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- Medical Practice: Medizinische Praxis, Band xi, Stoffwechselkrankheiten (Erich Leeschke), 940.
- Medical Register (1931), 456.
- Medicine (Catechism Series), Part II, third edition, 672.
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- Medicine: Histoire de la Médecine (A. Castiglioni, translated by J. Bertrand and F. Gidon), 757.
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- Ophthalmological Society of the United Kingdom, Transactions of the, vol. 1, 852.
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- Surgery, its Principles and Practice (Astley Paston Cooper Ashhurst), fourth edition, 1075.
- Surgery, the Science and Practice of (W. H. C. Romanis and Philip H. Mitchiner), third edition, 20.
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- Tropics, Public Health Practice in the (J. Balfour Kirk), 756.
- Tuberculosis in Children (J. Arthur Myers), 143.
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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

MEDICAL BILLS IN PARLIAMENT

NATIONAL INSURANCE PROCEEDINGS

NAVAL AND MILITARY APPOINTMENTS

CORRESPONDENCE, Etc.

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# INDEX TO THE EPITOME FOR VOLUME I, 1931

READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Carcinoma; Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria, and Sugar; Eye, Ophthalmia, and Vision, etc.

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## MEASLES IN A PUBLIC SCHOOL

BY

L. R. LEMPRIERE, M.B., CH.B.

MEDICAL OFFICER, HAILEYBURY COLLEGE

Epidemics of measles and reports concerning them are not, as a rule, of interest, except to those immediately concerned, but the small epidemic recorded here presents some unusual features. The following is the case incidence:

Case	House	Form	First Symptom	Admitted	Incubation (days)	Source of Infection
Ya.	M.	Vb	May 3	May 3	?	?
Fl.	M.	LV1	" 18	" 18	15	Ya.
Th.	M.	LM1a	" 18	" 20	15	Ya.
Me.	B.	LM1a	June 3	June 3	13	Th.
Fr.	T.	MVa	" 6	" 9	18	Th.
Wi.	B.	LM1a	" 7	" 9	19	Th.
Ca.	L.	LM1b	" 7	" 8	19	Th.
T-D.	B.	LM1a	" 8	" 9	20	Th.
De-R.	Bat.	UMb	" 8	" 10	20	Th.
Wc.	Tr.	LM1a	" 16	" 16	10	Ca.
Po.	Law.	UMb	" 20	" 20	10	De-R.
Cn.	Bat.	LM1b	" 23	" 25	13	De-R.
Met.	Ed.	UIV	" 27	" 27	17	De-R.
Da.	B.	UMb	" 26	" 28	5 or 17 or 18	Po or De-R or Wi.

The points of interest are the smallness of the epidemic, and the very long incubation period.

In a school of 530 pupils 115 were not protected by a previous attack; normally between 90 and 100 might have been expected to develop the disease, compared with 14 who actually did.

The long incubation period is unique in my experience. The average period of incubation, leaving out that of the first case, which is unknown, and that of the last, which is doubtful, was very nearly sixteen days; in six cases the period was between seventeen and twenty days.

*Clinical Symptoms*

The cases were definite measles of a mild character, not rubella. Prodromal symptoms appeared in four cases in less than twenty-four hours, in three one day, in six in two days, and in one in three days. Fever lasted for two days in six cases, for three days in five, for four days in one, and for six days in two, the maximum recorded being 104° and the minimum 101°. Conjunctivitis was marked in all cases. Catarrh was present in five cases, absent in nine. Complications included two cases of vomiting, one of epistaxis, and one of adenitis. Rash was very well marked in all cases, but in my opinion no stress can be laid on this, as the rashes of measles and rubella can be, and often are, exactly alike. Koplik's spots were present in all cases, profuse in four, well marked in five, and slight but definite in five. The prodromal symptoms were so slight that all patients, except Fl., when first seen, had a commencing rash and definite Koplik's spots.

*Infection Described*

The first patient (Ya.) was admitted early on the morning of May 3rd, 1930, the pupils having returned the night before. This boy had been seen by me the previous evening, on account of tinea cruris, and appeared to be perfectly well. Twelve hours later he returned with a well-marked rash and profuse Koplik's spots and fever.

