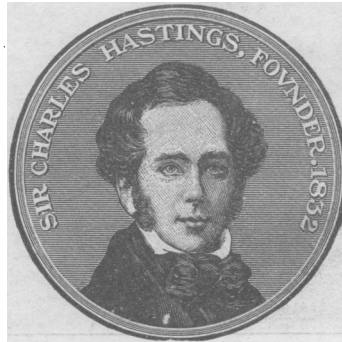


Medica

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CASE II.

A married woman was treated for cervical discharge six years previous to September, 1926, when she came to the Royal Northern Hospital complaining of burning pain in vulva and vagina; she had noticed no discharge. A smear taken showed no gonococci. After douches had failed to benefit the patient she was sent to my department on November 1st, 1926. I found the cervix red and swollen, with pus round the os and on the vaginal walls. On November 15th a small erosion was seen. Eight treatments by diathermy cleared up the erosion and the pus became less thick, though there was now some to be seen in the urethra. After four treatments by ionization no pus was seen in the urethra and the cervix was much less red and swollen. After eight treatments there was complete cessation of discharge and the cervix appeared normal.

The patient reported a month later that she felt quite well; the cervix and urethra both appeared quite normal; no chronic thickening was seen.

I could only treat these cases once a week, but twice a week would be more efficient and would lessen the number of sessions required. I hope these notes may be of service to those in general practice who use a galvanic apparatus.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PSEUDOCYST OF THE PANCREAS.

PSEUDOCYSTS of the pancreas are undoubtedly rare. The following clinical details of a case therefore seem worthy of record.

A boy, aged 7 years, had the upper part of his abdomen crushed by a cart. He was taken to another hospital, and was detained. The following two days he vomited some bright red blood, but otherwise his condition was normal. X-ray examination of his chest revealed no bony injury, and after being kept under observation for one week he was discharged apparently normal. Ten days later he had an attack of vomiting, and the following day he had pain in the left side of his abdomen. The vomit this time showed no traces of blood. He was brought to this hospital, and on examination the following condition was revealed.

A large swelling was present in the left epigastric region; it was tender on palpation, was rounded off, and extended almost to the umbilicus. The percussion note was dull, and the stomach outline could be made out at its upper border. The tumour therefore occupied the position of the lesser peritoneal sac. The temperature was 100° F., pulse 120. Two days later Mr. Irwin operated. The abdomen was opened by a left rectus incision under local anaesthesia. The transverse colon was greatly distended, and in order to explore the lesser peritoneal cavity ether was resorted to. The mass was found to be an intraperitoneal pseudocyst of the pancreas occupying the lesser sac. It was approached through the gastrosplenic omentum. The wall was incised, and the contents of the cavity (blood-stained fluid and a coagulated mucilaginous substance) evacuated. A cavity about the size of a hazel-nut was present in the substance of the pancreas. This cavity was covered by a thin membrane, and had evidently been a haematoma. A drainage tube was left in for two weeks, during which time a clear fluid discharged in decreasing amounts. This fluid on examination contained pancreatic enzymes. The boy made a complete recovery in five weeks.

The origin of the cyst was probably a small haematoma in the substance of the pancreas, caused by injury to the upper abdomen. The haematoma had occupied the cavity in the substance of the pancreas revealed at operation. This would be in agreement with the original article on the subject by Jordan Lloyd in the *British Medical Journal* (1892, ii, p. 1051). He was the first to point out that the majority of such cysts following abdominal injury were not true retention cysts of the pancreas. He reported two cases, both occurring after abdominal injury—one three weeks and the other three months. Both cases had been discharged from hospital, and were readmitted subsequently. He believed both to be associated with injury to the pancreas, probably by pressure against the first lumbar vertebra, but in neither case was the pancreas specially examined for evidence of injury.

Of 117 cases collected from the literature by Körte in 1911 there was a definite history of abdominal injury in 33. Among 41 cases collected by Judd in the records of the Mayo Clinic trauma seemed to be an etiological factor in one case only, the cyst occurring two months after the injury. Lazarus produced a cyst by crushing the pancreas of a dog. A haematoma was first formed, which later became an encapsuled cyst containing 100 c.cm. of fluid.

