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SUPPLEMENT

CONTAINING

CURRENT NOTES ON THE WORK OF THE ASSOCIATION

REPORTS OF CONFERENCES

MEETINGS OF BRANCHES AND DIVISIONS

THE GENERAL MEDICAL COUNCIL.

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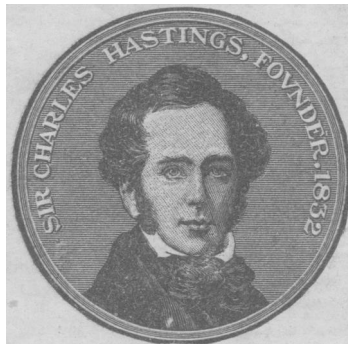
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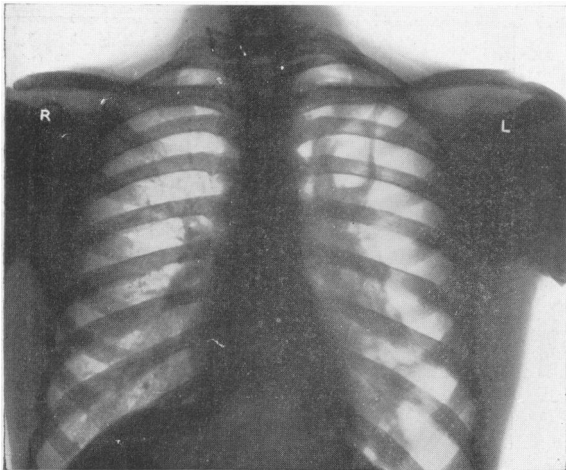


FIG. 1.—Case II : Radiogram showing condition before cauterization.

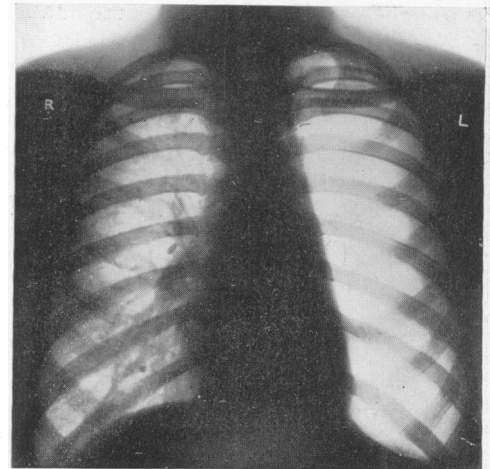


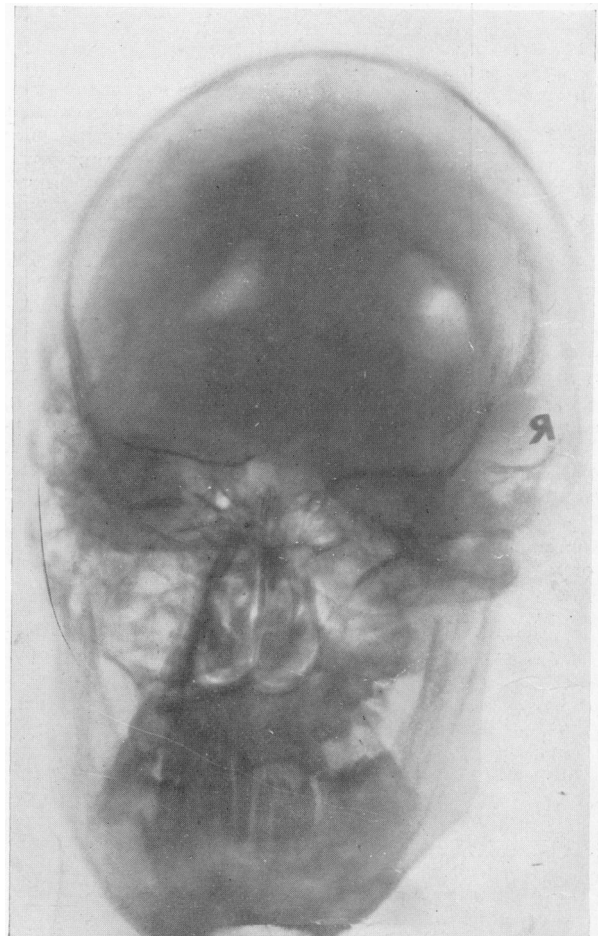
FIG. 2.—Case II : Condition after cauterization.

H. MARTIN GREY: A NORMAL VENTRICULOGRAM.

(See page 15.)