As there seemed to be an unusually favourable chance of preventing the spread of measles, I sent away all the boys with whom Ya. had been in contact and who had not had measles previously, for ten days, from the sixth to the sixteenth day after exposure, and took the temperature of all the boys in his house who had not had measles. As far as he knew, he had not seen them during the twelve hours, between 8 p.m. and 8 a.m., but on the evening of the sixteenth day, both Fl. and Th. felt unwell. Fl. did no damage, but Th., who stayed in school for another thirty-six hours, infected others, as indicated in the table.

I did not regret that my efforts to prevent the spread had failed, because I consider from a strictly medical point of view that measles in the summer term is to be welcomed. The general mildness of the cases is attributable to the character of the disease, the excellent weather, and the small amount of infection, which enabled each patient to be nursed in a large separate room.

Five weeks later, on the last day of the term, a boy developed measles on arriving home, though he had been inspected by me that morning for mumps, which was epidemic at the end of the term. Through him, thirty-two other cases were recorded during the holidays, but it is impossible to relate this outbreak with its predecessor.

*Observation*

The only observation I have to make is that either Koplik's spots are *not* the absolute diagnostic sign of measles, as is generally held, or that under certain conditions the incubation period of measles may exceed a maximum of sixteen days.

## Memoranda

## MEDICAL, SURGICAL, OBSTETRICAL

DERMATITIS CONSEQUENT ON THE  
APPLICATION OF IODINE

The case of fatal dermatitis following the use of iodine spirit solution, reported by Mr. R. Charles Alexander in the *Journal* of July 19th, 1930 (p. 100), prompts me to relate a somewhat similar case which came under my care.

A fruit merchant, aged 60, had occasion to empty and clean a blocked drain, which took him several hours to accomplish. Both his arms were immersed in the contents of the drain pipe, with the result that they were swollen, the skin having become sodden with the prolonged immersion. He took care to wash his arms thoroughly and often with plenty of warm water and soap, which gave him a sensation similar to that of a shampoo, a very cooling and pleasant effect. Later he thought it would be an excellent thing to paint his arms with iodine tincture; the effect of this a few hours later was of a warm tingling nature. The following night he suffered from intense itching, and came to see me next morning.

Both his arms were acutely inflamed and swollen; they were covered with vesicles turning into pustules, and were extremely painful. His temperature was 103° F., and owing to the swollen condition of his wrists I counted his pulse from the facial artery. He appeared ill, restless, very weak, and toxic. I applied starch poultices to both arms, and ordered a stimulating diet. Four hours later, as he was still in great pain, I removed the poultices, and washed the starch off with a solution of sodium bicarbonate, which gave him much relief, to the extent that he implored me to continue the treatment; later on linimentum calcis with calamine was applied on lint, and this was repeated every four hours, alternating with the bicarbonate washing. His general condition was by next day much improved, the temperature having fallen to normal, and the swelling in the arms having diminished, but the area of pyoderma was still very marked; the bullae were cut away as

they appeared, and the application of the liniment and the soda washing were continued until the whole skin cleared. The condition of the skin later became pigmented and somewhat shiny, with no uncomfortable sequels.

I believe in this case that the acute infection arose, not from what he might have contracted from the contents of the drain, but possibly from the bacteria in the skin becoming pathogenic when the soil was rendered favourable. The skin was soaked in water for hours, and later was washed excessively with hot water and soap, no doubt removing gross dirt and superficial layers of the skin, hence the feeling of shampoo effect. Had it been left at that all would have been well, but the application of tincture of iodine to this tender surface caused an acute irritation, calling the cutaneous staphylococci and streptococci from their dormant state into pathological activity.

I was given to understand years ago that iodine solution applied to washed surfaces was futile, and that its virtue depended on its being applied to unwashed skin lesions. In this case the effect of the starch poultice was to remove or absorb the iodine from the skin, judging by the starch turning purple; this probably arrested its pungent effect. I did not inflict vaccine therapy on the patient, and fortunately the condition improved before an auto-genous vaccine could have been prepared, otherwise the credit would have gone to this doubtful remedy. It should be remembered that alcoholic iodine solutions are in their nature irritants; their application to areas already denuded of surface protection, by cleansing the skin, as a preliminary, for example, to surgical incisions, and especially in very tender skins, is open to a risk which is real though remote.

