normal duodenal secretion to have the same effect. In a series of experiments Wilkie[2] found the duodenal toxin to be harmless to normal intestinal mucosa. Williams[12] suggests that these proteose toxins are produced by heating the duodenal contents to 70° C., as was done by Whipple in their preparation. If prepared by filtration and centrifuging, they are non-toxic. I will not discuss at present whether the toxin is a bacterial one produced by *B. welchii,* but state that there is good experimental evidence to encourage the use of anti-gas serum.

TREATMENT

The above considerations have caused me since May, 1929, to treat my severe cases of intestinal obstruction by giving 2½ to 3½ pints of intravenous saline during operation, which is rather a larger quantity than is generally advocated in such cases. I have used normal saline, as it is convenient, and it seems to me that it is essentially fluids that these patients require. There might be something to be said in favour of 1.2 per cent. saline with traces of other salts as used by Rogers in treating cholera patients. The 5 per cent. saline of Haden and Orr certainly gives them salt, but he gives them less than a pint of fluid at a time. In the intravenous saline I give *B. welchii* antitoxin.

The operations are done under local anaesthesia. On return to the ward a continuous rectal saline and glucose is given by the Murphy drip method at the rate of a pint an hour. A dehydrated case will absorb another three or five pints during the night. On return to the ward 20 units of *B. welchii* antitoxin are given intramuscularly, and morning and evening till the bowels open. I have been agreeably surprised at the general condition of these patients next day.

NOTES ON ADVANCED CASES

Case 1.—A female, aged 29, was seen on May 2nd, 1929, with a right inguinal hernia, which had been strangulated for seven days. The skin over the hernia was red and shiny. Faecal vomiting was present. Using novocain as a local anaesthetic I operated, and in incising the skin found pockets of pus in the subcutaneous fat, but no gas. (A culture of this pus grew *B. welchii.*) The sac contained 8 inches of gangrenous small intestine, which was removed by resection; thereafter lateral anastomosis was done, and the peritoneum was drained. Three pints of saline with 50 c.cm. of *B. welchii* antitoxin were given intravenously during the operation, at the rate of one pint every ten to fifteen minutes. A rectal saline of 50 c.cm. *B. welchii* antitoxin was given intramuscularly in the first twenty-four hours, and a similar dose during the second twenty-four hours, following operation. The patient was very fit the morning after operation, and the bowels were open on the third day. The wound was granulating satisfactorily eighteen days after the operation, when the patient, who had had previous mental treatment, became cataleptic, and was transferred to a mental institution.

Case 2.—On August 25th, 1929, a female, aged 70, was seen on account of a right femoral hernia, which had been strangulated for three days. Vomiting was regurgitant and faeculent. At the operation, which was performed under local novocain anaesthesia and by the method of inguinal approach, a loop of strangulated small intestine was found to be viable. During the operation three pints of normal saline and 40 c.cm. of *B. welchii* antitoxin were given. The after-treatment was carried out as described above. Recovery was uninterrupted.

Case 3.—On October 27th, 1929, I operated on a male, aged 56, who had had a strangulated right femoral hernia for five days, and who was suffering from faeculent vomiting. Spinal stovaine was used, and the operation was carried out by the method of inguinal approach. A strangulated knuckle of bowel was found; it was gangrenous along the line of constriction. Resection and lateral anastomosis was done; 2½ pints of intravenous saline were given during the operation, with 50 c.cm. *B. welchii* antitoxin. The after-treatment was carried out as described above, and recovery was uninterrupted.

Case 4.—On December 3rd, 1929, a female, aged 72, was seen by me on account of a right femoral hernia, which had been strangulated for three days. She was having regurgitant vomiting. Using the method of inguinal approach, and employing novocain locally, I operated, and found that the sac contained 4 inches of gangrenous small intestine; I resected 8 inches, and then did a lateral anastomosis. During the operation three pints of normal saline and 40 c.cm. anti-gas serum were given; the routine of after-treatment followed the usual lines. There was some suppuration in the subcutaneous tissues, which were incised on the tenth day. The recovery was otherwise uneventful.