Posterior view of skull, showing anterior horns of lateral ventricles close together, with the third ventricle lying immediately underneath.



Anterior view of skull, showing posterior horns of lateral ventricles widely separated.

SURGICAL TREATMENT OF PULMONARY TUBERCULOSIS.

BY

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(With Special Plate.)

THE two following cases illustrate the value of surgical treatment in pulmonary tuberculosis which has failed to respond to treatment by general methods.

CASE I.

A man, aged 33, was admitted in October, 1927, suffering from very extensive disease in the left lung. The patient obviously had long-standing disease, and had been in bed already for nearly a year before admission here. He was very ill, thin, with a considerable amount of sputum and cough, and thoroughly toxæmic. X-ray examination showed the left lung to be practically opaque, although signs of cavitation could just be detected in the upper lobe. The temperature range was very consistent, always about 100° to 101° F. each evening. Artificial pneumothorax had been attempted in England, but had failed owing to the presence of strong adhesions. It was attempted again here by me, with the same result. The condition of the right lung, although the apex was slightly affected, was very good. As the patient was obviously going downhill, a consultation was called with a view to the advisability of surgical intervention. A plastic operation was decided upon, and on November 4th an extrapleural thoracoplasty was performed in one sitting, under local anaesthesia, parts of every rib being removed.

The patient stood this very severe operation remarkably well, and six weeks after was able to get up and lead a quiet, ordinary life, for the first time for over a year. His condition after four months (March, 1928) was extremely good; he had gained two kilos in weight, and the sputum had almost ceased, what there was being tubercle negative. The temperature range was never higher than 99.2° F. (rectal) at night, and all symptoms of activity had disappeared. The patient returned to England, for urgent reasons, during the summer, and followed his profession (solicitor) in London without any ill effects at all. He returned to Davos in November, 1928, for the winter. His condition is now excellent; he weighs 86 kilograms, as against 73 a year ago. He has steadily improved since the operation.

CASE II.

A man, aged 24, was admitted in January, 1927, suffering from very widespread and active tuberculosis of the left lung, the upper lobe of the right lung being also slightly affected. The family history was particularly bad. With ordinary treatment the disease settled down to a certain extent, but was never really quiescent, and it became quite obvious that it was slowly spreading, and undermining the patient's constitution. An artificial pneumothorax was proposed six months previously, but the patient refused it, being desirous of trying the sanocrysin treatment. He had a course of this treatment with no result one way or the other. At length, in October, 1927, he consented to have an artificial pneumothorax attempted. The induction was a complete success. However, on radiographic examination after the first few fillings, it was seen that the collapse, although complete over the greater part of the lung, and at the base, was hindered at the apex by what appeared to be a strong fibrous adhesion, which was holding open a large lateral cavity. It was evident that this would not give way except by cauterization, and accordingly this was attempted on January 9th, 1928. On examination by the thoracoscope, it was seen that there were actually two large adhesions, one behind the other, each containing numerous small blood vessels. Two or three other thinner adhesions were also present.

The largest adhesion was first dealt with. A trocar was introduced by the side of the thoracoscope, and in order to obviate bleeding—a troublesome and most dangerous complication—a third of the largest adhesion was first coagulated by the diathermic cautery, and subsequently divided by the electric thermo-cautery. This procedure was continued for the middle third of the adhesion, and finally the last part was dealt with, the adhesion thus being completely divided without a single drop of blood escaping. At the same sitting a portion of the second big adhesion was treated in the same way, but, the operation having lasted about three hours, it was decided to complete the procedure at a later date. There was no reaction to speak of. Fillings were given twice weekly in order to provide as much room as possible and to stretch the adhesion, which was a very short and thick one. This and some smaller ones were dealt with a month later, in the same way as previously described, and complete collapse of the lung ensued.

The patient has never looked back, and he has had no complications (fluid, etc.) whatever. He has a filling every month, is in excellent general condition, and has gained many pounds in weight. He has no fever, and no cough or expectoration. I last saw him on November 20th. Fig. 1 shows this case after the induction of the artificial pneumothorax, but before the cauterization. It shows well the holding open of the cavity by adhesions. Fig. 2 shows the condition after the cauterization.

In the first case the ordinary treatment by rest in bed and climatic conditions proved useless, and artificial pneumothorax was impossible owing to the presence of massive

adhesions. In the second case although artificial pneumothorax was performed successfully as regards the greater part of the lung, it was really unsuccessful because of the apical adhesions which held open the large cavity in the upper lobe. This partial collapse of the upper lobe was not only a hindrance to the patient's cure, but was a positive danger, owing to the presence of the widely open thin-walled cavity. In this case the operation of dividing the adhesions was extremely interesting owing to their great thickness and vascularity. The diathermic cautery was used with marked success, there being no bleeding either during the operation or subsequently.

