

catheter with sponges, so that the alveoli now get the full effect of any excess pressure from the bellows, which must be used, therefore, very lightly. In practice it will be found that as soon as the sponges have been placed in position the pumping of chloroform vapour into the lungs is no longer necessary, as the patient will draw chloroform vapour through the Junker apparatus on inspiration, when the finger is placed over the external hole in the catheter. I therefore remove the bellows from the Junker apparatus, and the patient inspires chloroform or air as desired by the anaesthetist. The anaesthetist must never forget that he now has that which the patient breathes absolutely under his control, just as is the case in the administration of nitrous oxide and oxygen. He has therefore to find out the ratio of air to chloroform vapour required by each patient to keep them in a satisfactory stage of maintenance.

I usually start, when the stage of maintenance has been reached, with three inspirations of chloroform vapour inhaled by the patient through the Junker apparatus to one inspiration of air inhaled through the side opening in the catheter outside the mouth; in other words, the finger is placed over the side opening in the catheter while the patient takes three inspirations of chloroform vapour, and the finger is taken away from the opening whilst the patient takes one inspiration of air. What actually happens when the finger is taken away from the opening, after the three inspirations of chloroform vapour, is that an expiration is the immediate result, followed by an inspiration of air, then another expiration through the opening, and then the finger is again placed over it to permit the three inspirations of chloroform vapour, and so on. This I find is the average ratio of chloroform to air which suffices to keep a patient in the stage of maintenance and in a good condition. Some patients, however, require more air to keep their blood a good colour than others, and, on the other hand, there are some who require a

bigger proportion of chloroform vapour to air to keep them fully anaesthetized. The deeper the anaesthesia the lighter the breathing, and the lighter the anaesthesia the deeper the breathing during the stage of maintenance.

The anaesthetist should keep a constant watch on his Junker bottle, in order that he may note the force with which the chloroform vapour is drawn through. This is a most excellent index of the force and depth of the patient's inspirations. Should the bubbling of vapour through the Junker become light I invariably take this as an indication that the patient requires more air, and accordingly see that he has it.

The advantages of this method are:

1. The maintenance of a perfectly clear airway.
2. The prevention of blood entering the air passages owing to the complete plugging of the throat around the catheter.
3. The absolute control of the amount of anaesthetic inhaled by the patient.
4. The patient inhales at each inspiration, by his own efforts, the amount of anaesthetic or air which the anaesthetist thinks he requires. Pumping by means of the Junker bellows is dispensed with.

This variety of anaesthesia is undoubtedly the best method to adopt in all operations on the upper jaw or nose, and I have not the slightest doubt that anaesthetists who use it will be pleased with the result.

Mr. W. S. Kerr, at whose suggestion the flexible metal catheter was made, and at whose request I have written this paper, is very well satisfied with the results from the surgeon's point of view. My thanks are due to him for suggestions given to me in compiling this paper, and also to Messrs. Mayer and Phelps for making the catheter and adapter.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CONGENITAL HEART-BLOCK.

THE occurrence of two cases of congenital heart-block in one family is so unusual as to deserve being placed on record.

A married woman, aged 21, was delivered of her first child, a female, in 1922. This child has been under my observation since birth; her ventricular heart rate has varied from 40 to 60 beats a minute, and the pulse has always been regular in force and rhythm. During the first few years of life the child lacked energy, and was cyanosed at times, particularly in cold weather; she walked slowly, refused to be hurried, never ran, and was quite content to lie still for long periods. This state of affairs gradually disappeared, and now, at the age of 6, she appears to the casual observer as an ordinary healthy child, able to run about and up hills with no more distress than the average child. There is now no cyanosis. The ventricular heart beat when last noted was 42, and regular in force and rhythm. The cardiac dullness is increased to the left, and the apex beat is in the fifth space, one inch outside the mid-clavicular line. On walking up and down stairs three times the ventricular beat remained regular and did not alter; there was no apparent increase in the cardiac dullness, and the only effect of this exertion was a slight temporary increase in the respiratory rate. The systolic blood pressure is now 115 mm. Hg; I have not been able yet to determine the diastolic pressure in this child owing to the small size of the arteries at her age.