I am indebted to Mr. Irwin for permission to publish this case.

H. A. WARNOCK, M.B., B.Sc.,
Ulster Hospital for Children and Women, Belfast.

VARIATIONS IN THE BLOOD UREA CONTENT.

THE following case is of interest as showing the remarkable variation possible in the blood urea content within a relatively short space of time.

A woman, aged 55, was admitted to St. Luke's Hospital, Bradford, on July 10th, 1928, with a history of renal colic, haematuria, and the passage of gravel. The pain was referred to the left side, but x-ray examination showed a large number of stones in the right kidney, with the left kidney area quite clear. Next day, at an operation, the right kidney was removed. The kidney was enlarged and its pelvis and calyces were almost solidly filled with calculi of varying size and shape. There was so little kidney substance present that the kidney was to all intents functionally useless. Subsequently the patient had a normal convalescence until August 14th, when she complained of some left-sided abdominal pain; the temperature rose to 102° F., and the passage of urine ceased completely. On August 16th no more urine had been passed, and the blood urea was 48 mg. per 100 c.cm. During the next week not more than 3 ounces of blood-stained urine were passed, and the general condition became steadily worse with progressive headache, drowsiness, and vomiting. There was no improvement in spite of treatment by the usual methods. On August 21st the blood urea was 360 mg. per 100 c.cm. During the next week no more urine was passed, and catheterization showed that no urine was present in the bladder. The symptoms became more distressing, but there were no signs of twitchings or commencing uraemic convulsions. On August 28th the blood urea had risen to 500 mg. per 100 c.cm. Then there came a dramatic change in the condition. That day a little blood-stained urine and some stones were passed per urethram, and this was followed by intense diuresis—over 15½ pints of urine being passed in the next sixteen hours. Subsequently there was a steady improvement in the general condition, and urine was passed normally. On September 4th the blood urea was 25 mg. per 100 c.cm.; on September 12th it was 30 mg. per 100 c.cm., and the patient was discharged in a satisfactory condition.

The chief features about this case are the steady rise in the blood urea associated with the progressive development of uraemic symptoms and the remarkable fall in the space of one week from 500 to 25 mg. per 100 c.cm. associated with the diuresis. It is to be noted that this fall was accomplished with one kidney, a tribute to its functional capacity.

I am indebted to Mr. Hughes for permission to publish this case, and to Dr. Ritchie for the blood urea estimations.

Bradford.

GEORGE BROWN, M.B., Ch.B.Ed.

IDIOSYNCRASY TO QUININE INJECTIONS.

THE following case of quinine idiosyncrasy in which rather alarming symptoms occurred after intravenous injection for varicose veins, seems worthy of note.

A married woman, aged 65, presented herself as an out-patient at the Skin Department of the Edinburgh Royal Infirmary suffering from varicose dermatitis, and it was decided to treat the causal condition—namely, the varicose veins. Accordingly 1 c.cm. of quinine and urethane solution, containing 0.13 gram quinine hydrochloride and 0.065 gram urethane, was injected into a varix in the lower third of the right leg above the area of dermatitis. Almost immediately after the injection the patient began to cough, and five minutes later she collapsed, falling from a chair to the floor. She was extremely cyanosed, and complained of inability to breathe and a sense of constriction of the chest. The pulse could hardly be felt, and was irregular in time and force. A subcutaneous injection was given of strychnine 1/40 grain and digitalin 1/100 grain. She gradually improved, and her first question was whether quinine had been given. She stated that twenty-four years previously she had taken quinine by the mouth and had suffered from breathlessness; she had been advised never to take quinine again. She was kept under observation in one of the medical wards and was able to return home next morning.

Ten days later she returned and declared she felt none the worse. A firm thrombus was present at the site of injection. The opportunity was taken to perform a cutaneous test with a 1 per cent. solution of quinine hydrochloride. One drop of the solution was placed on the forearm and the skin scarified under it. Sterile water was used as a control. Ten minutes later a definite wheal, surrounded by an area of erythema, was seen. The control showed only very slight redness due to the scarification. A similar test was performed on my own arm and no reaction occurred.