I am indebted to Mr. P. G. Sutton, M.S.R., of the X-Ray Institute, Davos-Platz, for the radiographs.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A NORMAL VENTRICULOGRAM.

(With Special Plate.)

THE case here described may be of some interest from the point of view of showing the normal appearance of the lateral ventricles, and the relationship of the third ventricle to the foregoing in a case of ventriculography.

The patient was a man in early middle life, who was admitted to the Maida Vale Hospital for Epilepsy and Paralysis complaining of headache and convulsions. On admission he was found to have nystagmus of the pupils, but the discs were clear. Examination of the central nervous system revealed the presence of deafness in the left ear, suggesting involvement of the eighth nerve. The tongue was protruded to the left, implicating the twelfth cranial nerve. The Wassermann reaction was negative in both the blood and the cerebro-spinal fluid.

Ventriculography, or the injection of air into the ventricles, was performed under local anaesthesia in the hope that a diagnosis might be obtained as regards the presence or absence of a cerebral tumour. Skiagrams were accordingly taken showing the ventricles anteriorly, posteriorly, and laterally. The anterior and posterior ventricles are alone referred to in this article.

In the anterior view of the ventricles the two anterior horns of the lateral ventricle are clearly seen. They are filled with air, and are closely approximated, with the third ventricle lying below. In the middle line the pineal body can be seen through the third ventricle.

In the posterior view of the ventricles it will be observed that the third ventricle has emptied itself into the lateral ventricles, and only the posterior horns of the lateral ventricles are seen; these are normally situated. The pineal body can be made out to be in the middle line.

I desire to thank Dr. W. Russell Brain for permission to use the clinical notes.

H. MARTIN GREY, M.R.C.S., L.R.C.P.,
Radiologist, Maida Vale Hospital for Epilepsy and Paralysis.

RAPID RECOVERY FROM PLEURO-PNEUMONIA.

THE arrest of lobar pneumonia with pleurisy within thirty hours of its onset seems to be a gratifying achievement and worthy of record.

I was recently called to see a man, aged 55, whom I had attended four years previously with double pneumonia and pleurisy; from this he nearly died, but eventually made a good recovery. On November 1st, 1928, he went for a motor drive in the country and fell asleep on the ground with his coat off. He retired to bed that night feeling perfectly well, but, after a few hours' sleep, he awoke and was very restless. A little later he had a rigor and vomited, and immediately complained of shortness of breath, with a stabbing pain over the lower part of the left side of the chest, laterally and in front. A similar pain was felt over the tip of the left shoulder, and his temperature was 101.4° F. I saw him at 9.30 that morning, when his respirations were short, quick, and painful. He coughed then for the first time and brought up a lump of mucus tinged with bright red blood, the sight of which confirmed his impression that another attack of pneumonia was beginning. Examination revealed signs of consolidation of the left base, diminished vocal fremitus, an impaired note up to the angle of the scapula, diminished air entry, and distant voice sounds; a fine pleuritic rub was heard over this area and extending to the front.

He was ordered hot linseed poultices every two hours, the first of which contained mustard, and cachets four-hourly, containing half a gram each of aspirin and diuretin, and 0.12 gram of quinine. The temperature and pulse rate remained constant all

day; the expectoration was scanty, but each time contained bright red blood. He began to feel rather better, the pain became less, and he sweated profusely, but the lung signs remained about the same. I ordered a Dover's powder for the night, but he did not sleep much and the temperature was 101.5° F. and the pulse 100. At 10 the next morning he felt much better, the temperature had fallen to just below normal, and the pulse was 76; he was hungry and asked for solid food. The signs at the left base were much as before, but there was also a small patch of distant bronchial breathing and bronchophony, with crackling râles about the affected area; the pleuritic rub was still present, but less distinct. The expectoration was now more abundant and bright red intimately mixed with mucus.

From this time he steadily improved, the temperature and pulse remained normal, the bronchial breathing and bronchophony gradually diminished, the crackling râles gave place to redux crepitations, and the lung slowly, but completely, cleared up. The expectoration, however, never became rusty, but remained bright red in diminishing quantity until November 7th, when the cough and expectoration ceased. Similar cachets were given at four-hourly intervals until the temperature dropped, and were continued three times a day until November 7th.

