was examined, and gonococci were found to be present. No Klebs-Loeffler bacilli were detected.

The condition was treated at first with mild antiseptic drops and subsequently with argyrol. At the end of a month the discharge had quite ceased.

COMMENT

This case presents many interesting features of clinical and sociological importance.

1. Gonococcal rhinitis may easily be overlooked as the true cause of a coryza. The bacteriological diagnosis is made difficult by the similarity of the *Micrococcus catarrhalis*, which is also Gram-negative and sometimes occurs in pairs, but is never intracellular.

2. The prophylactic instillation of drops into the baby's eyes at birth undoubtedly averted an attack of ophthalmia.

3. Inquiry into the history of the labour revealed a prolonged third stage, predisposing probably to the inoculation of the infant's nasal mucous membrane with infective vaginal secretion.

4. The diagnosis of gonococcal infection in married women presents many difficulties, but its possibility as the cause of a vaginal discharge should always be considered. When the infection is transmitted by a male with chronic gonorrhoea the urethra is seldom affected, and symptoms of mild endocervitis may alone develop. These may be attributed to a cervical laceration.

5. A thorough examination of the male genital tract before marriage is of paramount importance to exclude the possibility of latent disease.

6. The gonococcus retains its virulence for years in the glands of the prostate, seminal vesicles, and Littré's follicles, and a negative blood serum reaction does not exclude the possibility of a gonococcal focus. The best single routine test of cure is examination of the prostatic fluid for pus cells.*

The foregoing presents ample opportunity for criticism and discussion, and comment from our colleagues would be welcomed.

RUPTURE OF THE PANCREAS

BY

JAMES D. GRAY, M.D.Glas. AND JOHN C. HODGSON, M.D.Ed.

The rarity of this lesion encourages us to publish the following case.

The patient, a man aged 20, while playing football, was charged by another player and fell to the ground with his opponent on top of him. The latter's knee hit him on the abdomen. He attempted to carry on but failed.

He was seen by one of us within fifteen minutes of the accident, and presented the following typical picture of shock. He was pale and anxious, with beads of sweat on his brow, but he was quite conscious and intelligent. The lips and ears were pallid; the skin was cold and clammy, and of greyish hue. Pulse rate was 108 per minute and feeble; temperature was 97° F. Respirations were thoracic, sighing and irregular. He complained of severe abdominal pain, chiefly in the area under the umbilicus. The whole abdomen showed an absolute board-like rigidity, and his knees were drawn up to a marked degree.

He was treated by heat, and sent in to Ashford Hospital for operation with a provisional diagnosis of ruptured viscus. When seen in hospital by both of us an hour later his condition had considerably improved. Muscular rigidity was almost negligible; pulse rate 92 per minute and quite strong; temperature 97.6°; and respirations 20 per minute and regular. We decided to leave him under observation. Two hours later, however, his condition had changed. Pulse rate was still 92 per minute and strong, but he again looked haggard and anxious, and his abdomen showed muscular rigidity, most marked in the right hypochondrium. It was decided to operate at once.

A right paramedian incision was made, and the first thing evident was extensive fat necrosis, chiefly in the mesentery and omentum. Greenish-yellow areas were seen, varying in size from a pin-point to areas half an inch in diameter, these latter having an appearance not unlike gas gangrene. In addition, there was a large extravasation of blood under the peritoneal coat of the whole ascending colon and caecum. It was found impossible to stitch the pancreas, so drainage tubes were inserted and the abdomen closed. No wound was found in any other viscus.

The following morning the patient seemed somewhat better. His pulse rate was 96 per minute, temperature 98°, respirations variable. There was a copious greenish serous discharge from the drainage tubes. In the afternoon incessant vomiting of dark foul-smelling material set in, and he complained of tenesmus of the bladder. Twenty-four hours after the operation his heart began to fail, and he died forty hours after the accident.

Even during the operation his pulse was slow, and at no time till cardiac failure set in did it exceed 96 per minute.

Post-mortem examination revealed: (1) A tear of the pancreas anterior to the vertebral column; there the pancreas was changed into a dark haemorrhagic slough. (2) Extensive fat necrosis, especially in the omentum and mesentery. (3) A haematoma under the peritoneal coat of the ascending colon and caecum, but this was not so marked as during life. (4) Multiple adhesions of a fairly firm nature. (5) No free blood in the peritoneal cavity. (6) No tear of any other organ or of the gastro-hepatic omentum, and no bruise of the anterior abdominal wall.