The heart has apparently accommodated for its slow beat by an increase in size and force of beat sufficient for the present for all ordinary purposes, but it would appear wise to conserve energy by avoiding as far as possible undue stress.

Subsequent to the birth of this child two normal boys were born, each at an interval of two years. In March, when examining the mother, who was eight months pregnant, I noted the foetal heart rate was 39; at subsequent examinations the rate varied between 40 and 60. A female infant was born normally on March 17th. Immediately after birth the pulsation of the cord was 63 and slightly irregular, with occasional forcible beats; this soon steadied to a regular even rate of 48. The baby cried strongly; its weight at birth was 7 lb. There are at present no murmurs, no evident enlargement of the heart, and no cyanosis, but the mother states that there were frequent attacks of blueness during the first fortnight. At the age of 1 month the baby is doing well and appears normal, except for the ventricular heart rate.

There have been no miscarriages. The mother suffers from

Mikulicz's disease—a chronic swelling of the parotid glands with occasional severe attacks of swelling of all the salivary glands, for no particular reason, but so severe as to need morphine for the relief of the pain. She is slightly deaf as the result of middle-ear disease in childhood, but is otherwise healthy. The father is normal, except for the loss of a leg, the result of war wounds. There is no history or evidence of any venereal disease, and no history of heart trouble among the relations.

Apparently the development of congenital heart-block, or perhaps the failure to develop normal conductivity, is developmental in origin, and it is pure coincidence that two cases of such a rare disease as congenital heart-block have occurred in the same family.

R. D. AYLWARD, M.R.C.S., L.R.C.P.

Tunbridge Wells.

A CASE OF SOMATIC TAENIASIS.

DR. ROBERT HUTCHISON, on March 3rd, 1928 (p. 335), warned us against diagnosing rarities, but they do sometimes occur, as is shown by the following report of a case of generalized tapeworm infection.

A strong young man became an invalid, his first complaint being severe headache. Malaria was thought of and eliminated, but early pernicious anaemia was considered possible. The patient then said that his fingers and thumbs tingled, and pains ran down his legs; he staggered when he walked. As there was nothing to account for his symptoms he was thought to be malingering, but he then became really ill. His left leg swelled and his temperature rose, but after a few days he recovered. He commenced work, but shortly afterwards had a fit. These fits recurred and were thought to be hysterical, but I doubted this etiology. His speech became hesitating. He looked at times an invalid, but at other times I saw him walking briskly and normally. He then brought to my notice some lumps under his skin, which were tender and about the size of a large pea. I thought that these lumps might clear up the mystery of his disease. I was asked to certify him as insane, but at my examination I discovered he had double vision, and so I decided that the case was physical, not mental, and this despite the fact that he had auditory hallucinations. At length a lump was excised, and examined. The pathologist reported that it was a cyst containing larval worms, probably the cysticercus stage of pork tapeworms.

Thus the mystery was solved; it was a case of visceral cestodes. The rarity of this condition is mentioned in the article on diseases caused by cestodes in Osler's *Textbook*

of Medicine. The diagnostic difficulty was considerable; in one of his "fits" the patient presented the appearance of a case of acute heart failure. Had a lump been examined in 1922, when the patient was in the army, there would never have been any mystery. Probably they were taken for fatty tumours, which, I am told, are sometimes tender.

Kilnhurst, near Rotherham.

C. J. HILL AITKEN, M.D.

PROFUSE HAEMATEMESIS SECONDARY TO AORTIC AND MITRAL INCOMPETENCE.

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

I was called one evening to a boy, aged 16, whom I found rather collapsed. Beside the bed was a pail containing about eight ounces of dark clotted blood. The haematemesis, I was told, had followed exertion; the patient had attempted to push a tram of coal, and immediately felt faint, and later began to vomit blood. He complained of little pain. He had never previously complained of epigastric pain, and had never suffered from discomfort or vomiting after food. I had treated him for aortic and mitral disease, following rheumatic fever. There was no history of haemophilia.