Case 5.—A female, aged 66, suffering from a right femoral hernia which had been strangulated for two days, was operated on by me on June 16th, 1930. Novocain was used as a local anaesthetic, and I chose the method of inguinal approach. Prior to the operation the patient was suffering from regurgitant and faeculent vomiting, but I found that the small intestine, though strangulated, was viable. During the operation 3 to 3½ pints of normal saline and 40 c.cm. *B. welchii* antitoxin were given. The after-treatment was as described above, and recovery was uninterrupted.

SUMMARY

Attention is drawn to the dehydration of intestinal obstruction similar to that stressed by Lawrence in diabetic coma, and by Rogers in cholera. All three diseases show tissue shortage of water, high blood urea, low blood chlorides. Large quantities of intravenous saline (2½ to 3½ pints) associated with *B. welchii* antitoxin can be given advantageously during the operation for intestinal obstruction, followed by rectal saline and glucose after operation.

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Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

SERUM ANAPHYLAXIS

In view of the widespread use of serum in the treatment of various diseases, the two following cases are of importance.

A boy, aged 16, suffering from pyaemia, was receiving, with other treatment, intravenous doses of antistreptococcal serum. He had six of these without any untoward effect. While receiving the seventh dose he suddenly began to cry out that he could not get his breath, and exhibited all the signs and symptoms of anaphylaxis. The previous dose of serum had been given only three days before, and the make of serum used was the same throughout.

The other case is that of a woman, aged 30, suffering from suspected puerperal septicaemia. She had six doses of serum, and while receiving the seventh dose she exhibited the classical signs of anaphylaxis. The previous dose of serum had been given only two days before, and the make of serum used was constant.

In each case the serum was being given intravenously, and the symptoms commenced before the needle had been withdrawn from the vein. Both patients responded very well to adrenaline, and recovered completely in a short time.

These cases are of great interest in that the interval between the two last doses of serum was three days in one case, and two days in the other. Every textbook leads one to believe that serum given in doses at intervals

of less than ten days is perfectly safe. Evidently this is not so. It would seem to be a wise precaution always to have adrenaline ready for administration in every case when serum is given.

Our thanks are due to Dr. H. H. MacWilliam for permission to publish these cases.

W. S. BRINDLE,
R. E. JACKSON,
Assistant Medical Officers,
Walton Infirmary.

Liverpool.

LABOUR AND MITRAL STENOSIS WITH INCOMPETENCE

Mitral stenosis, one of the graver of the chronic valvular lesions, is almost always accompanied by a degree of incompetence. That the strain of pregnancy and labour has an adverse effect on the prognosis of valvular disease is recognized. Fatal terminations are not unknown, but auricular fibrillation or tricuspid incompetence and progressive cardiac failure are more likely to supervene when the disease affects the mitral valve. The case here recorded illustrates an unusual complication arising during labour in a woman suffering from mitral stenosis.

Mrs. A., aged 35, had an attack of acute rheumatic fever when 9 years of age. There was no history of any other serious illness. Her four previous pregnancies and labours had been uneventful, and there had been no symptoms of cardiac insufficiency. This (her fifth) had also been normal. On September 7th, 1930, at 9 a.m., the first definite labour pains were noticed. The position was left occipito-anterior, pulse regular in time and force, rate 80 per minute. Cardiac dullness was increased, especially to the right, the right border being 2½ inches from the middle line. Auscultation revealed mitral stenosis and incompetence. On September 8th, at 12.30 a.m., the patient delivered herself of a healthy female child weighing 12¾ lb. Labour had therefore lasted fifteen and a half hours, the slight delay being due to the large child. The pulse had remained at 80 beats per minute until one hour before delivery, when it was last recorded. Just after delivery of the placenta, a few minutes following the birth of the child, the patient suddenly became blanched, but a few seconds later regained her normal good colour. Similar rapid alterations in colour were observed during the succeeding ten minutes, and at the same time there was considerable loss of blood, amounting to a haemorrhage. The pulse rate was 32 per minute, was regular in time, and of good force. With pressure on the fundus the bleeding was controlled and the patient looked better. An hour and a half later the pulse rate was 42 per minute, with a similar heart rate and regular rhythm. Twelve hours later heart and pulse were regular in rhythm, and their rates 40 beats per minute.