O. THOMAS JONES, L.R.C.P., L.R.C.S.Ed.,

Colwyn Bay.

L.R.F.P.S.Glas.

#### HYDATID CYST OF LIVER SIMULATING SUBPHRENIC ABSCESS

The following case seems worthy of record, as the  $x$ -ray findings were most misleading, and a diagnosis could not be made until after the second operation.

A woman, aged 30, came to the hospital with one and a half years' history of a swelling in the epigastrium. During the last two months pain had been very severe, and accompanied by high fever and rigors. The patient was obviously very ill; her temperature was  $39^{\circ}\text{C}$ ., and her pulse rate 104, and she had much dyspnoea and a tendency to faint. The whole of the upper abdomen was tender on palpation, and a swelling could be seen in the right upper quadrant, with rigidity extending to just below the umbilicus. A tentative diagnosis was made of acute suppurative cholecystitis. On screening the patient in the upright position I was surprised to find a large air bubble, apparently between the upper surface of the right lobe of the liver and the diaphragm. The liver itself appeared to be obscured by a layer of fluid. It was natural, I think, in the circumstances, to make a confident diagnosis of subphrenic abscess due to a long-standing leaking gastric ulcer.

*First Operation.*—Under novocain infiltration an incision was made just below and parallel with the right costal margin. On opening the peritoneum I was amazed to find that the upper surface of the right lobe of the liver was in contact with the diaphragm, and entirely free of adhesions; the hand could be passed freely between the liver and the diaphragm, and the liver, though somewhat soft and boggy, did not appear particularly abnormal. Accordingly there was nothing to be done but to pack iodoform gauze firmly on to the liver surface, and review the situation.

*Second Operation.*—Two days later, without anaesthesia, the packing was removed and a large-bore needle was cautiously introduced into the liver substance. There was an immediate escape of foul-smelling gas under high tension. The needle track was enlarged with a scalpel, and a drainage tube inserted into a large and apparently empty cavity. This was followed by the escape of a small quantity of glairy pus.

During the next fortnight an enormous quantity of small hydatid cysts and pus was evacuated. After a few days the pus became deeply bile-stained, and the patient's temperature rose to  $40^{\circ}\text{C}$ ., with a pulse rate of 120 and a respiration rate of 28. By the seventh day the patient was convalescent, and she left the hospital at the end of a fortnight. The subsequent course of recovery was uneventful.

It is, I think, remarkable that although the abscess was separated from the general peritoneal cavity by less than  $1/2$  cm. of liver tissue, no adhesions or visible inflammatory reaction had been formed.

E. H. R. ALTOUNYAN, M.C., M.D.Cantab.

Aleppo, Syria.

## Reports of Societies

### RADIOLOGICAL PROBLEMS IN VETERINARY MEDICINE

The Sections of Electro-Therapeutics and of Comparative Medicine of the Royal Society of Medicine combined for a discussion, on December 19th, 1930, on radiological problems in men and animals. Professor J. WOODBURN MORISON, president of the Section of Electro-Therapeutics, was in the chair.

Major A. A. PRYER opened by giving some account of the radiology of the horse; he had examined seventy living horses and many cadavers. The difficulties were the bulk and indisposability of the equine patient, the thickness and irregularity of outline of most parts of the horse's skeleton, and the design of suitable apparatus. In some cases he had administered a narcotic—chloral hydrate—before taking the radiographs, and a useful precaution was to plug the ears of the animal with cotton-wool so that it was not startled by the noise of the tube. The shoes must be removed when radiographing the hoof. Almost every part of the horse's body was closed to the radiologist except the limbs, but radiographs of these were very useful. No method had been devised for satisfactorily viewing the pelvis, shoulder, or hip.