The temperature was 98° F. and the pulse (100) of Corrigan type. Epigastric pulsation was marked. There was no marked tenderness or rigidity in the epigastrium, and no tenderness anywhere. The lungs were clear. The heart apex was in the sixth interspace in the nipple line. A mitral systolic murmur, conducted to the axilla, was heard, and also an aortic diastolic in the second right interspace; it was conducted down, and was heard loudest in the mid-line in the fourth interspace.

During the examination the patient had another attack of vomiting, consisting of dark clotted blood and mucus, amounting to about a pint, and complained of feeling faint. I administered morphine hypodermically, and ordered ice to suck, pending removal to hospital. About half an hour later, in my presence, he again vomited a large quantity of blood (a pint to a pint and a half). Two hours after removal to hospital he vomited six ounces of blood. He was collapsed, the pulse 160, small and thready, the temperature 97° F., and the respiration sighing.

Rectal salines were administered every three hours, morphine hypodermically, and ice to suck. The patient revived a little, but was very restless. Next day he again vomited a small quantity of blood-streaked mucus. The systolic blood pressure was 100 mm. of mercury, and the diastolic 40 mm.; pulse pressure 60. Normal horse serum was injected, with morphine, and salines by the rectum every six hours. On the third day a radiograph was taken, but showed nothing abnormal.

Vomiting ceased after the second day, but the stools remained tarry for eight days after admission to hospital. The patient was given nutrient enemata as long as melaena persisted, and nothing by the mouth except ice to suck. After the eighth day milk combined with barley water and calcium lactate was given, and this was followed later by milk puddings and fish. He had no discomfort. A fractional test meal revealed no degree of hyperchlorhydria.

An uninterrupted recovery followed. The patient was discharged at the end of the third week. Before discharge another radiograph was taken, but nothing was observed apart from slight dilatation of the stomach.

Since discharge the patient has never felt better; he has regained a stone in weight, does not complain of any discomfort, the murmurs have become less marked, and the pulse slower, but still of Corrigan type, yet not so markedly water-hammer as before the haemorrhage occurred.

It may be worth while to mention that a claim was lodged by the patient under the Workmen's Compensation Act, but compensation was not granted.

Cwm, Monmouthshire.

F. O'SULLIVAN, M.B., B.Ch.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

CAMBERWELL DIVISION.

At a meeting of the Camberwell Division of the British Medical Association, held at the St. Giles's Hospital, Camberwell, on April 24th, a discussion was opened by Dr. GUY BOUSFIELD on methods of combating diphtheria.

Diphtheria in Camberwell.

Dr. GRAHAM FORBES gave a survey, illustrated by charts, of the prevalence and incidence of diphtheria in Camberwell* during the ten years 1918-27, dealing particularly with the

* Dr. Graham Forbes last year gave a similar account of diphtheria in Hampstead, a summary of which was published on June 25th, 1927 (p. 1144).

incidence in the elementary schools. Diphtheria notifications in the borough, he stated, numbered 8,120 for all ages in this period, equal to an average attack rate of 3.03 per 1,000 (taking the 1921 census population), as compared with an average attack rate of 2.7 per 1,000 for all London. There were included in this total 2,632 cases under 5 years (attack rate 11.0 per 1,000) and 4,200 cases between 5 and 15 years (attack rate 8.0 per 1,000); for the combined age group under 15 years the Camberwell attack rate was 9 per 1,000, or slightly above the London attack rate for the decade of 8.7 per 1,000.