This appears to have been a typical case of lobar pneumonia with pleurisy, the treatment being started within six hours of the onset. The temperature and pulse fell to normal within thirty hours, and the lung signs improved so that the patient was able to leave his bed on November 11th. He was on full diet and enjoyed his food from November 6th.

Valparaiso, Chile.

S. M. WELLS, F.R.C.S.Ed.

FLEXNER DYSENTERY IN A TWO-DAY-OLD CHILD.

IN view of the age of the child this case seems to be of sufficient interest to warrant publication.

A multipara after a normal confinement gave birth to a male child. The boy was perfectly healthy at birth, and was fed on the breast. Forty-eight hours after birth he began to pass loose green stools, which contained mucus and a small amount of pus, and were streaked with blood. The number of stools was not excessive, averaging two or three daily. The temperature remained normal. A portion of stool was plated out on MacConkey's bile salt lactose agar, and gave practically a pure culture of a non-lactose fermenting Gram-negative bacillus. This organism was culturally identical with *B. dysenteriae* Flexner, and was agglutinated to full titre with a polyvalent Flexner agglutinating serum. Under suitable treatment the child made satisfactory progress, and was transferred to the Aberdeen City Hospital.

The mother was regarded as the most likely source of infection, and a rectal swab was examined for the presence of dysentery organisms; *B. dysenteriae* Flexner was easily isolated. The mother had no symptoms of dysentery, and, owing to the fact that she was suffering from puerperal insanity, no history of a previous diarrhoeal condition could be elicited. She was suffering from hallucinations and delusions of persecution, and was transferred to a mental hospital.

We are indebted to Professor McKerron for permission to publish this case.

J. C. KERRIN, M.B., Ch.B., D.P.H.,

Department of Bacteriology, Aberdeen University.

J. M. GILL, M.B., Ch.B.,

Resident Medical Officer, Maternity Hospital, Aberdeen.

TWIN ABORTION FROM A UTERUS DIDELPHYS.

THE following details illustrate the point that, in the country, the inaccessibility of such instruments as one does not happen to be carrying when called in may sometimes render rather mystifying an otherwise relatively straightforward case.

A married woman, aged 26, whose periods had been regular till May 8th, and ceased from this date, had pains on September 15th; a carneous mole came away two days later. The bleeding after this was not at all excessive, and the pains ceased until, early on September 20th, far more severe pains than before set in; the patient became increasingly upset and exhausted, although there was scarcely any additional bleeding. Digital examination revealed a closed os, and when this was sufficiently dilated to admit a finger the walls of the uterus felt smooth and normal so far as they could be reached. Violent bearing-down pains, however, continued. A rectal examination showed that the uterus was somewhat retroflexed, and caused a brownish discharge to pass from the vagina. On a second vaginal examination the finger entered a dilating os, and at once felt membranes presenting. After the earlier negative examinations this seemed rather puzzling, but no speculum was available nearer than my surgery some miles away. A dead foetus of about three months' gestation was delivered with its membranes.

A speculum was now obtained, and displayed a septum dividing the vagina from a little above the vulva and the uterus into anterior and posterior positions. It was sufficiently flaccid in the vagina to fall against the normal vaginal wall, and thus allowed the finger to pass sometimes into the empty anterior uterus from which the mole had been expelled and sometimes into the posterior uterus in which pregnancy had advanced two months or so further.

Penzance.

R. T. BANNISTER, M.B., B.S.Lond.

AN UNUSUAL TUMOUR.

THE following account and illustration of a tumour of uncommon appearance may be of general interest. I should be interested to hear of any similar cases and their diagnoses.

A Basuto woman, aged 66, came to me for treatment for a large "swelling." On examination I found a huge tumour mass on the left side of the chest. The whole mass was dependent from the left supraclavicular region, where it was attached to the body by a comparatively narrow "neck" of skin.

The illustration gives an idea of the size and shape of this tumour. In consistency it was soft, almost fluid, and seemed to have fibrous bands running through it in a longitudinal direction. It was covered by loose skin, which in places had broken down, and there were several old scars at the most dependent part. Over the surface there ran large veins, which were varicose.

The patient stated that the tumour began as a small swelling in 1917, and had grown steadily since then. It gives rise to no pain, but the sheer bulk makes it unsightly and oppressive. I tried to persuade the patient to have the mass removed, but so far she has not come forward for operation.

My own provisional diagnosis is that it is a lipoma, but I should be glad to have the opinion of others with a wider experience.