On September 9th the heart rate was 40 and the pulse rate 40; both regular. Respirations were 20 per minute. The patient was feeling well. On September 10th the heart and pulse rates were as above, but the respirations had increased from 20 to 64 per minute. The patient complained of slight cough, but otherwise felt very comfortable. On questioning, haemoptysis was stated to be present, and on examination there was dullness of the right apex, with increased vocal resonance and very faint breath sounds. A diagnosis of pulmonary infarction was made. The temperature throughout never rose higher than 99° on the fifth and again on the seventh day. On the fifth day mild auricular fibrillation set in. This was controlled with digitalis, and the patient's convalescence was thereafter uneventful. The area of infarction cleared up, and the patient was able to get up on the twenty-fourth day after confinement.

The chief points of interest are:

1. The physical strain and effort of a hard labour in a patient suffering from rheumatic infection of the heart precipitated an attack of heart-block of a severe degree. Although the onset was ushered in with alarming symptoms the attack proved to be temporary.

2. The infarction of the right apex, due most probably to a small intracardiac thrombus from the right auricle or ventricle. Most infarcts are found in the lower lobes.

3. The absence of marked symptoms pointing to infarction apart from the increased respiratory rate and slight cough. Haemoptysis had to be inquired for.

ALEC B. WALKER, M.D., M.R.C.P.
A. CAMERON EWING, M.B., CH.B.

Newtongrange, Midlothian.

A FATAL CASE OF POISONING BY PHENYLCINCHONINIC ACID

Several fatal cases of poisoning by phenylcinchoninic acid have been recorded, and the following may therefore be of interest.

A man, aged 60, consulted me on account of feeling ill and being jaundiced. He had never had a severe illness, but had lived a large part of his life in the East, and had had malaria, though not badly. He was a moderate drinker.

His pulse was slow, his temperature was subnormal, and he presented a slight icteric tinge. The tongue was a little furred, and there was anorexia and nausea. The liver edge was just palpable.

On a diagnosis of catarrhal jaundice, I placed him on small doses of alkalis and the usual diet. Three days later he was worse; his tongue was very dirty, vomiting was very troublesome, and his stools were clay-coloured; the jaundice was much deeper. After much questioning, I discovered that he had been taking phenylcinchoninic acid (on the advice of a non-medical friend whom he had met in India two months before) for what he thought was gout. He had taken 45 grains a day for a maximum of four days; he then rested three days, and resumed. This had been going on continuously for the two and a half months preceding his illness.

Two days after this he became drowsy, his pulse rose, and I sent him to a nursing home. His stools were now normal in appearance. Van den Bergh's test gave a direct positive result, with forty units of bilirubin—about eighty times the normal amount—in the indirect reaction. Next day the jaundice was intense, the drowsiness increased, and his pulse was 100. His urine then contained albumin and the urea content was 1.65; no leucine or tyrosine crystals were seen, and it was strongly alkaline. Ehrlich's diazo reaction produced a reddish-brown coloration, and Schlesinger's test for urobilin was negative. The fair amount of urea, and the absence of leucine and tyrosine was then of good omen, but the clinical picture of intense toxic jaundice was very disquieting. At this time the left lobe of the liver, which had been enlarged, ceased to be palpable. There was no abdominal tenderness. Two days later he became comatose. I replaced two pints of his blood with normal saline solution, which roused him for a little while, but he relapsed and died twenty-four hours later.

The post-mortem examination revealed as follows: The body was well nourished, and there was a right inguinal hernia. The stomach and duodenum showed signs of a severe catarrhal condition of the mucous membrane, but there was no ulcer or growth. The pancreas seemed normal, but the spleen was enlarged, and there were yellowish patches over it. The liver was somewhat shrunken, soft, and friable, and covered with yellow areas of necrosis. The gall-bladder was normal, with no stone. Microscopical section of the liver showed intense cloudy swelling, with fragmentation and focal necrosis at the periphery of the lobules. Death was due to acute hepatitis, which in the absence of any other exciting cause must be attributed to the drug. The amount taken was not much in excess of that commonly prescribed, nor is the period over which it was taken exceedingly out of the way.

Possibly the chronic hepatitis attributed to those who have spent much time in the Tropics rendered his liver cells less resistant to the toxic action of the drug—supposing that it acts directly, and not by means of the gastro-duodenitis which it produces. The rapid progress of the case to a fatal issue is also perhaps noteworthy.

