and then mixed by tilting the slide backwards and forwards. Sometimes it is better to drop the emulsion on to the serum ; in other cases, in which the consistency is more gelatinous, it is necessary to mix with a loop. A thin cover-glass is placed on the mixture, which is then examined under the microscope. We use a 1/12 oil-immersion lens, with the substage condenser racked down a little and the diaphragm closed to an extent which has to be constantly varied to get the best results. The plane mirror and a bright artificial light are employed.

In cases in which pneumococci are present in large numbers the swelling of the pneumococci and the appearance of the dark line sharply outlining the capsule, along with a darkening of the body of the pneumococcus itself —distinct from the whitish, sometimes almost greenish-white, capsular substance—are very strikingly seen where the homologous serum has been used. In the other slides the pneumococci are seen to be much smaller, with a small halo which is a little lighter in colour than the surrounding sputum substance, but there is no dark line sharply defining the outline of the capsule. In specimens where pneumococci are scanty it is sometimes only in the slide with the specific type-serum that they stand out and become recognizable, while, in specimens containing many streptococci in diplococcal form, again it is only the reaction to the specific serum that indicates which are pneumococci. With some specimens the test has to be put up several times before a successful result is obtained. After some experience we realized more strongly than before how very unequal is the distribution of different organisms through a sample of sputum. There is something approaching colony formation to be seen in a semi-gelatinous medium.

Sixteen specimens of sputum from cases of lobar pneumonia have been tested in this way, and a provisional opinion noted prior to the mouse test and the isolation of the organism for typing in pure culture. Of the sixteen, five proved to be Type I ; ten, Type II ; and one, Type III. In addition, a direct test was carried out with a specimen of pus from an empyema due to Type I pneumococcus, and with the purulent cerebro-spinal fluid from a Type II pneumococcal meningitis. The agglutinating serum used had a titre of between 1 in 20 and 1 in 40.

RESULTS

Type I Cases.—Of the five, two were confidently diagnosed Type I by the direct test ; two were thought to be probably Type I, but we would have hesitated to recommend that Type I serum should be given to the patient without further proof. In the fifth case no recognizable pneumococci were seen by the direct method, but neither were they found in the mouse peritoneal exudate four hours after inoculation. It was evident that the pneumococci were present in this sample of sputum in very small numbers, as none were obtained in the cultures made from the mouse peritoneal exudate, while one colony only (Type I) was obtained by direct plating of the sputum, and two or three colonies only (Type I) from the heart blood of the mouse.

Type II Cases.—Of the ten, seven were correctly labelled Type II on the strength of the direct test ; in one of these pneumococci were present in such large numbers and so free from other organisms that there was definite agglutination as well. Of the remaining three, one was thought to be *probably* a Type II case ; one reacted both to Type I and to Type II serum, showing swollen refractile forms with both, but none with Type III serum or in the saline control ; and in one no pneumococci were recognizable by the direct method, nor were any seen in the mouse peritoneal exudate four hours after inoculation. In this case pneumococci were evidently present in extremely small numbers, as no pneumococci were obtained by direct plating ; only *Streptococcus viridans* was isolated by culture from the mouse peritoneal exudate ; but Type II pneumococcus was obtained from the heart blood of the mouse.

Type III Case.—In this case, at the first examination, no pneumococci were recognized by the direct method. When the mouse method had shown it was a Type III infection, the original specimen was re-examined, and pneumococci showing enormous swollen capsules and sharply defined, rather crenated, outlines were seen in the Type III mixture. The sputum was old when examined the second time, and no pneumococci could be recognized in the other serum mixtures or in the control. The crenation might have been due to the age of the specimen. The very size of the unstained organism, which was present in small numbers, was probably the cause of its being overlooked at the first examination, but once it had been seen it would probably not go unrecognized a second time.

The Type I empyema specimen and the purulent cerebro-spinal fluid from the Type II meningitis were both readily typed by the direct method. In the empyema pus there was also a certain amount of agglutination, while in the spinal fluid the organisms were present in very large numbers, and massive agglutination was seen. Both were confirmed by isolation and typing of the organism.

DISCUSSION

It must be made very clear that it is not suggested that this direct method is applicable in all cases, nor that it should supplant the more reliable methods. It requires some bacteriological experience, and would be quite unsuitable for use in a side-room. To mention only one or two possible fallacies, it would be easy for an inexperienced microscopist to mistake small yeasts, starch granules, or other unidentified bodies for swollen pneumococci, while a Type III pneumococcus in its normal condition might be mistaken for a swollen Type I or II. But to the bacteriologist it is worth while putting up the test, because, if definitely positive, it may help the patient by its rapidity and may obviate the necessity for the former to return to the laboratory at inconvenient hours. It is necessary, however, in all cases to confirm the result by a more reliable test, including, in our opinion, the isolation of the pneumococcus and the typing of a pure culture.