During the ten-year period the average annual death rate from diphtheria for all ages in the borough was 1.84 per 10,000, the rate for all London being 1.64 per 10,000. The average yearly death rate in the Camberwell age groups under 15 years was 6.2 per 10,000, against 6.0 per 10,000 for all London. In 1923, the year of heaviest diphtheria mortality in Camberwell, the case mortality was as high as 20.6 per cent. among children under 5, being 5.1 per cent. in the age group 5 to 15 years, and 8.2 per cent. for all ages. In 1927 the percentages had fallen to 4.2 in the age group under 5, 2.9 in the age group 5 to 15, and 3.16 for all ages. The year of the heaviest case mortality for all London was 1922, when it amounted to 7.4 per cent.

Incidence among School Children.

Comparing the attack rates in the school population, Dr. Graham Forbes showed that there had been a considerable divergence between the experience of Camberwell and that of London as a whole, but that as a rule the incidence had been higher in the borough. The average annual attack rate in Camberwell schools in the decade was 7.36 per 1,000, as compared with a mean rate of 6.8 per 1,000 for all London. The disease had fallen far more heavily upon children in the infant departments (between 4 or 5 and 6 or 7 years), with an average annual attack rate of 12.45 per 1,000; among children aged 7 to 13 years the average in 1918-27 was 4.69 per 1,000. Among older children the incidence of diphtheria in Camberwell had maintained a fairly constant level, but among infants the attack rate had fluctuated between 6.7 per 1,000 in 1919 and 18.9 per 1,000 in 1926. The steady rise in the school incidence from 1921 to 1926 had been almost confined to the infant departments, where in 1927, although there had been a considerable fall in the incidence for all ages, the attack rate was still at the high figure of 15.38 per 1,000.

Distribution of Diphtheria in Camberwell.

Study of the incidence in the four electoral areas into which the borough was divided, when viewed separately for the ten-year period, helped to focus local outbreaks peculiar to each of the four areas and their occurrence in the different years, as well as to show the extent to which prevalence had varied in each area, corresponding, it had been found, with the degree of population density. Those differences were displayed in the following table, arranged in order of highest school incidence and population density.

School Attack Rates per 1,000 School Population, 1918-27.

Area.	Camberwell North.	Peckham.	Camberwell North-West.	Dulwich.	Whole Boro'.
Yearly average:					
Infants	13.4	13.2	12.5	9.4	12.45
Boys and girls ..	5.3	4.3	4.2	4.7	4.69
Combined	8.2	7.4	7.0	6.3	7.36
Population density*	177	125	120	60	105

* Number of persons of all ages per residential acre.

Dr. Forbes said he need not dwell on the obvious significance of the heavy toll levied among children of the infant departments. The facts spoke for themselves, and pointed to the need for the fuller use of the means of protection at that susceptible period of life such as was being offered to parents at the infant welfare centre in Camberwell. He wished, in conclusion, to endorse the remarks of Dr. Bousfield with regard

of departmental regulations instead. The profession felt that a statutory provision was of much more value to it. The bill would enable a future Minister of Health to make regulations enabling the co-operative societies to start a clinic for eyes, ears, nose, or throat, and then to appoint their own doctors. The medical profession was anxious that the national health insurance scheme should be a success, and recognized that that could only be secured by co-operation between the approved societies, the profession, and the State.

Dr. DRUMMOND SHIELS said the bill did not go far enough. If the Royal Commission suggested a method by which specialist services could be carried out, why did not the Minister of Health seek to carry it out? The Minister had been guilty of lack of courage in not tackling this question. So long as these services were not provided the national health insurance service gave the mass of the population an incomplete and inadequate medical service. In committee the medical members had tried to assure that the wives of approved persons should have, in confinement, adequate midwifery service. At present maternity money payment was, quite naturally, often used for other purposes, and confinements took place without medical or midwifery attendance. The Ministry of Health had in hand schemes dealing with this matter, which the medical members had not pressed on the report stage of the bill because they understood some effort was being made by the standing joint committee to achieve progress in this direction. The problem of maternal mortality was complicated and difficult, but everyone agreed that one thing to be done was to provide adequate midwifery attendance at the time of confinement. Dr. Shiels commented on the fact that dental benefit was not provided until an insured person had been a member of an approved society for five years. By the school dental service a child could get dental treatment up to the age of 14, but then from 14 to 16 and up to 21 there were seven years without an effective dental service. Dental service should be given early. He had made representations to the Minister, and they were being favourably considered. Could the Minister say whether anything had been decided on which would make it possible for young people to obtain attention for their teeth immediately after they became insured persons? The bill showed a tendency to concentrate too much on the financial side of the scheme and on money benefits rather than on providing an efficient and comprehensive medical scheme for the insured person.