Buchanan Medical Mission,
Qumbu, South Africa

R. L. PATERSON, M.B., Ch.B.



AN UNUSUAL CASE OF DIPHTHERIA.

THE following case illustrates, not only a curious type of diphtheria, but also the importance of confirming the diagnosis of laryngeal swellings by scientific methods before undertaking an operation or embarking upon a definite line of treatment.

A healthy-looking man, aged 55, came to see me because he had been suffering from hoarseness of the voice for five weeks. This he attributed to public speaking, since he had never felt ill.

On examination of the larynx by the indirect method his left vocal cord was found to be swollen and irregular about its centre. This swelling was white, and of the same shade of colour as the rest of the surface of the vocal cords, which were normal. His upper air passages were otherwise healthy, and his doctor could find no signs of disease in other organs. A diagnosis of intrinsic carcinoma of the left vocal cord was made. I decided to confirm this by removing a piece for section before performing the operation of laryngo-fissure for the removal of a growth which appeared to be in a favourable position for easy and complete eradication.

Accordingly, a few days later, under a general anaesthetic, I removed a piece of the growth by the direct method with Paterson's forceps. On section this specimen was reported to be old-standing diphtherial membrane.

London, W.1.

H. MORTIMER WHARRY, F.R.C.S.

Reports of Societies.

A PARASITIC MONSTER.

At a meeting of the North of England Obstetrical and Gynaecological Society in Liverpool, on December 14th, 1928, with the president, Mr. LEITH MURRAY, in the chair, Miss K. EDGECOMBE (Liverpool) showed a parasitic foetus removed from a female child; the patient had been apparently normal until the age of 6 months, at which time a swelling developed in the left groin, and grew rather rapidly during the next two months. There were no definite symptoms and no cachexia. Congenital sarcoma of the kidney was diagnosed, and the tumour was removed, but the child died of shock a few hours later.

The incision showed a cystic tumour lying behind the peritoneum, between the spleen and left kidney and below the pancreas. A considerable amount of mucoid fluid was removed by puncture, and the cyst was found to contain a partly developed foetus.

The foetus consisted essentially of two well-formed lower extremities, pelvis, and buttocks, three rudimentary upper extremities; and a face, the cranium being deficient. The whole foetus was covered by skin and vernix caseosa. The lower extremities were complete, showing feet, legs, thighs, and buttocks. The left foot had five toes with five nails, the second and third toes being fused; the right foot had four toes with no nails. The legs were flexed at the knee-joint and crossed, with the right leg on top of the left. The buttocks and nates were well formed, a dimple

be free to practise medicine and/or surgery with impunity. Such is the law as it stands, and it is well that the issue should be clearly stated and understood.—I am, etc.,

Tunbridge Wells, Dec. 31st, 1928.

W. E. HEMPSON.

SECURITY OF TENURE IN PUBLIC POSTS.

SIR,—I have been asked, as the writer of the first letter on the above subject, to make some remarks on the letters that followed. The consequences of insecurity are so widespread that any discussion must traverse regions apparently foreign to the subject. I can only deal at present, therefore, with the general aspects presented.

Readers will have noticed that whereas the two writers who acquiesced in the *status quo* signed their letters, three of the four who criticized it did so anonymously; a course doubtless distasteful, but thought necessary because of insecurity in their posts. One may suppose this feeling stifles in others also that frank expression of opinion so necessary for progress in any field of endeavour. A medical contributor to a contemporary, who abstracted my letter into its columns, stresses this point.

Under the present state of insecurity large bodies of doctors engaged in work of the utmost importance to the community are perforce inarticulate. They cannot unite in defence of their interests or betterment of their position. This is a grave situation which the British Medical Association cannot continue indefinitely to ignore. The importance of their work is known to all. Taking a minor branch mentioned in several of the letters—namely, the asylums, we find there are over 130,000 mental patients in public institutions in England and Wales alone. There are roughly 100 public asylums, with probably 450 doctors employed, of whom say 350 are subordinate and inarticulate. £8,000,000 of public money is spent annually on these asylums, the entire administration of which is deputed to the medical superintendents. Since each superintendent starts as an assistant medical officer, the training, habits of mind, and traditions of the subordinate medical staffs are essential factors in the welfare of the service as well as of their patients. Moreover, from the medical superintendents are chosen the medical members of the Board of Control—the official advisers of the Government in all that concerns the mentally ill of the nation.