REMARKS

The following points in this case seem noteworthy.

The Form of Violence.—This cannot be compared with that of most published cases—for example, a crush between the buffers of a train or a heavy fall of earth. The opponent's knee must have been applied directly over the vertebral column, when the muscles were quite lax, and the pancreas crushed across the backbone. It is strange that rupture of no other organ was found.

Muscular Rigidity.—Rigidity was present a quarter of an hour after the lesion and passed off only to recur. The textbook pancreatic lesion gives muscular rigidity as slight or absent. Is it possible that very early in the picture of a pancreatic lesion muscular rigidity does occur, and has already passed off when the patient comes under observation?

Pulse and Temperature.—The pulse was slow, and the temperature subnormal in this case. This is the rule in pancreatic lesions.

* The technique of this test is described in Storer's *Youth and Disease*, third edition, p. 122.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

AN UNUSUAL ABDOMINAL INJURY

Mr. C. H. Fagge, in his paper entitled "A plea for the earlier diagnosis of abdominal emergencies" (January 10th, p. 50), laid emphasis on the importance of the pulse rate in diagnosis. The following history of a case of abdominal injury may be of interest.

A man, aged 56, was admitted into the Stockport Infirmary in April, 1930, suffering from a penetrating wound of the abdomen. He had been transfixed by an iron bar about 4 feet in length and 1 inch in diameter. The bar entered the anterior abdominal wall 2 inches below the right costal margin and 2 inches from the middle line. It emerged behind, just above the crest of the right ilium at the outer border of the erector spinae muscle. The patient himself extracted the bar. On admission to the hospital he complained of pain at the site of the anterior wound. The pulse rate was 76, and the temperature 98° F., and there did not appear to be much shock. The tenderness was superficial, and the rigidity diminished with gentle local pressure, unlike the rigidity due to peritoneal irritation. There was no loss of

liver dullness, and no clinical evidence of a ruptured viscus. In spite of the fact that penetration of the peritoneal cavity must have taken place, it was decided to await symptoms, a half-hourly pulse record being charted. The local tenderness persisted for several days, but the pulse rate remained regular and normal. The only complication was an attack of bronchitis eleven days after the accident. *X*-ray examination eliminated the possibility of subphrenic abscess, and the condition soon subsided. The wounds healed quickly, and laparotomy did not turn out to be necessary.

In this case it was obvious that the peritoneal cavity had been traversed, and it seemed extraordinary that damage of a viscus had not been produced. The clinical sign of most value in determining treatment here was the condition of the pulse, the rate and tension of which remained normal until the temporary attack of bronchitis developed.

Manchester. D. M. SUTHERLAND, M.D., F.R.C.S.

CONGENITAL ABSENCE OF LEFT HALF OF DIAPHRAGM

Congenital absence of the left half of the diaphragm is a rare condition, and a report of the following case may be of interest.

A multipara gave birth to a full-time male child weighing 6½ lb. The labour was precipitate, and the baby was born before the arrival of a nurse. The mother stated that the child moved and made inspiratory efforts, but did not long survive after birth.

On post-mortem examination I found there was a complete absence of the left half of the diaphragm. The left side of the thorax was occupied by coils of small intestine, liver, and the left lung, which was quite unexpanded. The left parietal pleura and peritoneum formed an uninterrupted membrane. The heart was displaced to the right side, and the right lung was partially expanded. No other abnormality was found.

Congenital absence of the left half of the diaphragm is not incompatible with life. Cases have been recorded of individuals with this condition living to adult life. In one case recorded by LeWald[1] the patient was able to indulge in athletics, and was a successful entrant in a five-mile relay race.

Petersfield, Hants. TREVOR HOEY.

Reports of Societies

THE CHOICE OF AN ANAESTHETIC

At the meeting of the Medical Society of London on February 9th, with Dr. R. A. YOUNG, president, in the chair, the subject for discussion was the choice of an anaesthetic.