When there is any reason to suspect idiosyncrasy to quinine the simple test described should be employed. I have treated over thirty cases of varicose veins with quinine and urethane solution intravenously, and, apart from the case described, with no untoward result.

Dr. Cranston Low, physician, Skin Department, Edinburgh Royal Infirmary, has kindly granted me permission to publish this case.

A. G. CRUIKSHANK, L.R.C.P. and S.Ed.,
Clinical Tutor, Skin Department, Edinburgh Royal
Infirmary.

PARESIS OF THE MOTOR OCULI NERVE.

In the latter part of their course the third, fourth, fifth, and sixth cerebral nerves are all intimately connected as they traverse the sphenoidal fissure and the cavernous sinus. At their deep cerebral origin they are also closely related, more especially the nuclei of origin of the third and fourth nerves. The former lies close above the latter in the floor of the aqueduct of Sylvius connecting the third and fourth ventricles of the brain. It is reasonable, therefore, to expect that any peripheral or central lesion of the third nerve will also be accompanied by symptoms arising from complication of any or all of the fourth, fifth, and sixth cerebral nerves. In practice this is the usual experience.

The following case in which symptoms of paresis of the motor oculi nerve alone, unaccompanied by symptoms of other nerve complication, is perhaps deserving of record owing to its comparative rarity.

Eighteen months ago I was consulted by a man, aged 42, who complained of diplopia, the onset of which first became apparent about six weeks previous to his seeking advice. There was a history of syphilis contracted about six years before this date. The knee-jerks were absent.

On examination of the left eye it was apparent that there was slight but definite ptosis of the upper eyelid, together with slight external strabismus. Upward movement of the eyeball was defective, as also was inward movement of the organ. Movement of the eyeball downwards and outwards was unimpaired. On comparing the pupils of both eyes there was obvious mydriasis on the left side. The conjunctiva was perfectly clear, with no sign of venous congestion. Ophthalmoscopy revealed no optic neuritis, retinal changes, or hyperaemia. The right eye was normal. The Wassermann reaction was positive. The fourth nerve was obviously unaffected, since the superior oblique muscle, which causes the eyeball to turn downwards and outwards, appeared to be functioning well. Implication of the fifth nerve was eliminated by the fact that there was no neuralgia either of the supraorbital or any other type. There was no internal strabismus which would be caused by paresis of the sixth nerve affecting the function of the external rectus muscle. The lesion could not have been peripheral, not only because the third nerve alone was implicated, but because there was no venous congestion of the eye or orbit pointing to pressure on the cavernous sinus.

Here, then, was a condition of central origin, affecting only the motor oculi nerve. In view of his history I thought the condition was most probably due to a gumma, situated close to the nucleus of origin of the third nerve in such a position, and of such a small size as not to encroach upon the closely placed nucleus of origin of the pathetic nerve, and to give rise to no retinal changes indicative of intracranial tension.

I gave him a course of injections of grey oil, at weekly intervals for eight weeks, and increasing doses of potassium iodide, orally, three times a day after meals for four months. At the end of that period the troublesome diplopia had completely disappeared, together with the ptosis, and the external strabismus was hardly noticeable with the eye at rest. The pupil reacted quite briskly, and had become the same size as its fellow. The Wassermann reaction, however, still remained positive.

Unfortunately, the later history of the case could not be followed as the patient left the district, and has failed to communicate with me regarding his condition.

D. GORDON ROBINSON, L.M.S.S.A.,
Late Honorary Surgeon, Hull and East Riding
Institute for the Blind.

Reports of Societies.

ENDOCRINE TUMOURS.

At the Section of Medicine (Royal Society of Medicine) on January 15th, with Dr. ARTHUR F. HURST presiding, a paper on the subject of endocrine tumours was presented by Dr. F. PARKES WEBER. A second paper, by Dr. O. Leyton, which had been announced, was not taken, owing to the illness of the author.