I am indebted to Dr. R. Waterhouse for his opinion and pathological work in this case.

Bath. WARREN MORRIS, M.R.C.S., L.R.C.P.

gifts enabled him to overcome all difficulties, and he retained to the end his habits of simple living and of hard work. By dint of early rising and constant reading he not only kept himself in an unusual way in touch with modern medical and general literature, but was throughout his life a keen student of natural science, and particularly of botany. His devotion to his work and to his library left him with little time or inclination for outside pursuits. He was a man of sterling character who did not make friendships lightly, but to those who knew him well he was a staunch companion. He gave freely of his skill and advice to his patients without thought of financial reward. He was laid to rest in the churchyard of Echt under the shadow of the hills he loved so well, and the large gathering of mourners bore evidence to the esteem and affection in which he was held by all classes of the community.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

E. G. Fearnsides Scholarship

The Vice-Chancellor gives notice that this scholarship, which is for clinical research on the organic diseases of the nervous system, is open to members of the University or of Girton College or Newnham College who are graduates or titular graduates in medicine, or to graduates or titular graduates in arts who have passed Part II of the Natural Sciences Tripos. (For conditions see *Ordinances*, p. 540.) Applications must be sent to the Registrary before June 20th, 1931.

UNIVERSITY OF LONDON

Sir George Newman, K.C.B., and Mr. Arthur Edmunds, senior surgeon to King's College Hospital, have been appointed Fellows of King's College.

The Julius Mickle Fellowship has been awarded to Dr. C. H. Andrewes for 1931 for his research work on viruses.

LONDON SCHOOL OF MEDICINE FOR WOMEN

Miss Elizabeth Bolton, M.D., B.S., has accepted the honorary office of Dean of the London (Royal Free Hospital) School of Medicine for Women, on the resignation of Lady Barrett.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

A meeting of the Royal College of Physicians was held on January 29th, when the President, Sir John Rose Bradford, Bt., was in the chair.

Representation of People Bill

The College passed a resolution expressing strong disapproval of the proposal contained in the Representation of the People Bill to abolish university franchise and university representation.

Appointments

Dr. J. A. Arkwright was elected an examiner in tropical medicine and hygiene, and the President announced that the Censors' Board had appointed Dr. James S. Collier to deliver the FitzPatrick Lectures in November.

The following Fellows were appointed representatives of the College: Sir John Rose Bradford, at the centenary celebrations of the British Association for the Advancement of Science in September next; Dr. H. H. Dale, at the Faraday celebrations at the Royal Institution of Great Britain in September; Dr. F. G. Chandler, at the seventh annual conference of the National Association for the Prevention of Tuberculosis at Margate in June; Dr. S. Monckton Copeman, at the congress of the Royal Sanitary Institute at Glasgow in July; and Dr. J. L. Birley, at the second biennial conference of the National Council for Mental Hygiene, London, in May.

Membership

The following were elected Members of the College:

Gilbert Cleary Babington, M.D., Kenneth Vernon Bailey, *M.C.*, M.D., William George Barnard, L.R.C.P., Andrew Russell Buchanan, M.D., George Douglas Gordon Campbell, M.B., Frederick Russell Chisholm, M.D., George Alexander Davidson, M.D., Derek Ernest Denny-Brown, M.B., Carl Hercules Fouché, M.B., John Lewis Franklin, M.B., Mohammad Mohammad Gaafar, M.B., Alexander Stephenson Hall, L.R.C.P., Percy Ellis Thompson Hancock, L.R.C.P., Sydney Walpole Hardwick, L.R.C.P., John Clifford Hoyle, M.B., Stanley George James, M.B., Florence Heath Johnson, M.B., Austin Braybrooke Kettle, M.B., Norman Murdoch Matheson, M.B., Louis Mirvish, M.B., William Eric Marcus Mitchell, *M.C.*, M.B., Geoffrey Charles Pether, M.B., Datla Satyanarayana Raju, M.B., George Harold Robertson, M.D., Stephen John Scurlock, *M.C.*, M.D., Gwladys Victoria Smallpeice, M.D., Laurence Alfred Howard Snowball, M.B., Edward Samuel Stern, L.R.C.P., Samuel Sappy Suzman, L.R.C.P., Percy Stanley Tomlinson, D.S.O., L.R.C.P., Ernest Rohan Williams, M.B.