Dr. I. W. MAGILL, in opening, said that anaesthesia had done much to assist the progress of surgery, but for a long period it was enough for the surgeon if the patient was presented fully anaesthetized, and no inquiry was made as to method. Well-tried agents like chloroform and ether would produce good operative conditions, but their wholesale use was not always the best for the patient. Both were toxic, they did nothing to spare the patient the distressing anticipation of events prior to operation, induction was not pleasant, and recovery was attended by nausea and discomfort, so that the circumstances of the anaesthesia were often more dreaded than the operation itself. Turning to other anaesthetics, Mr. Magill said that nitrous oxide and oxygen anaesthesia was declared to be capable of producing abdominal relaxation, but unless the patient underwent a secondary saturation which amounted to a considerable degree of asphyxia, or was placed on preliminary medication to a more or less dangerous degree, this was not possible. Ethylene was more satisfactory, gave better relaxation, and could be used with as much as 20 or 30 per cent. of oxygen. He had found it particularly useful in thoracoplasty. The smell, however, was a disadvantage, and the risk of explosion also limited its use. It was in respect to the basal hypnotics that most progress had been made. Adequate basal hypnosis protected the patient from psychic shock, and diminished or eliminated post-operative nausea and vomiting. Of the various basal narcotics he found paraldehyde the most suitable for children. Of the derivatives of barbituric acid he had most experience of nembutal, though he would not wish it to be understood that he placed this above avertin in every case. With regard to spinal anaesthesia, much hostile criticism directed against stovaine should have been directed against faulty technique. At the Mayo Clinic spinal anaesthesia with novocain was the favourite method. The choice of anaesthetic must depend to some extent on the temperament of the patient. The general practitioner was frequently averse to the use of any new form of anaesthetic. The choice was largely dictated also by the nature of the operation. For abdominal sections he used spinal anaesthesia if the patient was able to stand a moderate fall of blood pressure. In exophthalmic goitre he gave an adequate basal hypnosis carefully gauged in accordance with the patient's condition, then local anaesthesia, with gas and oxygen held in reserve in case general anaesthesia was necessary. In operations on the nose performed under general anaesthesia, he believed the safest method to be intratracheal intubation ; only by that means could an absolutely free airway be guaranteed.

Sir FRANCIS SHIPWAY spoke of the disadvantages of deep ether, especially the liability to bronchial complications. He believed that spinal anaesthesia should be more used in abdominal operations ; it was safe, and the results after operation were extremely good. There were two or three drugs which afforded great satisfaction to the patient and to the surgeon. He did not want to draw any comparison between avertin and nembutal ; he had not had enough experience of the latter to say much about it, but he believed that it had a great future. Whether it should be given by the mouth or intravenously was open to discussion. Avertin was always given by the mouth, and this he thought to be an extraordinarily valuable drug ; he preferred it to paraldehyde—which he thought now rather out of date—for children. It was perfectly wonderful what could be done with this drug. Quite a number of children who had had operations for removal of tonsils or of the appendix were walking about to-day without ever knowing that they had undergone an operation. At a later stage in the discussion he said that he did not want to leave the impression that he thought basal hypnotics should be used as a routine.

Dr. C. F. HADFIELD thought that Sir Francis Shipway had spoken far too strongly of pulmonary complications following administration of ether. At the hospital at which the speaker worked, if there was any pulmonary complication he was sure to hear of it, and as far as he remembered during many years' experience, only one patient had died of a pulmonary complication after ether, and that was at a time when half the people in the ward had influenza, and the operating surgeon himself was affected. Dr. Featherstone in Birmingham some time ago analysed thousands of cases and found no

[1] LeWald, L. T.: *Arch. Surg.*, January, 1927, xiv, 322 (Part 2).

campaign in Ireland, and gave lectures in many parts of the country. As a sportsman he was well known. In early life Rugby football was his favourite recreation, and for several seasons he acted as captain of the Armagh XV. Hunting and walking were also sports which interested him, and socially he was very popular. He was an active member of the Portadown and West Down Division of the British Medical Association. The funeral took place at St. Mark's Churchyard, Armagh, and was largely attended.

Dr. PAUL TRENDELENBURG, professor of pharmacology in the University of Berlin, died on February 4th, after a long illness, borne with great fortitude. Paul Trendelenburg was one of the best-known pharmacologists in Germany, and a man of great personal charm, whose loss will be greatly regretted by many friends whom he made when at Freiburg im Breisgau before the war and also in the various appointments he has held since.

The following well-known medical men have recently died: Dr. CARL GUTMANN, director of the dermatological department of the Wiesbaden Municipal Hospital; Professor SOMA BECK, director of the dermatological clinic at Fünfkirchen; Dr. PUIG, a prominent Paris stomatologist; and Dr. JUAN ALBA CARRERA, formerly assistant professor of toxicology at Buenos Ayres.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons spent two days this week on agricultural legislation, and two days discussing national economy and unemployment. A Prohibition Bill was the first order for Friday.