Dr. Parkes Weber, who only made certain comments on his lengthy and comprehensive paper, began by remarking that he had taken a great deal of interest in the subject of endocrine tumours since, in the early years of the present century, he had participated in a discussion on a case of suprarenal cortical tumour brought forward by Bulloch and Sequeira. He recalled also bringing before

the old Pathological Society a case of primary carcinoma of the liver in which, apparently, bile was secreted by the cancer cells. He found, however, that that case was by no means the first of its nature to be published, and, indeed, it was cases of this kind which first afforded evidence that tumour cells continued to function more or less like the cells from which they originated—that is to say, endocrine functions belonging to the cells from which the tumour originated were continued by the endocrine tumour.

Endocrine tumours must, of course, be exceptionally rare. To get a "full-blown" endocrine tumour it was necessary that the patient be of the right age; if the subject was too old there was no capacity left, and the manifestation of the tumour was blurred. The tumour cells, while probably not equal in physiological power to the normal cells from which they were derived, were in enormous numbers—say one hundred tumour cells to one original cell—and by that very fact were enabled to multiply the physiological action. The same symptoms need not always be evidenced as a result of the same kind of tumour. A person with acromegaly, for example, might react differently, according to age and sex and the different constitution of the parts involved. One of the effects of acromegaly was an extreme thickening of the scalp. The scalp got so big and thick that in order to fit the skull it had to be corrugated. Recently he had had occasion to refer to a case in which this occurred only on one side of the body. His explanation was that in some cases only one side of the body was so constituted that it reacted readily to an endocrine stimulus.

Pineal tumours, Dr. Parkes Weber went on, presented some difficulty. From the pineal tumour there could be no doubt that we got what he called "macrogenitosomia"; the usual term was "macrosomia," but he preferred to reserve this for excessive bodily growth, and to use the other term to express excessive sexual development. Some people thought this to be due to destruction of the normal function of the pineal body, but the fact remained that tumours of the pineal body did certainly produce macrogenitosomia in some cases. Turning to the testes, the speaker said that in modern textbooks it would be found that pathologists stated that certain tumours of the testes looked as if they were derived from the interstitial cells. Unfortunately, all these cases occurred in adults, after general growth had ceased, and therefore one could not expect to get macrogenitosomia; but Mr. Rowlands had lately had a remarkable case of macrogenitosomia in a boy of 9, photographs of which he permitted to be shown. A tumour was removed from this boy, which was pronounced to be a tumour of the interstitial cells of the testes. The boy, previous to removal of the tumour, had adult sexual characters, and returned to childhood afterwards. A point to be noted was that in a number of conditions in men, an upset of the endocrine balance was associated with unilateral or bilateral enlargement of the breast, and in some cases with a certain secretion of milk. This was known to follow pineal tumour, it was known in acromegaly, in traumatism of the testes, and in some other conditions. One must not argue that because a male developed mammary enlargement therefore he had not got one of these virilism-producing tumours.

Turning to the pancreas, he said that no tumour which produced endocrine symptoms was known in the pancreas until quite recently, although it was known that in some cases of primary cancer of the pancreas the tumour cells resembled those of the islands of Langerhans. Tumours of the thyroid gland scarcely needed to be mentioned; one of the most famous cases in this connexion was published as far back as 1894. There was more difficulty with regard to the parathyroid; some of the tumours might have represented an adenomatous form or an attempt at compensatory hyperplasia. Was there any function of the spleen or parts of the spleen? There was evidence of symptoms produced by the action of the spleen which might be called "hypersplenism" by analogy with hyperthyroidism. The symptoms included haemorrhage and anaemia, but if one wanted to find out exactly what they were one must look to the diseases in which removal of the spleen produced an apparent cure. One rare disease manifested nodules

strong sense of the responsibility of his post, but to understand him it was necessary to see him off duty and in his own home. His sudden death is greatly regretted by all who came into contact with him. Dr. Holmes leaves a widow and one child.

THE LATE DR. F. W. TUNNICLIFFE.