Dr. R. W. A. SALMOND mentioned that he once had occasion to examine radiographically the hind limb of a pygmy elephant, and had been impressed by the great density of the hide and soft parts as compared with the human. Smaller animals presented few or no technical difficulties, but the larger ones, such as the racehorse, required special apparatus. Whatever apparatus was used, it should be powerful enough to permit of an exposure in a fraction of a second or less, should be as noiseless as possible, and should not have to be brought nearer than 12 inches on account of the electrification of the hairs of the animal. The most common conditions for which  $x$ -ray pictures were required were fractures and dislocations, and foreign bodies swallowed or embedded in soft parts. Since greyhound racing had become popular, much work had been done in diagnosing fractured toes and dislocated joints in these animals. It was interesting that the chemical composition of stone in dogs was very similar to that in the human being. In radiotherapy much work had been undertaken experimentally on rats and mice, and the treatment of carcinoma and sarcoma in dogs and cats might be carried out radiologically. The domestic animals were susceptible to practically every variety of malignant neoplasm known to pathology. Radiological sterilization of bitches and female cats by  $x$  rays might by some people be considered a preferable alternative to spaying.

Lieut.-Colonel MIDDLETON PERRY gave some account of the daily work of the veterinary surgeon in which  $x$  rays were used. The scope of radiology in veterinary science was small and necessarily superficial. The administration



officer of health made a statement concerning the possibilities of tin poisoning from cheese wrapped in tinfoil. Samples of cheese prepared in this country had been found to be unduly contaminated by the tinfoil in which they were wrapped. The industry was aware of the importance of reducing the contamination to the lowest possible limit, and was making efforts to achieve this end. The matter was being kept under observation.

**Sterilization of Mental Defectives.**—Mr. GREENWOOD told Mr. Sorensen on December 18th that twenty-one local authorities had endorsed resolutions in favour of an investigation into sterilization in relation to the mentally unfit, but the issue was not one which could suitably be made the subject of a separate inquiry.

**Small-pox in London.**—Mr. GREENWOOD, replying to Mr. Cadogan, said that during the two weeks ended December 13th, 1930, seventy-five cases of small-pox were notified in the county of London. These figures were provisional, and the cases notified were all of the mild type. There had been no fresh outbreak in London, the disease having been prevalent in the metropolitan area for some considerable time.

**Advertisements of Medicated Wine.**—On December 15th Mr. HASTINGS asked the Postmaster-General whether his attention had been called to the fact that advertisements for Hall's wine were contained in books of stamps sold at post offices; whether, in view of the fact that this wine contained a large percentage of alcohol and could only be retailed by those holding a licence, and that it was without medicinal value because the small quantity of meat juice it contained is rendered inert by the action of the alcohol in it, he would take steps to see that such advertisements were no longer accepted. Mr. LEES-SMITH said that, in accordance with the Government's general decision, no advertisement of alcoholic liquor was now accepted for inclusion in Post Office books of stamps, and this decision applied to advertisements of Hall's wine. Any such advertisements appearing in stamp books now on sale represented issues printed before the decision took effect. Replying further to Mr. Hastings, Mr. Lees-Smith said that the decision referred to was taken two or three months ago. It did not apply to contracts for advertisements which still had to run, perhaps for several months. These advertisements had now run out.

#### Notes in Brief

The appropriate number of days for which sickness and disablement benefits were paid under the National Health Insurance Acts in Great Britain during each of the years 1927, 1928, and 1929 was 203, 178, and 196 million days respectively.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

At a congregation held on December 19th, 1930, the following medical degrees were conferred:

M.B., B.CHIR.—D. W. Bawtree, A. T. Curnow, W. R. H. Pooler.  
M.B.—S. E. F. Gooding, W. E. Mashiter.  
B.CHIR.—D. G. Macdonald, F. G. Booker.

The following candidates have been approved at the examination indicated:

THIRD M.B.—(Part I, Surgery, Midwifery, and Gynaecology): G. L. Alcock, P. T. Ashby, C. P. Bailey, J. S. Barker, W. D. Bell, F. K. Boston, L. V. O. Brown, W. D. Brown, H. S. Buckland, D. C. Carroll, C. L. Collins, J. G. Connell, E. J. Currant, A. Cursham, J. H. Cyriax, E. M. Dimock, D. Divine, A. Eckford, W. A. Fell, F. H. Finlaison, G. H. Gange, G. H. A. Graetz, G. N. Grose, G. D. Kersley, C. R. T. Lane, T. C. Larkworthy, D. L. Lewis, J. W. S. H. Lindahl, E. H. W. Lyle, D. G. Macdonald, D. B. McGavin, F. H. Morrell, W. M. Niblock, W. R. Parkes, M. G. L. Perkins, J. Petro, W. H. Poole, J. Richardson, M. A. Robertson, M. A. Rushton, W. W. Sargent, P. G. Scott, R. P. W. Shackleton, J. Sowerbutts, J. H. Spence, T. C. Stamp, J. W. Summerhayes, C. E. Taylor, A. R. Thomas, E. D. Ward, J. N. Warren, A. M. Weston, J. C. G. Whitelaw, F. J. Wright, C. H. Wrigley. *Women*: C. A. Grove, R. M. W. Turner. (Part II, Principles and Practice of Physic, Pathology, and Pharmacology): C. Arthur, H. B. Bagshaw, C. O. Barnes, J. H. Beilby, J. H. Conyers, R. M. S. Cross, E. M. Dimock, D. Divine, W. S. Dyson, F. H. Finlaison, M. S. M. Fordham, E. D. Forster, J. H. Hall, C. J. K. Hamilton, J. O. Harrison, W. V. Howells,

G. H. Jennings, J. J. Keevil, H. D. B. Kelly, W. A. Nicholson, G. L. Ormerod, P. H. L. Playfair, V. H. Riddell, N. H. L. Ridley, M. E. D. Roberts, M. A. Robertson, G. Rocyn-Jones, R. H. B. Snow, D. J. R. Steen, E. S. Stern, H. Taylor, B. C. Thompson, J. W. P. Thompson, W. R. Winterton, F. J. Wright. *Women*: A. B. Field, G. E. Grove, E. M. P. Smith.

The election to the Downing Professorship of Medicine has been ordered to be suspended until March 31st next.

### UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

M.S.—(Branch I, Surgery): D. S. M. Barlow, R. H. Boggan (University Medal), M. A. Paul, R. F. Phillips, S. M. Power. (Branch IV, Laryngology, Otology, and Rhinology): R. J. Cann (University Medal), W. A. Mill.

### UNIVERSITY OF SHEFFIELD

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—(Part I): Margaret F. Coveney, A. W. R. Eardley, J. E. Edson (Distinction in Public Health), T. A. Hunt. (Part II): C. England, A. Spencer.

### UNIVERSITY OF BIRMINGHAM

At the congregation of the University of Birmingham held on December 19th, 1930, the following medical degrees were conferred:

M.D.—F. Smith.  
M.B., CH.B.—R. H. Fooks, C. E. Moorhead, J. V. Walker.

### UNIVERSITY OF EDINBURGH

A graduation ceremonial was held on December 19th, 1930, when the following degrees and diplomas were conferred:

M.D.—†R. D. Aitken, †L. J. Davis, I. B. Ewart, †W. M. Ford-Robertson, W. Goldie, †Laura M. Ligertwood, J. H. Loots, D. P. MacIver, †M. Sokolovitch, J. Weinstein, \*J. H. Harley Williams, M. Witkin.

M.B., CH.B.—J. W. Bridgman, R. O. Cairns, J. G. Craven, W. R. de Faria, W. Finlay, K. N. Flint, M. E. Gazayerli, F. M. Gordon, †I. D. Grant, M. B. Griffith, J. R. Hope, J. E. Ilbery, E. Joffe, T. M. Khan, R. S. Kirk, G. Lang, E. H. Langschmidt, Amelia N. Laws, J. Levin, B. P. Lubbe, D. M. Lyon, A. P. M'Ar, D. C. MacGilchrist, D. J. MacRae, C. L. Maingay, H. C. Maingay, D. H. Malherbe, R. A. Mitchell, D. S. Napier, W. G. Pennington, W. M. Phinney, C. M. Ross, N. Shapiro, W. S. Shaw, Edith Simpson, H. Stange, D. Stern, D. W. Taylor, Gertrude J. K. Turner, R. A. Turner, I. D. C. Veitch, F. A. Viapree, C. B. Watson, E. S. Wyder.

D.P.H.—C. P. Beattie.

\*Awarded gold medal for thesis.

†Highly commended for thesis.

‡Commended for thesis.

||With honours.