Licences

Licences to practise physic were granted to the following:

J. E. Abell, I. S. Acres, F. P. Adams, †S. S. Ahluwalia, N. W. Alexander, S. Amir-ud-Din, A. T. Andreasen, Gwendolen E. Austin, H. B. Barker, C. C. Beresford, C. E. Bevan, B. N. Bhandari, K. Biden-Steele, E. T. Blacklee, J. F. E. Bloss, L. T. Bond, J. D. Bright-Richards, K. C. Buck, J. T. Cahill, H. Canwarden, A. B. Carter, †W. N. Chalmers, M. H. Churchill, A. R. Clarke, G. M. Conder, J. S. Cotman, J. L. S. Coulter, S. T. Cowan, H. E. B. Curjel, A. Cursham, R. D. Darley, Jane A. Davies, R. R. Davies, F. M. Day, C. G. Eastwood, J. M. Erskine-Young, C. F. Evans; Mary Evans, B. E. Fernando, E. D. FitzPatrick, J. S. B. Forde, R. J. Furlong, J. R. Gilmour, R. W. Graham-Campbell, E. B. Grogono, Rachel Gubbay, N. Harburn, H. E. Harding, Florence R. Hart, Joan E. Harwood, F. T. J. Hobday, G. N. Humphreys, J. T. Irving, D. W. James, N. R. Jeffery, V. S. John, E. Johnson, E. Jones, L. R. Jordan, Henrica A. Kellgren, J. A. Kersley, T. C. Lansdale, S. Lefcovitch, C. S. Lewis, A. H. Loudoun, †Marjorie Low, G. G. Ludgater, †Marjorie N. Lunn, J. O. McCarter, S. F. Marshall, R. W. Maxwell, W. A. Mirza, E. D. Morgan, J. E. L. Morris, Lois M. Munro, Emilata Nawalkishore, †Ethelwyn M. Newham, †D. Ockman, M. J. O'Donnell, J. W. Oliver, Doris Onions, J. A. R. O'Regan, F. L. L. Patrick, H. C. Pickering, J. H. Pierre, Winifred M. Pitkin, W. H. Poole, S. Rajapaksa, T. P. V. Rao, G. J. Roberts, H. W. Rodgers, L. Rose, P. M. G. Russell, J. D. Scott, T. D. Shahani, Elwyth M. Sharples, I. Sherman, C. H. Sherwood, R. H. D. Short, M. I. Silverton, R. N. C. Smith, L. R. C. South, S. K. Squires, A. M. Stewart-Wallace, N. V. Storr, Mary Sutcliffe, R. B. Sutcliffe, T. R. Swarup, W. A. F. Taylor, W. S. Terry, O. Thomas, W. E. Thomas, W. J. Tindall, J. F. Todd, V. H. Tompkins, R. L. H. Townsend, D. Trimble, R. S. Trueman, N. A. Vernon, F. L. Wheaton, A. G. W. Whitfield, R. C. W. Whitling, R. Wilkinson, Anne E. Williams-James, D. Wilson, Edna M. Wilson, T. D. G. Wilson.

† M.R.C.S. previously granted.

Diplomas

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

PUBLIC HEALTH.—S. D. Ahuja, Mary E. Appleby, R. Behari, F. W. Bradley, E. L. Carter, Elizabeth Cooper, W. L. S. Cox, J. Fenton, A. Golombek, F. Grundy, M. L. Gulatee, W. Gunn, Josephine M. Howells, L. R. Kapur, Margaret S. Mackay, L. M. J. A. Pilot, S. T. Seccombe, W. E. Tyndall, K. K. Wood.

PSYCHOLOGICAL MEDICINE.—W. R. Ashby, E. P. Boyle, T. P. Curran, B. Das, J. B. Dedman, G. H. Fraser, B. K. Lal, W. Lambert, S. J. Laverty, T. W. Robbins, junr., T. G. Short, May I. Wallace.

LARYNGOLOGY AND OTOLOGY.—A. L. Bryant, E. J. G. Glass, A. S. Hatch, H. B. Lieberman, M. L. Poston, D. I. Rees, W. J. Roche, G. C. Snell, Nettie H. Stein, J. D. Wicht, R. N. Wilcox.