"M.B." sees a connexion between insecure tenure and the rather low status of the assistant medical officer. This is a reflection on a devoted body of brethren working under conditions that smother initiative and professional enthusiasm. But there are grounds for his assertion. Again, taking the asylum doctors as a test, we find that the qualifications and records of original work possessed by the average medical superintendent do not compare with those of his "opposite numbers," the specialists of the big general hospitals. British alienism has not brought forth a Lister or a Jenner; if we would meet their compeers we must go to Austria, to France, to Germany, to Italy. It is a disturbing thought that inspires the question "Have we been rearing our young asylum doctors on the correct lines"? Even if we apply the test to the members of the central body itself we find (with one praiseworthy exception) little to suggest eminence. With regret we fail to find the D.P.M. attached to a single name. This, the simplest specialistic qualification in psychiatry, should be compulsory for every doctor in charge of the insane. It corresponds to the D.P.H., compulsory for years past on medical officers of health. Insecurity of tenure and the evils arising from it, cause promising men to avoid these national services. But the State has a claim to the best brains in the profession, and the conditions should be such as will attract them. How sad it is they fell into the hands of petty parochial bodies, and thus lost all co-ordination!

The Association may regard the subject from the standpoint of the material prosperity and comfort of the medical man, or with the more altruistic objective of the national health. In either case it has here the chance of performing a great work by raising the status of these services. As a first step let it take legal advice, and draw up a

provisional form of agreement ensuring adequate security of tenure to every pensionable doctor. Then let it enforce this by refusing advertisements from authorities who decline to conform.

The greatest evil of the present position is that secret charges, which he has no means of discovering, and which result in the instant loss of his post and pension, can be made against a doctor. This may occur even if he has served more than the statutory number of years necessary to entitle to a pension. He is removed by "termination of the appointment," which is not "dismissal" in law; thus he can take no steps to defend his good name and professional reputation. This should be made impossible. The known existence of this Cheka-like machinery of repression, even if never used, is harmful alike to management and staff of an institution. It is easy to show that it is antiquated and father to a multitude of evils, and when this is done the case for a move on to a system more in consonance with the spirit of the times and the dignity of our profession is practically completed.—I am, etc.,

Wedmore, Dec. 2nd, 1928.

H. C. McMANUS.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examination indicated:

FINAL B.M., B.Ch.—(*Medicine, Surgery, and Midwifery*): A. R. Bowtell, S. B. Davis, R. M. J. Harper, A. G. Hill, R. G. Macbeth, D. C. Shields, Margaret A. L. Herbertson, Joyce Wright. (*Materia Medica*): P. M. F. Bishop, J. F. Brock, J. M. L. Burtenshaw, E. C. Croaker, W. J. Cotton, R. F. Lomax, R. L. H. Town end. (*Pathology*): A. H. Bateman, F. Bell, J. F. Brock, J. L. Clapham, A. Guiradham, M. A. Hatt, J. C. Leedham-Green, W. H. McMenemey, J. C. Neely, J. N. O'Reilly, R. S. B. Pears, B. T. Squires, Anne D. M. Adams, Olive M. Capper-Johnson, Amy C. E. Clarke, Victoria M. Robinson. (*Forensic Medicine and Hygiene*): H. R. J. Donald, J. A. E. dy, R. G. Macbeth, H. E. Mansell, J. G. Neely, J. C. Nicholson, G. P. Roxburgh, W. J. Walter, H. G. Wells, Ruth Sandeman.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

M.S.—(*Branch I, Surgery*): R. A. Brews, N. L. B. V. Eckhoff, D. H. MacLeod, O. W. Roberts, J. P. Ross.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examination indicated:

FINAL FELLOWSHIP EXAMINATION.—J. C. Fouche, N. S. Narasimhan, M. J. Riordan, F. G. Stewart.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FINAL EXAMINATION.—D. J. Herrick, J. F. Hynes, J. P. J. MacMahon, E. S. O'Sullivan, J. Ryan, W. J. Walsh. D.P.H.—J. Molony. D.P.M.—F. J. D'ane, J. M. C. Speer.

UNIVERSITY OF CAPE TOWN.

Graduation Ceremony.