Dr. FREMANTLE said that medical members of Parliament looked at insurance bills not in relation to the pockets of the medical profession, but to the health of the community. In preventing disease and reducing sickness the bill of 1911 had not been so successful as was hoped. They had to remember that the insurance bill was watertight, so far as finance was concerned. What the House had to do was to rearrange the distribution of the fund. Members would find that the first seven of the new additional benefits were cash benefits. All through the cash benefit loomed larger than the benefits in kind. (Labour members: Why not?) The original insurance scheme was a balance between financial relief in time of distress and technical treatment for the cure, and still more for prevention, of the causes of that distress. They were glad the Minister had appointed a committee on maternal mortality, but statutory benefit for maternity, which was originally 30s. and no professional attendance, had been increased to an average of 46s. and still no treatment. It was not true that the people who received this money got the best treatment which could be provided. The Government in committee had opposed the proposal that additional medical benefit should be given in professional attendance by midwife or doctor. Those who looked after the health of the community hoped that they would get more of a professional and proper use of the funds of the insurance scheme. In that hope they welcomed the bill.

Mr. JOHN said the Association of which Dr. Fremantle was a member succeeded in removing from the original Act a clause which would have made possible a better system of maternity, specialist, and general medical treatment than was given in the bill. That clause enabled the workers of the country to form medical schemes and to co-ordinate different forms of medical treatment. Schemes in existence—which would be wiped out under this bill—co-ordinated maternity, dental, surgical, and medical treatment. The Medical Aid Society had brought pressure to bear upon the Ministry of Health, and the possibility of co-ordinating these medical services was now being removed.

The bill was then read a third time.

In a reply to Mr. Rhys Davies, on May 23rd, it was stated that in 1927 the amounts of the State grant on the non-cash benefits paid by approved societies in England and Wales were: dental, £438,300; ophthalmic, £53,510; hospitals, £36,760; convalescent home treatment, £15,950; surgical appliances, £9,520; want or distress, £1,610; nursing, £730; providing convalescent homes, £720; repayment of contributions, £220. The total was £559,300, against £226,620 in 1926 and £169,020 in 1925. The State grant for dental benefit in 1925 was £97,150, and in 1926 £185,590; for ophthalmic benefit, £12,860 in 1925 and £25,250 in 1926, and for hospitals £48,760 in 1925 and £37,090 in 1926.

Tuberculous Patients in Small-pox Hospitals.

Mr. CHAMBERLAIN told Dr. Vernon Davies, on May 24th, that twenty-one small-pox hospitals had been used during the past three years for the treatment of tuberculosis, in one case for the summer months only. Tuberculous patients had been removed from these to provide accommodation for small-pox cases. At least three would not again be used for tuberculous patients, alternative accommodation having been provided or being in course of provision.

Dr. DAVIES asked whether Mr. Chamberlain knew that some of the tuberculous patients had to return to their own homes as no

sanatorium accommodation could be provided for them. Mr. CHAMBERLAIN said some disadvantage attached to the use of small-pox hospitals for tuberculous patients, but when it was necessary for these hospitals to revert to their original use every effort was made to find other accommodation for the displaced patients. It was primarily for the local authorities to consider what steps should be taken to avoid some of these patients having to return to their own homes.

Dr. DAVIES asked whether Mr. Chamberlain thought that if the Vaccination Acts were more rigidly enforced he would be able to use some of this accommodation for cases of tuberculosis which were of a more serious nature than cases of small-pox at present.

