F. A. McDonald, J. F. S. McLaughlin, M. T. O'Reilly, Maude F. Timony, M. G. Walsh.
D.P.H.—M. J. Sheehy, Kate A. Moran, V. L. Coghlan, Hanora Casey, Josephine Conway, W. R. Cussen, Margaret M. Purcell.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following 25 successful candidates, out of 84 entered, having passed the requisite examinations between January 2nd and 7th, have been admitted Fellows:

Elsie V. Crowe, A. Cumming, F. W. Duthie, P. Garson, B. Gluck, C. D. Gossage, C. Grantham-Hill, G. A. Hardwicke, A. Hobson, L. W. Houghton, C. W. Isaac, J. R. Learmonth, F. I. Lewis, E. O. Lloyd, Beatrice H. Lynn, C. R. McCash, B. L. McFarland, S. McMahon, E. C. Mekie, R. G. Phillips-Turner, F. E. Stayner, S. M. Vassallo, G. I. Wilson, C. L. Walker, J. F. Zohrab.

Bathgate Memorial Prize.

The Bathgate Memorial Prize, consisting of bronze medal and set of books, has, after a competitive examination in materia medica, been awarded to J. I. Meikle.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, IRELAND.

At the spring examinations, held under the conjoint scheme, the following have passed in the examinations noted:

FINAL QUALIFYING EXAMINATION IN MEDICINE, SURGERY, AND MIDWIFERY.—G. F. A. Condon, P. Daly, E. P. Mahood, F. L. G. Malone, R. J. McCloskey, J. F. Power, P. B. Walsh.
D.P.H.—F. J. Ryan.
D.P.M.—G. N. W. Thomas.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examinations indicated:

PRIMARY FELLOWSHIP.—R. L. Forsyth, M. B. Lavery, T. R. Lundy.
FINAL FELLOWSHIP.—D. V. O'Connor.

Medical News.

THE Samuel Augustine Courttauld Institute of Biochemistry of the Middlesex Hospital will be opened on Thursday, June 14th, at 5.30 p.m., when Sir Archibald Garrod will deliver an address.

THE Macalister Lecture before the London Clinical Society will be delivered at the London Temperance Hospital, Hampstead Road, N.W.1, on Thursday, June 7th, at 8.45 p.m., by Sir Berkeley Moynihan, P.R.C.S., on medicine in art. All medical practitioners are invited to attend with friends. Those intending to be present are asked to notify Mr. H. P. Winsbury White, honorary secretary, 51, Harley Street, W.1.

THE next Chadwick Lecture will be given at the Chelsea Physic Garden at 5 p.m. on Thursday, June 7th, by Professor W. E. Dixon on narcotic plants. Sir William Collins will preside. Admission is free. Further information about Chadwick public lectures may be had from the secretary, Mrs. Aubrey Richardson, at the offices of the Chadwick Trust, 204, Abbey House, Westminster.

AN evening reception will be held at the house of the Royal Society of Medicine (1, Wimpole Street, W.1) on Monday, June 4th. The guests will be received by the President and Lady Berry at 8.30 o'clock, and at 9.15 Mr. C. Leonard Woolley will give an illustrated address on recent excavations at Ur of the Chaldees. Objects of interest will be shown in the library, and there will be music and light refreshments.

AT the meeting of the Society for the Study of Inebriety to be held in the rooms of the Medical Society of London (11, Chandos Street, Cavendish Square, London, W.) at 4 p.m. on Tuesday, July 10th, Dr. H. M. Vernon will open a discussion on the scientific control of alcoholism.

THE annual meeting of the Sheffield Branch of the Medical Women's Federation will be held in the Medical Library, The University, Sheffield, on Saturday, June 30th, at 3.30 p.m., when a lecture will be given by Dr. Letitia Fairfield on child guidance, or American methods of dealing with mal-adjusted children. Non-members of the Federation will be cordially welcomed.