Bills

The Hospitals (Relief from Rating) Bill, introduced by Mr. Llewellyn Jones and supported by Dr. Fremantle, was down for second reading on February 6th, but was not reached. The prospect of its discussion this session is now small.

A Sentence of Death (Expectant Mothers) Bill, "to prohibit the passing of sentence of death upon expectant mothers and for other purposes connected therewith," was presented on February 4th by Miss Picton-Turbervill and read a first time. Its backers include Mr. Somerville Hastings.

Notice of presentation of a Bill for the registration of osteopaths was given for February 11th in the House of Commons.

National Health Insurance

Answering Mr. Womersley, on February 5th, Miss LAWRENCE said the subcommittee of the Approved Societies Consultative Council had not yet completed consideration of the question of ophthalmic benefit. She added that Mr. Greenwood had no evidence that the operation of Section 25, para. 5 (*b*), of the National Health Insurance (Additional Benefits) Regulations, 1930, had resulted in unsuitable ophthalmic treatment or apparatus being provided for insured persons. A society had authority, if it had good reason for doing so, to withhold consent to a member obtaining glasses from an optician who was not a member of an organization recognized by that society.

In a reply to Mr. Freeman, on February 5th, Miss LAWRENCE said that, so far as Mr. Greenwood knew, no hospital was included in any list of persons supplying drugs, medicines, and appliances under the National Health Insurance Acts.

On February 5th Miss LAWRENCE told Sir Kingsley Wood that Mr. Greenwood had decided to revoke Clause 4 (4) of the terms of service of insurance chemists, which covered the prohibition of the payment of co-operative dividends on national health insurance prescriptions. The representative bodies concerned had been informed.

Red Cross Rheumatism Clinic

There has, Miss LAWRENCE told Mr. Graham White on February 5th, been a steady and gratifying increase in the work of the British Red Cross Clinic for Rheumatic Diseases at Peto Place. To assess the results obtained would be premature. Mr. Greenwood would give careful attention to proposals made for extending the treatment of rheumatism. The Ministry would like to watch the experiment a little longer before acquainting local authorities with its results.

Local Health Services.—Dr. Fremantle was told, on February 5th, by Miss LAWRENCE that the initial surveys by Ministry of Health officers of the health services of local authorities would be completed in about two years' time. Dr. FREMANTLE asked if no action could be taken till then. Miss LAWRENCE said she would not go so far as that.

Tuberculosis.—Dr. FREMANTLE asked, on February 5th, when the Minister of Health would publish the memorandum on human and bovine tuberculosis, promised a year ago. Miss LAWRENCE said the memorandum was being printed, and would be published at an early date.

Deaths from Small-pox.—Mr. GREENWOOD stated, on February 4th, that the number of deaths of children under 2 years of age registered in England and Wales during 1930 in respect of which small-pox was mentioned on the medical certificate was seven. During the same period there was registered in England and Wales the death of one child under 2 years in respect of which vaccination was mentioned on the medical certificate. This death was classified to "pyaemia." Mr. GREENWOOD, replying to Mr. Freeman on February 10th, said that only six deaths from small-pox were recorded as having occurred among London patients in 1929. All these patients were unvaccinated. In two cases no cause of death other than small-pox was mentioned on the death certificate.

Disposal of London Refuse.—Miss LAWRENCE, in reply to a question by Dr. Fremantle, told the House, on February 5th, that Mr. Greenwood had received a report from the Standing Joint Committee that eleven metropolitan sanitary authorities favoured centralization in the disposal of house, trade, and street refuse from London, but eighteen were against it. To introduce legislation this session was impracticable, but the question would receive the Minister's further attention.

R.A.F. Invalidity Rates.—Mr. MONTAGUE, replying on February 3rd to Mr. Hore-Belisha, said that, during the year 1930, 174 airmen were invalided from the Royal Air Force, and in 16 cases the invaliding disability was considered to be attributable to the conditions of service. During the same period 22 airmen suffering from consumption were invalided, of whom 9 were accepted as attributable. Sixteen disability pensions were awarded during the year, and pensions in respect of service were awarded in 5 other disability cases.