The mouse inoculations were carried out at the Research Laboratory of the Royal College of Physicians, Edinburgh, the Royal Infirmary being unlicensed for the use of animals.

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Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

GAS GANGRENE COMPLICATING OBSTRUCTED LABOUR

This was a tragic case, but interesting from the point of view of the gas gangrene, which was probably responsible for death. It demonstrates the great need of antenatal work for these natives, and the danger of interference on the part of uncleanly native midwives.

On July 8th, 1931, a native mission school teacher reported that his wife, who was twenty-five miles away, had been in labour for three days, that the " head had gone down and got stuck," and that the membranes had ruptured. She was brought in by car, over very bad roads, arriving at 7 p.m.

She was found to be in a collapsed state, restless, in great pain, with an irregular and rapid pulse, dry lips, and parched mouth. Her face was unrecognizable, the neck, lips, and features being puffy and swollen, and the left eye completely occluded by oedema. She was breathing rapidly, and complaining of obstruction in the throat. Her speech was husky and altered. Now and again she gasped for breath. The chest was puffy and oedematous. There was no history of cough or pain in the chest. The fundus of the uterus was

high, and pushed forwards. It felt thick and hard on palpation, and was in a state of tonic contraction, showing no signs of relaxing. The lower segment was extremely tender. No foetal heart sounds could be detected.

Over the whole body, from the thighs upwards to the chest, neck, and face to the scalp, typical emphysematous crackling could be detected.

The external measurements were: interspinous 7½, intercristal 8½, external conjugate 7½ inches (?). Oedema made the latter inaccurate. Membranes were protruding from the vagina, which was oedematous, and emitted a foul-smelling discharge. The head was impacted in the pelvis, the skull bones markedly overlapping, and there was a very distinct caput succedanum. Urine obtained by a catheter was full of blood.

An attempt was made to deliver with forceps after the patient had rested two hours under morphine. This caused great pain, and a little chloroform and ether had to be given with care. The woman, however, died undelivered within a very few minutes, and subcutaneous and intramuscular cardiac injections of strychnine, with artificial respiration, were of no avail. Intramuscular sodium bicarbonate and intravenous quinine hydrochloride were being prepared, but could not be given.

A male child was delivered (about 7 lb.) with great difficulty, the head greatly distorted and flattened. A foul-smelling fluid and gas escaped from the uterus. The foetus had apparently been dead for some time.

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SUBARACHNOID HAEMORRHAGE WITH GLYCOSURIA AND HEMIPLEGIA

The following case of subarachnoid haemorrhage with glycosuria and hemiplegia, in which the patient recovered, is worth recording.

A locomotive fireman, aged 29, was admitted to the Chesterfield Royal Hospital in May, 1931, with the history that one night, a month previously, he experienced a sudden terrific pain in the head, collapsed, and vomited once ; he was in bed for a fortnight, and was treated by his doctor for gastritis. He returned to work for two weeks, but on the morning of his admission to hospital he again had a sudden severe headache, and collapsed as before.

On admission the patient was conscious, though somewhat confused, and complained bitterly of headache. Examination showed some rigidity of the neck, with a bilateral Kernig's sign and normal reflexes, with a large amount of sugar in the urine (sp. gr. 1030) but no albumin ; blood sugar 110 mg. per cent. There were neither retinal haemorrhages nor papilloedema, and the temperature was subnormal. The next day, as the indications of meningeal irritation were increasing, and he showed signs of becoming comatose, a lumbar puncture was performed. The cerebro-spinal fluid was under pressure and homogeneously mixed with blood ; sugar in quantity was still present in the urine, and remained for two days, during which time the symptoms of meningeal irritation lessened ; the temperature was subnormal.

On the fourth day after admission the temperature, for the first time, began to rise—on one occasion reaching 101° F.—and, with intermissions, persisted for three days ; it then fell, to remain normal or subnormal during the rest of the patient's stay in hospital. With the onset of pyrexia there were again indications of rise of intracranial tension, coma, etc., and the pulse became slower ; lumbar puncture showed cerebro-spinal fluid, under tension and more blood-stained than before. All specimens of fluid were carefully searched for tubercle bacilli, with negative results. Another lumbar puncture at the end of the pyrexial period, the eighth day of illness, yielded fluid still under pressure, no longer blood-stained, but very yellow in colour.

In spite of these repeated spinal tappings his mental state fluctuated continually between drowsiness and coma, and the rigidity of the neck persisted to a greater or less extent. This condition continued until the fourteenth day from the onset, when he began rapidly to develop a right-sided hemiplegia. This persisted for nine days, and then very gradually passed off ; full power of movement had returned at the time of discharge from hospital, a month after admission. His mental state, too, began to improve, until it was quite normal a week before he left the hospital. After a month's stay in a convalescent home he returned to his work, and is still fit and well.