Dr. T. W. PRESTON, assistant physician to the Croydon General Hospital, writes:

Although only associated with the late Dr. F. W. Tunnicliffe in the capacity of a ward clerk at King's College Hospital, his personality imbued me with such deep respect that I crave space for these few lines of appreciation. As a teacher of therapeutics and practical medicine his place will be difficult to fill; as a physician he evoked my admiration from the first. He was a sound diagnostician; and, moreover, his interest, even in the most hopeless case, was not merely to conjecture the probable *post-mortem* findings, but to apply his knowledge of therapeutics for the patient's comfort and benefit. Although untiring in his efforts to teach any student who followed him round the wards, he always remembered that the occupants of the beds were living beings like himself, and that their interests must be his primary consideration—not only in the healing of their bodies, but in the avoidance of the wounding of their susceptibilities. Truly a man who, as a practical physician, is entitled to take his place among the highest.

Dr. JAMES McLACHLAN, whose death occurred at his home at Lockerbie on December 18th, 1928, was a well-known practitioner in Annandale district. He had reached the age of 82 years, and had been ill for some time, but he had been able to continue active practice until about a year ago. A native of Rothesay, he received his medical education at Glasgow University, graduating M.B., C.M. in 1874. He was subsequently resident physician in Glasgow Royal Infirmary, and medical officer at Glamorganshire County Asylum. At the time of his retirement he had been engaged in practice for fifty-one years at Lockerbie, where he was widely known and held in the highest esteem. He was an active member of the British Medical Association, and took a prominent part in many local interests outside medicine. For many years Dr. McLachlan was an enthusiastic Volunteer, and had been surgeon colonel to the 3rd Volunteer Battalion, K.O.S.B., receiving the Volunteer Decoration for his services. He was a justice of the peace for Dumfriesshire, and was closely associated with several local lodges of Freemasons, Foresters, and others. The local nursing association found in him an active supporter, and he was for many years an elder in the United Free Church at Lockerbie. Dr. McLachlan is survived by a widow and a family of three sons and four daughters. He had been assisted for some years by one of his sons, Dr. Charles F. McLachlan, who carries on the practice.

The following well-known foreign medical men have recently died: Dr. GEORG SCHNEIDEMÜHL, emeritus extraordinary professor of comparative pathology at Kiel University, aged 75; Dr. FRANZ SCHMITT, professor of special pathology and treatment at Munich University; Dr. E. CHRISTELLER, extra-ordinary professor of morbid anatomy at Berlin; Professor C. FIRKET, a Berlin pathologist, aged 39; and Dr. EDWIN STANTON FAUST, a Basle pharmacologist, aged 58.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Pinsent-Darwin Studentship.

THE managers of the Pinsent-Darwin Studentship have appointed Dr. R. A. McCance of the Pathological Department of King's College Hospital, as student for a period of three years from February 1st, 1929.

The first Pinsent-Darwin student is Dr. R. D. Gillespie, whose principal topics of investigation during the past three years have been (a) the relationships of traits of personality to psychoneuroses, and (b) the criteria for the differentiation of types of depression. An examination of eighty psychoneurotic patients has shown some fairly definite relationships of personality-traits both to the general type of psychoneurosis developing and to the individual symptoms. Of the various criteria that have been examined for the differentiation of depressive conditions, the most

serviceable prognostically and therapeutically is that of reactivity, in the sense of responsiveness to psychological factors of whatever kind. A complicated assortment of other criteria has been examined in thirty cases so far and the cases grouped accordingly.

A subsidiary investigation, on hypochondriacal reactions, has dealt with their nosological position and therapeutic accessibility; the results have recently appeared in the medical press, especially (in detail) in the *Guy's Hospital Reports*.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examination indicated:

D.P.H.—R. M. Jones, J. Litt, F. R. O'Sheil, J. T. C. Roberts.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on January 10th, when the President, Sir Berkeley Moyulhan, Bt., was in the chair.

The diploma of Fellowship was granted to James Eastwood Sykes, and the diploma of Membership to M. K. Gyi, J. F. V. Lart, and B. W. Rycroft.

The following diplomas were granted jointly with the Royal College of Physicians:

DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.—M. I. Ashmawi, A. Blagoff, N. M. Eadie, M. Husnain, N. H. Meacle, H. V. O'Shea, H. M. Petty, S. Roy, E. C. Tamplin, W. L. Thomas.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—R. W. Armstrong, Eileen A. Cheynell, A. Craig, H. Hinchco, Phyllis M. Horton, D. L. McCullough, D. Menzies, J. E. Nicole, Muriel L. M. Northcote, Eileen J. O'Brien, J. C. Ramsay, C. E. Roachsmith.