Telephone Charges.—On February 9th Mr. LEES SMITH, replying to Sir W. Brass, said he regretted that in the application of telephone rates he could not discriminate between doctors and nurses and subscribers engaged in other businesses or professions. He could not state what would be the cost of reducing the business rate to that of the residential rate for such subscribers, but it would be large and increasing.

Health of Merchant Seamen.—Mr. W. GRAHAM, replying to Mr. Hastings and Dr. Morris-Jones on February 10th, said that the advice of the Interdepartmental Committee on the Health of the Mercantile Marine on the various questions referred to it from time to time by the Board of Trade or the Ministry of Health, was submitted to the Departments as the committee's consideration of each subject was completed, and no general report was published. The inquiry into seamen's mortality statistics was proceeding satisfactorily, but would take some time to complete. The question of crew spaces had been engaging the special attention of the Board of Trade, of the Joint Committee of the Board of Trade and Ministry of Health, and of the Shipping Federation. Draft instructions to surveyors had been placed before the Merchant Shipping Advisory Committee, and he hoped soon to be able to make a statement on the subject.

Medico-Legal

FIRST AID IN STREET ACCIDENTS

L.C.C. REPLY TO A JURY RIDER

In a recent trial for manslaughter at the Central Criminal Court the jury adder a rider, which was endorsed by the judge (Mr. Justice Charles), reflecting upon the ambulance service of London. An ambulance had been called to an accident case at Greenwich, where a woman had been knocked down by a motor cyclist. She appeared to be suffering from concussion, and had scalp and face wounds, and while the attendant was bandaging the wounds as she lay in the roadway a motor car was driven through the onlookers, caught the patient, and carried her for several yards, one wheel going over her body. She died two hours after admission to hospital. The driver was charged with manslaughter, but was acquitted, and the jury said there was negligence on the part of the ambulance authorities, while the judge said that it was a wrong practice to bandage people in the middle of the road; the injured person should be removed to the pavement. Sir William Willcox, who had been called on behalf of the defendant, had given a similar opinion in the witness-box.

The Central Public Health Committee of the London County Council now states that the opinion of the judge and jury, and of Sir William Willcox, is not supported by medical opinion generally or by those who have experience of, or are responsible for, ambulance services. It maintains that a principle in first aid is that the person apparently seriously injured should be allowed to remain in the place where he has fallen until he has been examined by a doctor or a person skilled in first aid. It is held to be extremely dangerous to move a patient who has sustained severe head or spinal injuries before first aid has been given, and in this case a local practitioner who saw the deceased after the first accident was of the opinion that she ought not to be moved. Representatives of the Order of St. John and the British Red Cross Society have expressed to the committee the same general views and advice that the patient should not be moved until first aid has been given appears in the textbooks of both bodies. It is added that the number of street accident cases dealt with by the Council's ambulance service in 1930 was 34,529, that this method has been employed ever since the ambulance service was started, and that the case under review is the first of its kind which has occurred. Notwithstanding the opinion of the judge and jury, and of Sir William Willcox as expert witness, it is proposed to keep to the established practice, which is in accord with up-to-date medical opinion and the advice of the Council's own officers; it is considered that it would be highly dangerous to issue an instruction to the ambulance staff that injured persons are not to be treated where they fall.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE.

At a congregation held on February 6th the following medical degrees were conferred:

M.D.—*S. D. Sturton.
M.B., B.CHIR.—W. G. Oakley, T. C. Stevenson.
M.B.—A. W. Williams.

* By proxy.

CONJOINT BOARD IN ENGLAND

The following candidates, having now passed the final examination in pathology, medicine, surgery, and midwifery, and having complied with the regulations of the board, are eligible to receive the diplomas of Licentiate of the Royal College of Physicians and of Member of the Royal College of Surgeons:

K. Alman-Vtcherachnia, W. Aukin, W. S. Baxter, H. W. Benham, A. I. P. Brown, A. L. Climer, P. Cohen, M. K. Cusack, D. M. Dean, W. F. T. George, J. B. Great Rex, W. H. Hargreaves, R. Herring, D. T. Ishmael, B. W. Knight, G. A. M. Lintott, Muriel H. E. Long, D. G. Macdonald, W. F. McGladdery, G. D. McLean, G. W. May, D. Nagarajan, C. E. S. Oxley, H. J. C. Page, C. F. Price, E. T. Renbom, B. Rubinsky, H. Silverberg, D. O. C. Simpson.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