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Royal Hospital.

MENINGITIS DUE TO B. ANTHRACIS

The following case, showing symptoms so closely resembling cerebro-spinal fever that the patient was sent to the isolation hospital, may be of interest ; in the literature at my disposal I have been unable to find an exactly similar case.

The patient, a Chinese supervisor at the gaol, was admitted to the Chinese Police Hospital on June 11th, 1931, with a history of a sore at the base of the right index finger of four days' duration, and enlargement of the axillary glands of three days'. He could give no satisfactory account of how the lesion, a blackish scab with no inflammation round it, came to be there. An iodine dressing was applied, and ung. ichthyol to the axilla. On June 13th the condition of the finger was not good, and hot eusol fomentations were ordered. Two days later the patient was slightly delirious ; the finger was incised, and a swab from the wound sent to the laboratory, query anthrax. Only staphylococci were found.

On June 16th the patient developed headache and vomiting, but no rigidity of the neck was present. The next day these cerebral symptoms increased ; some delirium and marked rigidity of the neck were present, and both pupils were contracted. Lumbar puncture gave a cloudy fluid under slight pressure, 10 c.cm. of which was sent to the laboratory. The patient was transferred to the Chinese Isolation Hospital at 9 a.m., and 0.9 gram novarsenobillon was given intraspinally. In the afternoon he became unconscious, with twitchings, especially of the right cheek and limbs. The pupils were contracted, pulse thready, and neck very rigid ; no petechiae were seen. At 6 p.m. 60 c.cm. anti-anthrax serum was given intramuscularly, but the patient died about 9 p.m.

In the fluid sent to the laboratory a large Gram-positive bacillus was present, resembling *B. anthracis*. Cultures were put up in veal broth and on to agar slopes. The next day a large spore-bearing bacillus was found, and 0.25 c.cm. of the veal broth culture was inoculated into a guinea-pig. The animal died in about forty hours with the lesions of anthrax, the organism being recovered from the blood and spleen.

I have to thank Dr. J. H. Jordan, commissioner of public health, Shanghai Municipal Council, for permission to publish this, and also Dr. D. J. Allan for the clinical notes.

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Reports of Societies

RAW MILK AND DENTAL CARIES

At the meeting of the Section of Odontology of the Royal Society of Medicine on January 25th, with Mr. E. B. DOWSETT in the chair, Mr. E. C. SPRAWSON gave an account of certain preliminary investigations he had carried out among children in institutions on the effect of raw milk on teeth formation.

Mr. Sprawson said that his observations went to show that raw milk had a profound influence on the development of calcification, in that it conferred on the teeth some immunity to dental caries. He had under his dental supervision groups of children in residential institutions,

In December, 1914, he went to France with a temporary commission in the R.A.M.C., and served with the Durham Light Infantry in the Ypres salient at one of the most arduous periods of the war. He was wounded in 1916, and after convalescence returned to Peterborough to help with the practice. A year later, however, he joined up again, but was not passed for foreign service, performing valuable work at Clipston Hospital, near Mansfield. He was finally demobilized in 1919, and in 1920 was appointed to the honorary staff of Peterborough Old Infirmary. On the opening of the Peterborough and District Memorial Hospital in 1928, he received an appointment as honorary surgeon. A recent episode which stirred the imagination of his fellow citizens to an unwonted degree was that he was called upon, at a moment's notice, to perform a serious operation upon one of his brothers, with happily successful results. Throughout a strenuous and all too short professional life, he identified himself, like his forebears, with the activities of the town. He was a gifted actor, and was especially interested in amateur theatricals on behalf of charity. His sense of fun was infectious, and his charm of manner such that he endeared himself to all with whom he came in contact. The funeral service in Peterborough Parish Church was very largely attended, and much sympathy was extended to his wife and three children, and to his sisters and brothers.

An announcement has recently been made of the death, at the age of 92, of Mr. T. S. ELLIS, Gloucester's senior justice of the peace. Qualifying in 1861, he was appointed house-surgeon at St. Bartholomew's Hospital, and soon after leaving there went to Gloucester, where he practised for many years. He held the post of surgeon to the Gloucestershire Royal Infirmary and Eye Institution, and to the Children's Hospital, Kingsholm. He was afterwards consulting surgeon to the Royal Infirmary and the Tewkesbury Rural Hospital, and acted as vice-president of the Section of Anatomy and Physiology at the Annual Meeting of the British Medical Association at Cheltenham in 1901. Mr. Ellis wrote several pamphlets on surgical matters, in particular one which dealt with the human foot. He had many interests other than medical, and did much useful work in his capacity as licensing justice and magistrate; he was also an enthusiastic naturalist. His loss will be keenly felt in Gloucester, where he spent most of his long and useful life.