Mr. CHAMBERLAIN said they could not entirely neglect the possibility of the occurrence of small-pox as to be able to dispense with small-pox hospitals.

Education of Mentally Deficient and Delicate Children.—On May 24th, answering Mr. Hollins, Mr. CHAMBERLAIN said that of the 125 local authorities under the Mental Deficiency Acts 21 had made direct provision of institutional accommodation for mentally deficient children. Others had provided for the accommodation of such children by contracting with the managers of privately owned institutions or with Poor Law authorities. All tuberculosis authorities included in their schemes provision for the institutional treatment of tuberculous children. Education was provided for tuberculous children who made more than a brief stay in a sanatorium, and education and training suited to their capacity was provided for all mentally deficient children while in an institution. Arrangements existed between the Ministry of Education, the Ministry of Health, and the Board of Control for co-ordinating the services in respect of mentally defective, delicate, and tuberculous children. Of local education authorities 2.5 per cent. provided nursery schools, 3.1 per cent. residential open-air schools, 12.9 per cent. day open-air schools, 2.2 per cent. residential schools for mentally defective children, and 23.6 per cent. day schools for mentally defective children. In addition, in areas such as London and Manchester classes attached to public elementary schools had been started more or less on open-air lines for young or delicate children.

Stabilization of War Pensions Rates.—Major TRYON (Minister of Pensions) announced in the House of Commons, on May 23rd, that, although existing rates of war pensions were safeguarded till 1931, the Government was considering the conditions under which stabilization of present rates of all pensions and allowances under Great War Warrants could be effected. Major Tryon hoped to be able to make a full statement before the end of the parliamentary session.

Sheep Dip.—Mr. GUINNESS, replying to a question on May 23rd, said that so far as he was aware there were no Home Office regulations regarding workers engaged in the manufacture of sheep dip or in dipping sheep. No Home Office regulations or instructions were given to persons purchasing sheep dip, the sale of which was governed by regulations made by the Privy Council under the Poisons and Pharmacy Acts. Mr. Guinness summarized these regulations, and added that the Ministry of Agriculture, under the Sheep Scab Order of 1928, required that all packages containing dips must be labelled with a label approved by the Ministry, stating the proportion in which the dip should be mixed and mentioning if it contained arsenic. The Ministry had widely distributed a leaflet advising persons how to use sheep dips.

Notes in Brief.

The Bethlem Hospital Bill, which has passed the House of Lords, was formally read a second time on May 21st and sent to the Committee on Unopposed Bills.

The largest number of ex-service men, excluding those in mental hospitals, in receipt of hospital treatment at any one time during the first quarter of 1928 was 11,400.

On December 31st, 1927, in England and Wales, 14,260,000 persons were entitled to benefit under the National Insurance Acts. Of these, 9,210,000 men and 4,620,000 women were on the registers of approved societies.

Asked about the danger to the civilian population of an escape of phosgene or of other poisonous gases, Sir WILLIAM JOYNSON-HICKS announced that investigations were being made into the storage of gases under pressure.

Nine outbreaks of foot-and-mouth disease occurred during March, four during April, and eleven during the first three weeks of May. Of these, twenty were attributable to local infection from other outbreaks, and the source of the rest remains obscure.

Universities and Colleges.

UNIVERSITY OF OXFORD.

SIR E. FARQUHAR BUZZARD, K.C.V.O., M.D., Regius Professor of Medicine and Student of Christ Church, has been elected to an honorary Fellowship at Magdalen College, of which he was formerly a commoner.

UNIVERSITY OF CAMBRIDGE.

Dr. ALFRED ERNEST BARCLAY, of Christ's College, has been appointed University Lecturer in Medical Radiology and Electrology until October 31st, 1930.

At a congregation held on May 25th the following medical degrees were conferred:

M.D.—E. P. Hicks.
M.B., B.CHIR.—W. J. Moody, H. A. Clegg.