A quarterly meeting of the College was held on February 3rd, when the president, Sir Norman Walker, was in the chair. Dr. William Archibald Mein (Bournemouth), Dr. Agnes Rose Macgregor (Edinburgh), and Dr. James Davidson (Edinburgh) were introduced and took their seats as Fellows. Dr. Ernest Watt (Edinburgh) and Dr. George Matheson Cullen (Edinburgh) were elected Fellows. Dr. H. C. Elder (Edinburgh) received a certificate of qualification to lecture in tuberculosis.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Dr. G. Bewley has been nominated for the professorship of preventive medicine and medical jurisprudence in the Schools of Surgery, Royal College of Surgeons in Ireland.

Professor V. M. Synge has been appointed supplement examiner in medicine.

The following, having passed the necessary examination, have been admitted members of the college: J. F. Cunningham and P. T. J. O'Farrell.

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The quarterly meeting of the council was held in London on January 24th. The president (Professor W. Blair Bell) was in the chair.

The president handed over to the College, in the name of his wife, the seal of the college, and from himself a set of dies for printing the Arms of the College (1) in colour, (2) in monochrome, (3) for plain printing.

The report of the Examination Committee on a number of applications for membership of the College was adopted, and the recommendations of the Fellowship Committee regarding promotions from Membership to the Fellowship were accepted.

Subcommittees were appointed to consider various matters connected with a maternity service for the country, and with the education of medical students in obstetrics and gynaecology, in accordance with resolutions of a special council meeting held previously.

Medical News

The next quarterly meeting of the Medico-Psychological Association will be held at B.M.A. House, Tavistock Square, W.C.1, on Wednesday, February 25th; Dr. T. Saxty Good will take the chair at 2.30 p.m. A paper on the utility of the psychiatric out-patient clinic will be read by Dr. Ian Skottowe, and, if time permits, Dr. Norman Phillips will read a paper on mental disorders associated with pernicious anaemia.

A meeting of the Medico-Legal Society will be held at 11, Chandos Street, W.1, on Thursday, February 26th, at 8.30 p.m. Mr. Robert Churchill will read a paper on the forensic examination of firearms and projectiles. A discussion will follow.

At the next meeting of the Royal Microscopical Society, to be held at B.M.A. House, Tavistock Square, W.C., on Wednesday, February 18th, at 5.30 p.m., Professor Robert Chambers of New York will deliver a communication on "The nature of the living cell," with demonstration by micro-dissection, micro-injection, and cinematograph.

The nineteenth annual series of Chadwick Lectures will open on Tuesday, February 24th, at 8 o'clock, at the Royal Sanitary Institute, Buckingham Palace Road, when Mr. E. A. Elsby, B.Sc., will discuss the problem of silicosis as an industrial disease, under the chairmanship of Sir William J. Collins, M.D. The spring programme will include also a lecture by Professor Major Greenwood on "Nerves and the public health," in which "nervous" illnesses will be considered in relation to industrial lost time and the work of the Industrial Health Research Board. All Chadwick Lectures are free, and no tickets are required. Further information as to dates and subjects may be had from Mrs. Aubrey Richardson at the offices of the Trust, 204, Abbey House, Westminster.

A special two weeks' post-graduate course in orthopaedic surgery will be held at the Royal National Orthopaedic Hospital, Great Portland Street, W.1, from March 9th to 21st.

A radium symposium will be held by the British Institute of Radiology (incorporated with the Röntgen Society) in the Reid-Knox Memorial Hall of the Institute on February 19th, at 8.30 p.m. Papers will be read by Mr. C. E. S. Phillips, on the preparation of radium salts for therapeutic use; by Professor E. N. da C. Andrade, on a model to illustrate the passage of an alpha particle in the neighbourhood of an atomic nucleus; by Dr. Roy Ward, on some aspects of radium therapy; and by Dr. A. Burrows, on the organization of the radium and *x*-ray cancer service in Australia. The fifth medical meeting of members for this session will be held on February 20th, at 5 p.m., when further papers will be read, chiefly by Liverpool workers.

The second of the series of monthly clinical demonstrations for medical practitioners will be given at the Hospital for Epilepsy and Paralysis, Maida Vale, W.9, on Thursday, February 26th, at 3 o'clock, when Dr. F. L. Golla will demonstrate. Tea will be provided, and those intending to be present are asked to send a card to the secretary.