A report was read from the Board of Examiners in Anatomy and Physiology for the Fellowship stating that at the examination concluded on December 14th 168 candidates were examined, of whom 45 were approved and 123 rejected.

In pursuance of a report of the Board of Examiners in Anatomy and Physiology for the Fellowship, regarding the examination concluded on December 14th last, the Hallett Prize was awarded to Shantilal Januadas Mehta, M.B., B.S., of the Bombay University and Middlesex Hospital. The Hallett Prize was instituted as a tribute to the valuable services of Sir Frederick Hallett, late secretary of the Examining Board in England, during his fifty years' service with the College.

Following a report from the Examiners in Anatomy for the Fellowship, Clause 3, Subsection 3 of Section 3 of the Fellowship regulations was amended as follows:

Old Regulation.

3. Of having dissected at a recognized medical school or schools for a period of not less than six terms or eighteen months (Dissections during the regular vacations will be accepted provided that the certificate shows that they have been performed under the superintendence of an authorized teacher in a medical school.)

New Regulation.

3. Of having dissected at a recognized medical school or schools for a period of not less than sixty weeks. (Dissections during the regular vacations will be accepted up to a maximum of six weeks in any one year, provided that the certificate shows that they have been performed under the superintendence of an authorized teacher in a medical school.)

A letter was read from Dr. Ali Bey Ibrahim expressing appreciation of the honour conferred upon him by the grant of the honorary Fellowship of the College.

A letter was also read from Mr. Frank C. Madden, F.R.C.S., dean of the Faculty of Medicine, Cairo, reporting that the following resolution was adopted by the Faculty on December 6th:

That the congratulations of this Faculty Council be offered to Professor Ali Bey Ibrahim on his well-merited honour, and that the most cordial thanks of the Council be extended to the Council of the Royal College of Surgeons for the honour they had conferred on Professor Ali Bey and on this Faculty and their deep appreciation of this extraordinary mark of goodwill towards them on the part of the Royal College of Surgeons.

The President reported that he attended the centenary celebrations of the Faculty of Medicine, Cairo, held at Cairo from December 15th to 22nd last, and that he presented the diploma of the Honorary Fellowship to Dr. Ali Bey Ibrahim on that occasion.

Sir Thomas Barlow was re-elected and Sir Anthony Bowlby was elected as members of the Executive Committee of the Imperial Cancer Research Fund. Mr. McAdam Eccles and Mr. Victor Bonney were appointed to assist the British Pharmacopoeia Committee in deciding what articles or preparations in the last edition (1914) should be omitted from the next edition and what additions should be made to it.

Lectures.

In addition to the six Hunterian lectures by Sir Arthur Keith on the anatomy and evolution of the human brain, which we have already announced, the following lectures will be given at the College at 5 p.m. on the dates indicated:—January 28th—Professor Arthur Evans: Developmental Enterogenous Cysts and Diverticula; January 30th—Professor G. E. Galk: The Treatment of Malignant Disease by Radium, with demonstration of patients who have been treated; February 1st—Professor C. A. Pannett: Local Anaesthesia in the Surgery of the Upper Abdomen; February 4th—Professor R. J. McNeill Love: The Treatment of some Acute Abdominal Disorders; February 6th—Professor C. P. G. Wakeley: The Etiology, Pathology, and Treatment of Tumours of the Intestinal Tract; February 8th—Professor R. T. Payne: The Treatment of Varicose Veins and Varicose Ulcers by Injection; February 11th, 13th, and 15th—Professor H. A. Harris: Bone Growth in Health and Disease.

Medical News.

THE Hunterian Society of London will hold a banquet, to commemorate the two hundred and first anniversary of the birth of John Hunter, at the May Fair Hotel, Berkeley Street, W., on Thursday, February 14th, at 7.30 p.m. Communications should be addressed to Mr. W. E. Tanner, M.S., 38, Queen Anne Street, W.1.