UNIVERSITY OF LONDON. UNIVERSITY COLLEGE.

THE examination for the Bucknill Scholarship (160 guineas) and for two exhibitions (value 55 guineas each) will begin on June 26th. The subjects of the examination are chemistry, physics, botany, and zoology. The scholarship and the two exhibitions are tenable at University College, London. Entry forms may be obtained from the Secretary of University College, and must be in his hands not later than June 9th.

UNIVERSITY OF LIVERPOOL.

THE Council of the University has received with regret the resignation by Professor J. W. W. Stevens of the Sir Alfred Jones Chair of Tropical Medicine, which he has held since 1913.

Medical News.

SIR WILLIAM BEVERIDGE, K.C.B., Vice-Chancellor of the University of London, will distribute the prizes at St. Thomas's Hospital Medical School, in the Governors' Hall, on Wednesday, June 20th, at 2.30 o'clock. Academic dress will be worn, and there will be tea and music on the terrace.

SIR MAURICE CRAIG will take the chair at an "At home" in connexion with the Nurses' Missionary League on Thursday, June 7th, at 3.15 p.m., in the Church House, Great Smith Street, Westminster, when the Bishop of Blackburn will give an address. Invitation cards can be obtained from Miss Richardson, 135, Ebury Street, S.W.1.

THE Section of Urology of the Royal Society of Medicine will hold a special meeting on June 28th and 29th. On the afternoon of the first day there will be operations, at St. Peter's Hospital, and at 8.30 p.m. Professor Jurasz of Poznan will read a paper on movable kidney, to be followed by a discussion. On the second morning special instruments will be demonstrated, and at 2 o'clock there will be operations at St. Thomas's Hospital.

THE National Institute for the Deaf has arranged for a conference of delegates from universities, education authorities, special schools, and welfare societies for the deaf to be held at University College, London, on June 6th, at 2 p.m., with a view to placing the higher education and further technical training of the deaf and dumb on a more effective basis. We referred on September 18th, 1926 (p. 136), to the organization of the National Institute for the Deaf and the facilities then in existence for treatment. Further information may be obtained from the secretary of the Institute, 2, Bloomsbury Street, W.C.1.

THE annual pond life and general microscopical exhibition of the Royal Microscopical Society will be held in the lecture hall at 20, Hanover Square, W., on Wednesday, June 6th, from 7.30 to 10 p.m.

THE Committee of Inquiry on Lead Ethyl Petrol conferred, on May 25th, with Surgeon General Cumming, head of the Public Health Service of the United States of America. Dr. Leake, one of the senior officers of that service, was also present. The extensive researches which have been conducted in America by the Public Health Service and others for the purpose of ascertaining whether there was any risk of lead poisoning by the use of ethyl petrol were fully discussed. A further meeting will be held at the Office of Works, St. James's Park, S.W., on Wednesday next, June 6th, at 11 a.m., to take evidence from Sir William Pope, F.R.S., Professor H. B. Baker, D.Sc., F.R.S., and Professor G. I. Finch. The proceedings will be open to the public.

THE purpose of the eighth World's Dairy Congress, which is to be held in Great Britain this year, is "to effect an international exchange of the latest knowledge of the science and practice of dairying, and of the value of the use of milk and its products in the human dietary." The headquarters of the congress, which has been organized by a special committee in London acting in association with the International Dairy Federation, will be at the Central Hall, Westminster, from Tuesday, June 26th, to Saturday, June 30th, when the main work of the conference sections will be completed. On the following Monday and Tuesday sessions of the congress will be held at Reading, where the University is the seat of the National Institute for Research in Dairying, and the remainder of the week will be devoted to a tour in Scotland. On returning south special arrangements have been made for delegates to visit, on July 10th, 11th, and 12th, the Royal Agricultural Society's Show at Nottingham. Sir George Newman is president of the section concerned with milk consumption, administration, and control, which will meet on June 29th at the Central Hall, Westminster; among the papers are several of interest to those concerned with

dietetics or public health. A special section, meeting at Reading University on Monday, July 2nd, will deal with dairy bacteriological technique, the subject for discussion being the relative values of different methods of testing the cleanliness of milk. Membership of the congress is open to Government official delegates, representatives of local authorities and associations, and others interested. Particulars may be obtained from the organizing secretary, 28, Russell Square, W.C.1.