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 52. 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.

A new operating theatre, equipped with all modern appliances, has been opened at King Edward VII Hospital, Windsor. The equipment has been given by Sir Joseph Skevington, the senior surgeon, and his brother, in memory of their sister, Miss Kate Skevington, who for many years took an active interest in the institution.

Among the subjects to be discussed by the Illuminating Engineering Society at its next meeting, in the Lecture Theatre at the Home Office Industrial Museum, Horseferry Road, S.W., on Wednesday, February 18th, at 6.30 p.m., is the relation between intensity of illumination and visual capacity.

The Wellcome Foundation Ltd. is about to erect a new medical and chemical research building in London at the corner of Gordon Street and Euston Road on the site, 225 ft. by 135 ft., now partly occupied by its Bureau of Scientific Research. During many years the Foundation has maintained medical and chemical research laboratories, but recent developments have made it necessary to co-ordinate and extend these activities. The new building will furnish the additional accommodation required, and be provided with the most modern research equipment. Mr. Septimus Warwick, F.R.I.B.A., is the architect.

In the seventh annual report of the Ella Sachs Plotz Foundation for the Advancement of Scientific Investigation, it is announced that seventy-eight applications for grants were received by the trustees in 1930, sixty-two coming from twelve different countries in Europe and Asia, and the remaining sixteen from the United States. The total number of grants made during the year was twenty-five, twenty-one being awarded to scientists of countries outside the United States. Among the investigators who have been assisted in the current year is Dr. George Barger of Edinburgh, for chemical work on the alkaloids of ergot. Special attention was paid again in 1930 to the general subject of nephritis. Applications for grants during the year 1930–31 should be sent, before May 1st, to Dr. J. C. Aub, The Collis P. Huntington Memorial Hospital, 695, Huntington Avenue, Boston, Massachusetts. At present researches likely to be favoured in respect of grants are those directed towards the solution of problems in medicine and surgery, or allied branches of science. Grants may be used for the purchase of apparatus and supplies for special investigations, or for the payment of unusual incidental expenses.

The issue of the *Urologic and Cutaneous Review* for January contains an interesting historical survey of the development of modern urological instruments by Dr. Leo Burger, professor of surgery at Los Angeles.

The following three tours have been arranged by the Bureau of International Medical Foreign Travel, Biberstrasse II, Vienna, from which further information can be obtained. (1) March 19th. Visit to the Italian and French Riviera and Algeria, including Venice, Milan, Genoa, San Remo, Bordighera, Ventimiglia, Mentone, where a visit will be paid to Dr. Voronoff's ape farm, Monte Carlo, Juan les Pins, Cannes, Marseilles, Algiers, Biskra, and Touggourt. (2) March 19th. Continuation of first tour to Spain and Morocco, with return journey through Paris, where visits will be paid to the Institut Pasteur and Mme Curie's Röntgen department, Strasbourg, Munich, Salzburg, and Vienna. (3) Tour from Bremen, on April 30th, to the United States, with visits to Vanderbilt and Bellevue Hospitals, New York; Pennsylvania University, Philadelphia; Walter Hospital, Washington; and University of Chicago.

Dr. Edward Scripture, professor of experimental phonetics in Vienna, has been elected a member of the International Society of Experimental Phonetics.

The millenary of the Arabian physician and anatomist Abou Bekir el Razi, commonly known as Rhazes, was celebrated recently at the Palais D'Orsay, Paris, at a meeting organized by the Association of North African Mussulman Students in France, and presided over by Professor Ménétrier, president of the Académie de Médecine, and Dr. Laignel-Lavastine, secretary of the International Society of the History of Medicine.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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QUERIES AND ANSWERS

Treatment of Sciatica

BM/SRHH writes: Could anyone who has used the injection of quinine and urea hydrochloride solution for sciatica say whether the method is successful, as claimed by Hertzler in the *American Journal of Surgery*, October, 1926?

A Fixative for the Hair

"D." asks: Can any reader recommend a toilet fixative for the hair which will not promote dandruff?

Treatment of Obesity

"W. F. C." writes, in reply to "A. S." (January 31st, p. 205): All obese persons will lose weight on a properly constructed diet, properly carried out. Glandular defects need to be repaired. When weight is not lost under treatment an error has occurred, either in the construction of the diet or, more probably, in its application. I suggest