The Ellis Prize in Physiology has been awarded to W. A. Bain.

### NATIONAL UNIVERSITY OF IRELAND

#### UNIVERSITY COLLEGE, DUBLIN

The following candidates have been approved at the examinations indicated:

M.D.—M. J. Bryson, V. C. Ellis, M. J. O'Neill.

M.D. IN MENTAL DISEASES.—F. L. McLaughlin.

M.CH. IN OPHTHALMOLOGY.—F. J. Lavery.

M.B., B.Ch., B.A.O.—\*M. Moriarty, \*F. O'K. Craven, C. P. B. Bermingham, L. Dunne, J. J. Groome, R. Dunphy, M. J. C. Lynch, N. J. McGahon, P. A. McGuinness, T. J. Martin, T. A. Moynihan, P. O'Driscoll, Johanna O'Shea, †B. de Burca, †Mary I. Brennan, †Elizabeth M. R. Clarke, †Kathleen E. Murphy, †J. O'K. Bryson, \*\*M. O'Reilly.

D.P.H.—†P. J. Deery, †M. M. J. Maughan, P. Keane, J. C. A. Liddy, J. O'Gorman, Margaret M. Partridge, J. J. Ryan.

\*Second class honours.

†First class honours, Part II.

‡Second class honours, Part II.

§Exempted from further examination in Pathology.

||Exempted from further examination in Part I (Medicine and Pathology).

¶Exempted from further examination in Part II (Surgery, Ophthalmology, and Midwifery).

\*\*Exempted from further examination in Pathology and Part II (Surgery, Ophthalmology, and Midwifery).

## ROYAL COLLEGE OF SURGEONS IN IRELAND

The following candidates have been approved at the primary examination for the Fellowship: J. Conroy, F. F. Quigley.

## CONJOINT BOARD IN IRELAND

The following candidates have been approved at the examinations indicated:

FINAL EXAMINATION.—P. J. Doyle, E. R. Duggan, R. J. Randall, C. J. C. Wilson.

D.P.M.—H. T. Kirkland.

D.P.H.—A. Doherty.

## Medical News

The second half of the session 1930-31 of the Medical Society of London opens on January 12th with a pathological meeting. The following discussions have been arranged: January 26th, medical and surgical uses of diathermy, opener Dr. E. P. Cumberbatch; February 9th, the choice of anaesthetic, Dr. I. W. Magill; February 23rd, the treatment of indolent ulcers of the leg, Mr. A. Dickson Wright; March 9th, the treatment of pneumonia, Lord Dawson of Penn; March 23rd, growth in children, clinical, radiological, and histological, Dr. H. A. Harris and Dr. H. H. Mills. The Lettsomian Lectures, on the spleen, its structure, functions, and diseases, will be delivered by Dr. J. W. McNee on February 16th and 25th and March 4th. Sir John Rose Bradford will deliver the annual oration on May 11th. The annual dinner of the society will be held at the Trocadero Restaurant on Friday, March 6th.

Dr. Alfred Adler of Vienna will give an address at a meeting of the Medical Society of Individual Psychology, to be held on Friday, January 16th, at 8.30 p.m., in the rooms of the Medical Society of London, 11, Chandos Street, W.1. All members of the medical profession will be welcome on presentation of their card.

At a meeting of the Pharmaceutical Society of Great Britain, to be held at 17, Bloomsbury Square, W.C., on Tuesday, January 13th, at 8.30 p.m., Professor E. F. Armstrong, F.R.S., will give a lecture entitled "Thoughts from a chemist's garden," in which plant colours, their meaning, interrelationship, and synthesis, will be discussed.

The sixth International Congress of Military Medicine and Pharmacy will be held at The Hague from June 15th to 20th next, and not at Budapest, as erroneously stated in last week's *Journal* (p. 1088). The subscription is 10 Dutch florins for members of the congress, and 5 florins for those who accompany them. Specially reduced railway and steamship fares will be available. Communications from those in Great Britain who wish to attend should be addressed to Major A. D. Stirling, the War Office, Whitehall, S.W.1.

The Anti-Opium Information Bureau, Geneva, announces that "An examination of the principal methods suggested for limiting the world manufacture of narcotics," presented in its Reference Document No. 1, has been issued by the Secretariat of the League of Nations in the form of Document O.C. 1278, dated November 24th, 1930.