At the December graduation ceremony of the University of Capetown the following were admitted to the degree of Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.):

M. J. Cohen, G. J. Conradie, J. C. Downes, S. W. Jaffe, B.A., S. Kahn, B.A., P. Kushlick, L. J. J. Muller, W. H. Opie, D. H. Pfeiffer, R. B. Saunders, B.A., S. Schur, B.A., R. Turner.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—E. A. Johnstone, E. A. Lipkin, D. M. Nightingale, A. K. Rama Chandra, R. W. Scanlon. MEDICINE.—W. S. Ghai, D. H. Haler, K. R. Lundeborg, K. G. Milad, T. A. P. Proctor, A. K. Rama Chandra, H. Tenenbaum. FORENSIC MEDICINE.—W. S. Ghai, D. H. Haler, C. K. McCoan, J. H. McGibbon, K. G. Milad, T. M. White. MIDWIFERY.—W. D. Glynn-Jones, D. H. Haler, K. G. Milad, B. J. Niall, K. M. Seedat, T. M. White.

The diploma of the Society has been granted to Messrs. W. S. Ghai, E. A. Johnstone, W. D. Glynn-Jones, E. A. Lipkin, K. R. Lundeborg, A. K. Rama Chandra, K. G. Milad, T. A. P. Proctor, H. Tenenbaum.

Medical News.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on Friday, January 11th, at 8.30 p.m., Mr. Lindsay Rea will give a demonstration on the fundus oculi, at the West End Hospital for Nervous Diseases, Gloucester Gate, Regent's Park. This demonstration, which is especially suitable for candidates for the M.R.C.P. examination, is free, but is limited to twelve persons. Application for attendance should be made to the Fellowship of Medicine. Telephone: Mayfair 2236. From January 14th to 25th there will be an intensive course at the National Hospital for Diseases of the Heart; as the entry is limited to twenty, early application is desirable. Opening on the same date, and extending to January 26th, an all-day course will be given at the Queen's Hospital for Children. The Prince of Wales's General Hospital staff will give an intensive course in medicine, surgery, and the specialties, from January 28th to February 9th, with daily sessions from 10.30 a.m. to 5.30 p.m. A series of lecture-demonstrations in psychological medicine will be given on Tuesdays and Saturdays at 11 a.m., from January 29th to February 23rd, at the Bethlem Royal Hospital. Copies of syllabuses relating to the above courses, and information regarding the general course arranged by the Fellowship of Medicine, may be obtained from the secretary, 1, Wimpole Street, W.1.

A CLINICAL afternoon, devoted to diseases of the alimentary system, will be held at the East London Hospital for Children, Glamis Road, Shadwell, E., on Wednesday next, January 9th, at 4 p.m. Medical practitioners are cordially invited. Tea will be served at 3.45.

A COURSE of post-graduate lectures on the early detection and prevention of defects and disease in young children will be given on Mondays, from 6.30 to 7.30 p.m., at the Infants Hospital, Vincent Square, from January 7th to March 11th. The course is intended for health visitors, nurses, midwives, and superintendents of infant welfare centres. Further information may be obtained from the honorary secretary of the National Association for the Prevention of Infant Mortality, 117, Piccadilly, W.1.

A SERIES of three illustrated talks on historic London will be given on behalf of King Edward's Hospital Fund, beginning on January 29th, on Tuesdays, at 5.30 p.m., in the Great Hall of Westminster School. The first of the series, by Mr. Lawrence E. Tanner, secretary of H.M.'s Royal Almonry, is entitled "The treasures of Westminster"; the second, on February 5th, will be given by Mr. Walter Bell on "The Great Fire of London"; and the third, on February 12th, will be given by Mr. R. E. M. Wheeler, D.Litt., keeper and secretary of the London Museum, on "The beginning of London." Tickets, price 5s. for reserved, and 2s. 6d. for unreserved seats, may be obtained from the secretary of the Fund, 7, Walbrook, E.C.4. It is also announced that the illustrated lectures on the work of the London voluntary hospitals, under the auspices of the Fund, will be continued during the Easter term. The lectures are being given by doctors and others experienced in hospital work, and describe graphically many new methods of diagnosis and treatment.

AT the next meeting of the Royal Sanitary Institute at 90, Buckingham Palace Road, S.W., on Tuesday, January 8th, a discussion on "Cleanliness: Is it the basis of health?" will be opened by Professor A. Bostock Hill, M.D., chairman of the council. The chair will be taken at 5.30 p.m. by The Right Rev. Bishop Russell Wakefield.

THE next congress of the Royal Institute of Public Health will be held, on the invitation of the Canton, the Municipality, and the University of Zürich, in that city at Whitsuntide, under the presidency of Lord Meston. Delegates are being invited from a number of countries, and, while English will be the language of the congress, the proceedings will be of an international character. The first meeting will be held on Wednesday, May 15th, and the congress will end on Monday, May 20th. Seven sections have been arranged, the subjects covering many aspects of public health, from "State medicine and municipal and social hygiene," to "Climatology and sports hygiene" and "Veterinary medicine and meat hygiene." Other matters to be discussed include industrial diseases, child welfare and school hygiene, women and public health, tuberculosis, and pathology, bacteriology, and biochemistry. Full information regarding the congress may be obtained from the honorary secretaries of the Institute, 37, Russell Square, W.C.1.