THE fifth annual congress of the Incorporated Association of Hospital Officers will be held at the Royal Horticultural Hall, Westminster, on June 1st and 2nd, with Sir Arthur Stanley in the chair. The subjects to be discussed are wireless in the hospitals, including its effect upon patients and the broadcast appeals, and hospitals as centres of education. The annual dinner of the association will be held at the

Hotel Cecil on the evening of June 1st. From May 29th to June 1st, in the Royal Horticultural Hall, there will be a hospitals and institutions exhibition.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on Wednesday, May 30th, Mr. Ogier Ward will give a clinical demonstration in urology at St. Peter's Hospital, at 2 p.m., and that on Thursday, May 31st, at 4.30 p.m., Dr. H. C. Semon will give a clinical demonstration at the Royal Northern Hospital. Special courses will be given in June as follows: at the Children's Clinic and other hospitals a course in diseases of children, June 4th to June 16th; at the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park, a course in diseases of the chest, and at the Chelsea Hospital for Women a course in gynaecology, both from June 18th to 30th; at the West End Hospital for Nervous Diseases, a course in neurology from June 25th to July 21st; a practitioner's course in medicine, surgery, and the specialties at the London Temperance Hospital from June 18th to 30th, in the late afternoon. It may be recalled that the general course of work continues throughout the year and may be begun at any time. Special arrangements are made for part-time study. Full particulars may be had from the Fellowship of Medicine, 1, Wimpole Street, W.1.

A POST-GRADUATE course in genito-urinary diseases, consisting of weekly lectures on special subjects, will be given in June and July at St. Paul's Hospital, Endell Street, W.C.2, whence details may be obtained. No fee will be charged and the lectures are open to any medical practitioners and students who may care to attend. The first lecture will be given on Thursday, June 7th, at 4.30 p.m., and subsequent lectures at the same hour on either Wednesdays or Thursdays until July 26th.

THE annual meeting of the Society for the Relief of Widows and Orphans of Medical Men was held on May 16th, when the annual report and financial statement were presented and the officers were elected for the ensuing year. The annual report showed that during 1927 four members were elected, three died, and one resigned. The society had a total membership of 303, with invested funds amounting to £139,400. The sum of £4,782 was distributed in grants among the fifty-one members and seven orphans, and on December 31st fifty widows and one orphan were in receipt of grants. A subcommittee has been formed to consider the question of membership of the society with a view to its expansion. Membership is open to any registered medical practitioner who at the time of his election is resident within twenty-one miles of Charing Cross. Should he remove outside the radius he nevertheless remains a member of the society, provided he conforms to the by-laws. Further particulars and application forms for membership can be obtained from the secretary of the society, 11, Chandos Street, Cavendish Square, W.1.

AT the annual meeting of the Infants Hospital, Vincent Square, Westminster, on May 21st, it was announced that a big extension scheme, involving an expenditure of £250,000, is to be undertaken. Ground has been acquired adjoining the present site, and it is hoped to commence reconstruction soon. The scheme provides for more than doubling the number of cots available, for creating a new maternity block, for enlarging and modernizing the surgical section, for greatly increasing the out-patient accommodation, and for making new quarters for the nursing staff. Sir Gomer Berry, chairman of the committee of management, who presided, intimated that as a memorial to his wife he proposed to make a gift to the hospital of £50,000, payable over the next seven years, to cover the entire cost of a new maternity block.

THE opening of the extension of the Mildmay Mission Hospital in Austin Street, Bethnal Green, took place on May 19th. Lord Radstock, who presided, recalled the origin of the hospital, saying that more than sixty years ago, when London was visited by a terrible plague of cholera, the Rev. W. Pennefather and a staff of trained deaconesses set on foot in Bethnal Green a work for the benefit of the suffering. The mission then inaugurated was now known as the Mildmay Mission Hospital. It was unique among hospitals in that it had sent out at least 75 doctors and 120 nurses into the foreign mission field, and 350 women had received at the hospital a measure of practical training to fit them for tending the sick at home or abroad. The extension was then dedicated by the Rev. Colin C. Kerr, rector of Spitalfields, and formally opened by Lady Cooper. The x-ray department, which was the gift of Sir H. Percy Shephard, was opened by him. Mr. Herbert S. Shipton, chairman of council of the hospital, said that nobody, except himself, knew how very much was owing to Dr. Henry White, the medical superintendent, and Miss Woodhouse, the matron. The sum which it was necessary to raise for this scheme was £22,764, and up to the previous evening the amount received had been £19,051.