A circular has been issued by the London County Council describing the facilities afforded by the London Ambulance Service and giving instructions for obtaining its help. Details of the conditions and circumstances in which ambulances are supplied by the Council free of cost for conveyance to hospitals or private residences, and to the Council's hospitals for infectious and non-infectious diseases, are enumerated in the circular, which also contains particulars of the prescribed charges for the transport of private patients within and beyond the administrative county of London. Explicit directions for calling an ambulance or ambulance omnibus by telephone, telegram, or letter are clearly set out, and a convenient list is given of ambulance stations and addresses. Medical

practitioners in London who desire to have a copy of the circular should apply to the medical officer of health for the metropolitan borough in which they practise.

The second International Congress of Sanitary Technique and Communal Hygiene will be held at Milan from April 20th to 26th. Further information can be obtained from the general secretary, Piazza del Duomo, 17, Milan.

We have received from Dr. Ross Mitchell, Editor of the *Manitoba Medical Bulletin*, an illustrated pamphlet, reprinting articles on Canada, Manitoba, and Winnipeg, prepared for the Ninety-eighth Annual Meeting of the British Medical Association, which appeared last year in our own columns and those of the *Canadian Medical Association Journal*. It is dedicated to Dr. A. D. Blackader, "whose enthusiasm, inspiration, and generosity made this work possible."

According to the monthly epidemiological report of the Health Section of the League of Nations, the number of cases of cerebro-spinal meningitis reported by sixty countries has declined from 17,180 during the period July 1st, 1928, to June 30th, 1929, to 16,165 during the period July 1st, 1929, to June 30th, 1930; but at the same time the number of cases increased in fourteen countries, and very markedly in some of them—namely, Lithuania, Algeria, the Sudan, Mexico, and Java. In 1929 the countries most affected by lethargic encephalitis were Denmark (3.9 cases per 100,000 inhabitants), Scotland (3.2 in the towns), England and Wales (2.6), Sweden (2.2), and Czechoslovakia. Outside Europe the morbidity was 1.7 for New Zealand and 3.2 for Japan.

Professor E. W. Hope has written—under the title *Health at the Gateway*—a history of the administrative developments affecting the public health of the city and port of Liverpool, and the questions of international hygiene associated with it. It will be published shortly by the Cambridge University Press.

A quarterly review of medicine, pharmacy, and veterinary medicine is published at Belgrade, under the editorship of Surgeon-General J. T. Staitch, director of the medical department of the Yugoslavian Army. All the original articles are summarized in French, and in English or German, and the various topics are dealt with from the practical standpoint. Interesting illustrations are numerous, and the periodical is a valuable contribution to medical literature.

The annual dinner of the Birmingham Dental Students' Society was held in the Queen's Hotel, on December 13th, 1930, the president, Mr. A. G. Clendinnen, being in the chair. The president of the Birmingham Dental Hospital proposed the toast of the society, and the dean of the hospital, in replying, expressed the hope that the Birmingham Dental School might be moved in the near future to the new hospital centre at Edgbaston. The dinner was well attended, and a large number of old students were present.

We are asked to say that a reunion dinner of the "Rough Riders" (City of London Yeomanry) will be held on January 8th. All who have ever served in the regiment are invited to attend. Tickets can be obtained from G. W. Cheesman, Markmerrow, The Ridgeway, Guildford.

Dr. Olive Robertson Watson of Edinburgh has been appointed by the Secretary of State for Scotland to be a member of the Board of Trustees for the National Galleries of Scotland, until March 31st, 1932.

The centenary of the birth of the celebrated syphilologist Alfred Fournier will be celebrated on May 12th, 1932, under the presidency of Dr. Lucien Hudelo, president of honour of the French Society of Dermatology and Syphilography. Further information can be obtained from the general secretary, Dr. Sicard de Plauzoles, 44, Rue de Lisbonne, Paris, VIII<sup>e</sup>.

The Swedish gold medal for physical education, awarded by the Swedish Gymnastic Federation, was presented to Dr. Philippe Tissie at the International Ling Congress, recently held at Stockholm.