Lectures

Surgeon Captain S. F. Dudley, R.N., will deliver the Milroy Lectures on February 26th and March 3rd and 5th, at 5 p.m., on "Some lessons of the distribution of infectious disease in the Royal Navy"; Dr. Macdonald Critchley the Goulstonian Lectures on March 10th, 12th, and 17th, on "The neurology of old age"; and Sir William Willcox the Lumleian Lectures on March 19th, 24th, and 26th, on "Toxic jaundice."

CONJOINT BOARD IN SCOTLAND

The following candidates, out of eighty-one who entered, have been approved at the examination indicated, and have been granted the diploma of L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P. and S.Glas.:

J. L. Razdan, B. Meyerowitz, F. Nafi, M. J. Liebenberg, J. Cochran, H. W. C. Robertson, E. E. Smithers, A. R. Rasaiah, A. E. Carrol, T. W. Gregory, Wai-Ming Tso, J. C. Blok, C. L. Tessensohn, N. Shapiro, R. Morton, J. D. Blaine, A. A. MacDougall, H. Michaelson.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—G. C. Brown, W. G. Kingston, S. H. Thaler, S. M. R. Tuteur.

MEDICINE.—A. J. P. Coetzee, D. R. Rigg, R. Schauder.

FORENSIC MEDICINE, HYGIENE, AND INSANITY.—A. J. P. Coetzee, C. L. Ferguson, W. R. Packenham, D. R. Rigg.

MIDWIFERY.—G. C. Brown, A. E. Mathews, A. W. Toussaint.

Medical News

On the occasion of the tenth anniversary of the Polish Society of Oto-Laryngology Sir StClair Thomson was elected an Honorary Member.

A public meeting, under the auspices of the Aberdeen Division of the British Medical Association, will be held in the Cowdray Hall, Aberdeen, on Wednesday, February 11th, at 8.15 p.m., when Sir Robert Bolam will deliver an address on "The hospital and the doctor in a national medical service." Dr. Thomas Fraser will take the chair.

A special discussion on mental symptoms associated with brain tumours has been arranged for a joint meeting of the Sections of Neurology and Psychiatry of the Royal Society of Medicine to be held on Thursday, February 12th, at 8.30 p.m.

The next meeting of the Chelsea Clinical Society will be held at the Hotel Rembrandt, on Tuesday, February 17th, when Dr. W. Langdon Brown will open a discussion on the treatment of glandular deficiencies. Dinner at 7.30.

The annual dinner of the Glasgow and Aberdeen Universities, North-East of England Club, will be held on Thursday, February 12th, at 7 o'clock, at the Station Hotel, Newcastle-on-Tyne. Graduates of Glasgow and Aberdeen Universities will be welcomed, and tickets may be obtained from Dr. J. Y. T. Greig, Armstrong College, Newcastle-on-Tyne.

The annual general meeting of the Medical Officers of Schools' Association will be held at 11, Chandos Street, W.1, on Friday, February 20th, at 5 p.m. After the conclusion of business Dr. W. J. O'Donovan will read a paper on impetigo in day schools and public schools.

The Pharmaceutical Society of Great Britain will hold a conversazione at 17, Bloomsbury Square, W.C., on Tuesday, February 10th, from 7 to 10 p.m. The whole of the society's premises will be thrown open to visitors, and there will be exhibits in the museums, library and school, and in the research and pharmacological laboratories.

A joint meeting of the Manchester Medical Society and the Liverpool Medical Institution will be held in the Medical School of the University of Manchester, on March 5th, at 5 p.m. Mr. Geoffrey Jefferson will read a paper on the surgery of the pituitary body, Dr. H. T. Ashby will discuss the treatment of pulmonary tuberculosis in children by sanocrysin, and Mr. J. B. Macalpine will speak on some points in the diagnosis of ureteric stone. At a joint meeting of the Manchester Medical Society with the Pathological Society of Manchester, to take place on April 15th, Dr. Arthur J. Hall will give an address on epidemic encephalitis.

A meeting of the National Council for Mental Hygiene will be held at 11, Chandos Street, W., on Thursday, February 12th, at 5.15 p.m., under the chairmanship of Sir Squire Sprigge, when Mrs. Neville Rolfe will read a paper on modern marriage and its problems.