THE report of the National Baby Week Council for 1927 records the various measures employed, with considerable success, by this body in the advancement of the ideals for which it stands. Many of its efforts have been duly noted from time to time as they occurred. The number of baby weeks, health and baby weeks, baby competitions, and other local propaganda activities assisted during the year was 564; an experiment in propaganda work in rural districts, conducted by the Cambridgeshire Federation of Women's Institutes, yielded satisfactory results in spite of the difficulties attending such efforts in thinly populated areas. Film displays, the use of which has been considerably extended, have also proved valuable in bringing home to those interested the need for instructed motherhood. The council's 1928 campaign again provides for the celebration of National Baby Week during the first seven days of July, in the course of which the usual programme of conferences and competitions has been arranged. As in former years, while regarding all aspects of maternity and child welfare as important, the council urges that attention should be given especially to three selected problems. These are: (a) immunization as a means of protecting young children against disease; (b) prevention of maternal mortality, with special reference to ante-natal care and to the provision of maternity homes and hospitals; and (c) new developments in maternity and child welfare work.

THE committee appointed by the Royal Medico-Psychological Association has received very encouraging promises of support for the memorial volume to the late Sir Frederick Mott, and it is hoped that the book may be ready in the early autumn. The title suggested is "Contributions to Psychiatry, Neurology, and Sociology. Dedicated to Sir Frederick Mott by his Colleagues, Friends, and former Pupils." The publication has been entrusted to Messrs. H. K. Lewis and Co., Ltd.

APPLICATIONS are invited by the University of Glasgow before April 1st, 1929, for the Harry Stewart Hutchison Prize of about £50, which is offered for the best original research in a branch of medical science relating to children. The prize is open to medical graduates, of not more than ten years' standing, of all British and colonial universities. Further information with regard to this prize will be found in last week's advertisement columns.

THE Board of Education has published in pamphlet form a list of certified special schools, recognized institutions for the training of the blind and other defective children, and nursery schools in England and Wales. The schools are grouped according to type and arranged in counties, details being given of the accommodation available and the average attendance in 1926-27 in each case. Copies of the list may be obtained from H.M. Stationery Office, price 1s.

THE Cambridge University Press announces for early publication Part II of Professor Joseph Barcroft's work on *The Respiratory Function of the Blood* and a revised edition of Dr. F. D. Drewitt's *Romance of the Apothecaries' Garden*.

INFORMATION regarding the special study tour for medical practitioners to the spas and health resorts of Italy, to which reference was made on May 5th (p. 787), may be obtained from the Italian Travel Bureau, 16, Waterloo Place, Regent Street, S.W.1, where bookings may be effected and all arrangements completed. The tour will extend from September 5th to September 21st, covering a number of places of interest in Lombardy and Piedmont, including the Italian Riviera and the Italian lakes.

THE eighth international congress of dermatology and syphilography, which was to have taken place in 1915, three years after the congress held in Rome in 1912, will meet at Copenhagen from August 5th to 8th, 1930. Further information can be obtained from the general secretary, Dr. S. Lomholt, Raadhuisplads 45, Copenhagen.

THE French league against the venereal peril will hold a congress at Nancy from May 29th to 31st, when the following subjects will be discussed: the history of syphilis, the education of the public, the antisyphilitic dispensary, and organization of means for combating inherited syphilis. Further information can be obtained from Dr. Spillmann, Faculté de Médecine, Rue Lionnois, Nancy.

DR. TAILLENS, professor of diseases of children at Lausanne University, has been nominated Chevalier of the Legion of Honour. Professor Manuel Quintela, formerly dean of the faculty of medicine of Montevideo, has been nominated officer of the Legion.

THE 125th anniversary of the birth of the chemist Justus Liebig, who was born at Darmstadt on May 12th, 1828, is to be celebrated by rebuilding with the original material the house in which he was born, and the addition to it of a museum.

TRACHOMA is prevalent in Tokyo, where there are now over 330,000 cases in a population of about two millions.