DR. D. S. DAVIES, who retired recently after forty-two years' service as medical officer of health for Bristol, was on May 24th presented with an oak bureau and bookcase from the members of the staff of the health department. The presentation was made by Dr. B. A. I. Peters, who expressed the hope that their former chief, now that he had retired, would be able to give the medical profession the benefit of his very extensive knowledge of epidemiology. In returning thanks Dr. Davies referred to the development in public health organization which had taken place in his service. At first the only hospitals belonging to the health authority were two wooden sheds close together in a stone yard, one labelled "fevers" and the other "small-pox." When they first built their isolation hospitals there was considerable difficulty in inducing parents to allow their children to go; they thought experiments were going to be made on the children. Tributes to Dr. Davies's work and to his personal qualities were paid by representatives of his former colleagues, lay and medical.

THE Chartered Society of Massage and Medical Gymnastics has published a register of members, covering the period from its incorporation by Royal Charter in 1920 to March this year, and containing the names and addresses of all masseuses and masseurs recognized as such by the society. Additional qualifications—for example, in medical gymnastics, in medical electricity, or as teachers—are noted, and the possession of other qualifications as nurses, midwives, dispensers, etc., is indicated. As a supplement to the alphabetical lists there is a geographical list, giving the names of members under the postal district or place in which they reside. The register is published by the society at 157, Great Portland Street, W.1, price 4s.

THE report of the school of medicine of Shantung Christian University for the year ending June 30th, 1927, contains a short account of the progress of medical education until the end of March in that year, when it became necessary for all British and American subjects to leave. The school of medicine was closed by the authorities, but the hospital was carried on under Chinese management. Plans were well advanced for building a new hospital, but it is thought unlikely at present that the necessary money will be obtained. Emphasis is laid in the report on the importance of including more Chinese medical practitioners on the staff. The medical school was reopened in September, 1927, with twenty new admissions; as well as the majority of the old students, so that the work of training the Chinese in Western medical science is being continued.

A POST-GRADUATE course in malariology will be held in Rome from July to September, which will include excursions to malarial districts. Further information may be obtained from the secretary of the Scuola, R. Clinica Medica, Policlinico Umberto I, Rome.

THE International Congress of Oto-rhino-laryngology will be held at Copenhagen, under the presidency of Professor Schmiegelow, from July 20th to August 1st, when the following questions will be discussed: radical, partial, or palliative operations in suppurative otitis media, introduced by Neumann of Vienna and Tapia of Madrid; septicaemias of pharyngeal origin, introduced by Ferreri of Rome and Offenorde of Marburg; diathermo-chirurgical treatment of malignant growth, introduced by G. Holmgren of Stockholm and Dan Mackenzie of London; anatomy of the ear and its influence on aural suppuration, introduced by J. Mouret of Montpellier, Portmann of Bordeaux, and Wittmack of Hamburg. Further information can be obtained from the general secretary, Dr. Mijeville, Place Vintimille 11, Paris, 9^e.

DURING the first twelve weeks of 1928 more cases of meningococcus meningitis were reported in the United States than were recorded during the corresponding periods of 1926 and 1927, the figures being 1,179, 562, and 698 respectively. The highest prevalence is reported for the Mountain States and the lowest for the South Atlantic States.

AS we go to press we learn with deep regret of the death from yellow fever of Dr. William Alexander Young, director of the Medical Research Institute of the Gold Coast, where Professor Noguchi was working at the time of his death. It is believed that Dr. Young contracted the disease in the course of a necropsy upon Professor Noguchi. We hope to publish an obituary notice in an early issue.