THE annual dinner of past and present students of the Royal London Ophthalmic Hospital will be held at the Langham Hotel, Portland Place, on Thursday, February 7th, at 7 for 7.30 p.m., with Mr. Charles Howard Usher, F.R.C.S., in the chair. Early application for tickets (15s., without wine) should be made, enclosing remittance, to Sir William Lister, 24, Devonshire Place, W.1.

THE Eugenics Society will hold its Galton anniversary dinner on Saturday, February 16th, at 7.30 o'clock, at the Rembrandt Hotel, Brompton Road. The Galton Lecture, entitled "The coming of age of the society," will be given by Major Leonard Darwin, Sc.D.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that on Monday, January 21st, at 5 p.m., Dr. Robert Hutchison will lecture on "Pitfalls in the diagnosis of dyspepsia," at the Medical Society of London, 11, Chandos Street, Cavendish Square. On the same day at the Children's Clinic, Western General Dispensary, at 3 p.m., Dr. Bernard Myers will lecture on "The nervous child in our midst" (Cases); he will be assisted by Dr. Mackenzie Wallis, who will demonstrate the method of biochemical examination of the blood in neurotic children. Two demonstrations will be given on Wednesday, January 23rd, one at St. Mary's Hospital, at 2 p.m., by Mr. Zachary Cope, and the other at the Wellcome Museum of Medical Science, 33, Gordon Street, at 4 p.m., by Professor Hugh MacLean, on "The medical treatment of gastric and duodenal ulcer." On Thursday, January 24th, Dr. Gerald Slot will give a special lecture-demonstration, at 12.15 p.m., at the Royal Waterloo Hospital. There are no fees for attendance at the above lectures, etc. Two special courses begin in the following week, one opening at the Prince of Wales's Hospital, Tottenham, on Monday, January 28th, being a two weeks' intensive course in medicine, surgery, and the specialties; the second beginning on Tuesday, January 29th, a series of eight lecture-demonstrations in psychological medicine, to be given at the Bethlem Royal Hospital, at 11 a.m., on Tuesdays and Saturdays. Detailed syllabuses of these and of other special courses, and information on general post-graduate work, may be obtained of the secretary of the Fellowship, 1, Wimpole Street, London, W.1.

A POST-GRADUATE course on diseases of the nervous system will be held at the National Hospital, Queen Square, from January 28th to March 22nd, consisting of clinical lectures and demonstrations daily, except Wednesdays and Saturdays, at 3.30 p.m., teaching in the out-patient department daily, except Saturdays, at 2 p.m., and seven pathological lectures and demonstrations on Mondays, at 12 noon. Another course, comprising twelve clinical demonstrations, chiefly on methods of examination of the nervous system, will be given on Tuesdays and Thursdays, at 12 noon; and if there are sufficient applicants a course of eight lectures on the anatomy and physiology of the nervous system will be arranged on Fridays, at 12 noon. A limited number of students can be enrolled as ward clerks. Detailed information regarding fees, etc., for the above courses and for clerkships may be obtained from the secretary, Medical School, National Hospital, Queen Square, London, W.C.1.

THE Royal Society of Medicine has received from Lady Singer the generous gift of £500, in memory of the late Sir David Ferrier. Lady Singer, who has long been interested in the activities of the Royal Society of Medicine, was for some years associated with Sir David Ferrier in his work. The income from the gift, which is to be invested in trustee securities, will be devoted to the purchase of neurological books for the society's library, a form of memorial which will not only appeal to those interested in the same work as Sir David Ferrier, but which may be regarded as a step towards the endowment of the library of the Royal Society of Medicine.

THE *English Review* for January has an interesting paper by Sir Michael Sadler on the educational needs of England, and an unsigned article discussing the provisions of the Bill for Local Government Reform.

FOR the benefit of those who are obliged to consider their holiday arrangements early in the year, attention may be drawn to the medical study tours in Italy conducted by the State Tourist Department. Next year's tour will be held in September and will last seventeen days. The comfort of

members is the subject of minute attention, and a special train is provided. Particulars may be obtained from the Ente Nazionale Industrie Turistiche, Via Marghera 6, Rome, or from the Italian Travel Bureau, 16, Waterloo Place, Regent Street, S.W.1.