A meeting of the London Jewish Hospital Medical Society, Stepney Green, E., will be held on Thursday, February 12th, at 3.30 p.m. Mr. Somerville Hastings, F.R.C.S., M.P., will give an address on the trend of medical practice. Visitors will be welcomed.

Particulars of the lectures and demonstrations arranged for next week by the Fellowship of Medicine will be found in our Diary of Post-Graduate Courses, published in the *Supplement* at page 44. Copies of syllabuses and tickets of admission can be obtained from the Fellowship, 1, Wimpole Street, W.1. The list of special courses arranged for 1931 is now available.

The following post-graduate courses will be held in Berlin during March and April, under the joint auspices of the Berlin University medical faculty and the German organization for international courses. From March 2nd to 7th there will be a series of lectures and demonstrations on various clinical problems viewed from the standpoint of the latest pathological and anatomical findings. A course in the practical aspects of diagnosis and therapeutics will continue from March 9th to 21st; this will be followed by a special series of demonstrations on radiodiagnosis and radiotherapy from March 22nd to 29th. A surgical course will be held from April 13th to 18th. Additional information about these courses may be obtained from the secretary of the international courses in Berlin, Kaiserin Friedrich Haus, Luisenplatz 2–4, Berlin, N.W.6.

As will be seen from an announcement in the advertisement columns, applications to participate in the Government grant for scientific investigations for 1931 must be sent to the Royal Society by March 31st. They must be made on forms to be obtained from the Clerk to the Government Grant Committee, Royal Society, Burlington House, London, W.1.

The National Opotherapeutic Institute of Pisa, founded by Professor Achille Sclavo, whose death was announced in the *Journal* of December 27th, 1930, will award an Achille Sclavo prize of 4,000 lire, and a consolation prize of 1,000 lire, for the best monograph on the present state of endocrinology, physiopathology, and clinical medicine. Competitors should send their work, which should be in print or typescript, to the director of the institute, Via Contesa Matilde 27, Pisa, by December 31st, 1931.

The centenary of the birth of François Sigismond Jaccoud, who died in 1913, was celebrated at a meeting of the Académie de Médecine on December 9th, 1930, when eulogies of him were delivered by the president, Professor Ménétrier, and the general secretary, Professor Achard. Jaccoud was professor of clinical medicine in the Paris faculty, author of a textbook of medicine, of which seven editions were published, of a remarkable work on the curability and treatment of pulmonary phthisis, and of clinical lectures delivered at the Pitie and Charité Hospitals, and translations of Graves's clinical lectures.

In the advertisement columns of the *Journal* this week will be found details of the regulations for the award of the second Garton prize and medal, which were instituted by the Grand Council of the British Empire Cancer Campaign in order to encourage investigations into the nature, causes, prevention, and treatment of cancer. The subject on which contributions are now invited relates to the biological effects and mode of action of radiations upon malignant and other cells. The award will be made early in 1934; the dissertations must be received by the honorary secretary of the British Empire Cancer Campaign not later than December 31st, 1933.

Under the will of the late Sir Otto Beit, £290,000 is left to his executors for distribution to charities and scientific institutions, including £50,000 to King Edward's Hospital Fund, £10,000 each to Guy's, the London, and St. George's Hospitals, £5,000 to the Homoeopathic Hospital, £2,500 each to the Children's Sanatorium at Holt and the Seaford Convalescent Home, £25,000 to the Imperial College of Science and Technology, £10,000 each to the Royal Society, the University of Cape Town, and the University of Witwatersrand, and £5,000 to the Strangeways Research Hospital at Cambridge.

Dr. Èva Louise Roberts, of the Inner Temple, was called to the Bar on January 26th.

Dr. Edwin Smith, coroner for the western district of London, has appointed Dr. W. H. L. McCarthy and Dr. F. T. Grey, barristers-at-law, to act as his deputy and assistant deputy respectively; and Mr. S. Ingleby Oddie, coroner for the central district, has appointed Mr. P. B. Skeels as his assistant deputy.

Dr. Demoor has been elected president of the Royal Academy of Medicine of Belgium for 1931.

The twenty-third Dutch Congress of Natural Science and Medicine will be held at Delft from April 7th to 9th.

A severe epidemic of diphtheria has recently occurred in Belgrade, causing the death of 104 children in two days.