THE first annual report of the Water Pollution Research Board, which was established under the Department of Scientific and Industrial Research in June, 1927, has now been published, and may be obtained from H.M. Stationery Office (price 6d. net). Mr. H. T. Calvert, D.Sc., chemical

inspector of the Ministry of Health, has been appointed part-time director of research to the Board, and it is intended that its work should be closely co-ordinated with that of the Joint Advisory Committee on River Pollution, established by the Ministers of Health and of Agriculture and Fisheries, to deal with the legislative and administrative aspects of the question. Reference to the first report of the Joint Committee was made in our issue of September 8th (p. 473) and October 6th (p. 630). The Research Board, on its establishment, commenced its task by the collection of scientific and technical information bearing upon water supply and the disposal of polluting liquid, and has undertaken the preparation of a monthly summary of relevant current literature, which is being circulated among interested official and scientific bodies. The issue of reports on special investigations is also contemplated as results become available. Steps have been taken to co-ordinate research work already in progress in Great Britain, and negotiations are being carried on with the object of arranging for a survey of the River Tees. It is believed that a general biological and chemical survey of such a typical polluted river from source to mouth will furnish information of great value and of general application. Research work under the aegis of the Board has been arranged for in connexion with certain aspects of water supply, with the activated sludge method of sewage disposal, and with the disposal of the effluent from beet-sugar factories.

THE ninth annual report of the Walter and Eliza Hall Institute of Research in Pathology and Medicine at Melbourne states that for the first time its value has been practically recognized by the Commonwealth Government, which made a grant of £2,500 for researches conducted on behalf of the Department of Health and appointed the director of the institute, Dr. C. H. Kellaway, chairman of the Bundaberg inquiry; an account of the experimental work performed at the institute in this connexion is given in the report. On the bacteriological side attention has been given mainly to research on the pathogenic staphylococci, and preparations have been made for some studies on anterior poliomyelitis for the Commonwealth Government. A paper has been published on the treatment of puerperal sepsis based to some extent on investigations at the institute. In the biochemical department an exhaustive study is being made of Australian venomous snakes; arrangements have been made to co-operate with the Commonwealth serum laboratories in the production of antivenins for two of the most lethal varieties. Research on hydatid disease has been continued, and among other subjects dealt with have been the diagnosis of bilharzia, the relation of cancer and tuberculosis, tuberculous disease of the hip-joint, and the pathology of pyorrhoea.

AT the December meeting of the London Association of Medical Women's Federation, Miss Frances Huxley presiding, Dr. Mabel Ramsay discussed the benefit of the National Health Insurance Act to the insured person and to the doctor. She expressed the opinion that after fifteen years' working this Act had benefited both the insured person and the medical practitioner. Dr. Ramsay, who had been connected with the administration of the Act in many capacities since its inception, said that in national health insurance there was an absolutely equality of treatment as between medical men and medical women. Every registered practitioner had the right to be on the panel list. To-day the number of women doctors on the panel was a little over 400, and Dr. Ramsay hoped that the woman practitioner would take her full share in a social service which was of such benefit to the wage-earner.

THE National Baby Week Council at its last meeting passed a resolution expressing apprehension at the proposals at present before Parliament to substitute "block" for "percentage" grants in support of the maternity and child welfare service.

THE late Sir Charles Sissmore Tomes, F.R.S., F.R.C.S., has left estate valued at £208,899, with net personality £206,773. In the event of his daughter leaving no issue, he bequeathed £2,000 to the Royal College of Surgeons of England for the foundation of a research fellowship in odontology in the widest sense of the word, or in augmentation of the Sir John Tomes prize, as the Council of the College may see fit.

MR. ROBERT OLLERENSHAW, clinical lecturer in orthopaedic surgery, Manchester University, and orthopaedic surgeon to the Royal Manchester Children's Hospital, has been elected a member of the French Orthopaedic Association.

DR. B. WILFRED THOMAS of Welwyn has, on his retirement from practice, been presented by his friends and patients with a cheque for two hundred guineas; among the subscribers is H.R.H. the Duchess of York, at whose birth Dr. Thomas was in attendance.