WE have received a copy of the twenty-fifth anniversary number of the Handbook of the American Medical Association of Vienna, which gives details of the post-graduate courses and other forms of medical instruction available in that city during the next two years. Besides full accounts of the work possible in various clinics, useful information is provided about residence in Vienna, and the Handbook can be confidently recommended to any who wish to make use of these well-known teaching facilities. Inquiries should be addressed to the secretary of the American Medical Association of Vienna, Alserstrasse 9, Vienna.

ACCORDING to the New York correspondent of the *Times*, 2,647 new cases of influenza and 1,438 fresh cases of pneumonia were reported to the Department of Health in that city during the week ending January 12th. In the last seven weeks of 1928 it is estimated that some 26,000 deaths had occurred in the United States from influenza and pneumonia. On December 13th a bill was introduced into Congress appropriating a large sum to combat the epidemic.

AN international hospital congress, the first gathering of its kind, will assemble at Atlantic City, New Jersey, on June 13th. The object of the congress, as its name suggests, is to bring about the exchange of ideas among those concerned with the construction, organization, and administration of hospitals throughout the world. In connexion with the congress there is being arranged a valuable exhibit of plans and models of hospitals, of various types of equipment and supplies, and of statistical data relative to the care of the sick throughout the world. The congress will be followed immediately by the annual convention of the American Hospital Association.

AT a resumed inquest at Battersea on January 10th on Mrs. Doria Ruth Simmons, a Streatham woman teacher, who died in hospital on December 13th, 1928, the jury returned a verdict of manslaughter against Dr. Daniel Evans Powell, High Street, Tooting. Sir Bernard Spilsbury, in evidence, stated that death was due to abortion, septic infection, and inflammation of the kidneys. Dr. Powell was committed for trial by the coroner, Mr. Ingleby Oddie, and appeared before Mr. Broderick at the London South-Western Police Court on the day following, when the case was adjourned until Saturday, January 19th. Bail was allowed.

AN international congress on light treatment will be held in Paris from July 22nd to the 27th, 1929, under the presidency of Professor d'Arsonval. Papers will be read on the unit of measurement for the therapeutic use of ultra-violet rays; the treatment of tuberculous peritonitis by light; the prophylactic value of ultra-violet rays; and the treatment of rheumatic conditions by infra-red rays. There will be an exhibition of apparatus, and also one dealing with the history and progress of heliotherapy and phototherapy. An elementary course on actinotherapy will be given, and technical experiments will be demonstrated. The subscription for enrolment as a member of the congress, including the supply of a copy of the *Transactions*, is 16s. 6d. Further information may be obtained from Dr. W. Kerr Russell, 12, Park Crescent, Portland Place, W.1.

THE fourth meeting of the Permanent International Committee on Occupational Diseases will be held at the Faculty of Medicine in Lyons on April 3rd. Among subjects to be discussed are silicosis, cataract of occupational origin, and the endocrine system and poisoning, with, in addition, unpublished communications on questions relating to occupational diseases. The final programme will be drawn up when the titles and texts or summaries of these communications have been received. Participation in the meeting is open to titular members of the committee and to persons introduced by them, by the executive, or by the organizing committee; the subscription for persons from Great Britain is 20 gold francs, which entitles those attending, among other things, to travel on the French railways at half the ordinary fares. The meeting will end, after a series of visits to factories, on April 6th, when it is hoped to arrange an official banquet. Dr. Mazel, 54, Avenue de Noailles, Lyons, France, is the secretary of the organizing committee.

PROFESSOR LEOPOLD ARZT has recently been appointed editor of the *Wiener klinische Wochenschrift*.

THE following appointments have recently been made in foreign medical faculties: Dr. Kapfhammer of Leipzig, professor of physiology at Freiburg in Baden; Dr. George Hermann, professor of psychiatry in the German University at Prague, in succession to Professor O. Pötzl; and Dr. Otto Goetze, professor of surgery at Erlangen, in succession to Professor E. Graser.