The following well-known foreign medical men have recently died: Professor P. A. MINAKOW, an eminent medical jurist of Moscow, aged 66; Dr. NICOLAS LEON, formerly dean of the medical faculty of Jassy, aged 68; and Dr. ALFRED MACHARD, president of the Geneva Paediatric Society.

Medico-Legal

MEDICAL MAN ACQUITTED ON CHARGE OF MANSLAUGHTER

At the Central Criminal Court on January 21st and 22nd, before Mr. Justice Finlay and a jury, ALFRED HUGH BELL, L.S.A., of Church Road, Hanwell, was tried on the indictment and coroner's inquisition charging him with the manslaughter of Mabel Smith, aged 22, a waitress, of Acton, who died in November last from septicaemia. In the indictment there were two charges: one that he used an instrument or other unknown means with intent to procure miscarriage, and the other that he supplied a quantity of ergot, knowing that it was intended to be used for an unlawful purpose. Dr. Bell pleaded "Not guilty."

Mr. Eustace Fulton, for the prosecution, stated that Mabel Smith was taken to see Dr. Bell by a young man with whom she had been intimate. This man stated that he paid Dr. Bell one guinea, and also gave the girl £4 to give to him for her expenses during confinement in a nursing home. On October 31st the girl wrote to her employers enclosing a certificate from Dr. Bell to say that she was suffering from gastritis. On November 8th a miscarriage took place. The girl became very ill, and her mother called in another doctor, who ordered her removal to West Middlesex Hospital, where she died on November 21st from septicaemia, following the introduction of a foreign substance into her body. Dr. Bell, in a statement made to the police at the time, said that he consented to see the girl through her confinement, and she paid him £5. She had asked him if there was anything she could take to bring about a miscarriage, and he told her that such things led to serious trouble, that it was a dangerous procedure, and that he would have nothing to do with it. Dr. Bell stated that he prescribed for the girl, and on later inquiry it was found that he had prescribed ergot.

Dr. Roche Lynch, the Home Office senior analyst, produced two prescriptions for liquid extract of ergot, dated October 5th and 9th, and said that in his opinion it was not proper to give ergot to a woman in such a condition. He agreed that the prescriptions were for less than the usual doses. Dr. R. M. Bronte, who had carried out a post-mortem examination, found evidence of septic abortion. A catheter, which was found in the girl's bedroom, was produced in court, and Dr. Bronte said that it was highly improbable that she could have inserted the catheter herself. There was no sign of injury, but he agreed that it was possible for a non-skilled person not to cause injury. Dr. Bronte was satisfied that ergot had no part in the woman's death, his reason being that it had been taken as long as three or four weeks previously.

Mr. W. G. Earengey, K.C., who appeared for Dr. Bell, submitted that there was no evidence to go to the jury, and remarked that it was grossly unfair for a man to have to meet a charge when the prosecution did not specify with certainty how he committed the crime. At the highest it was a case of suspicion. The judge, however, ruled that there was some evidence to go to the jury.

Dr. Bell, in evidence, agreed that the girl had given him five guineas to see her through the confinement. He had told her that on no account must she interfere with herself. The girl called on him once a week; she did not appear quite normal, being very dull, but this he put down to her condition. Later he formed a suspicion that something had been done to her. She had spoken about people using instruments, and he had warned her against it. The next time he heard about the case was that there had been a miscarriage. He had prescribed liquid extract of ergot for the girl, as he had been taught and found by experience that it was of great help in such cases; he had no reason to suppose that it would cause abortion. The catheter which was produced was not his property, and he had never seen it before. He had not thought it necessary in his first statement to the police to cite all the medicines he had prescribed, but had he been asked for them he would have given them. In cross-examination he agreed that to give above a minimum dose of ergot to a pregnant woman was dangerous. He was asked whether he did not enable this girl to get a bottle of ergot, 120 minims. Dr. Bell replied that he gave her 7½ minims. Mr. Fulton said that that was what he prescribed, but he enabled her to get 120. Dr. Bell said that he gave her the usual bottle. Questioned further, Dr. Bell said that he had 650 insurance patients, and kept records of 50 to 60 per cent. of them. Of his private patients he kept no records at all. Asked by the judge how in that case he sent in bills, he replied that he had not sent in any bills for two years. The judge pointed out that Dr. Bell had suggested to the girl that she might go into a maternity home for her confinement; in that case he would not have attended her. Dr. Bell replied that in such an event he would have given her back some portion of her fee.

Dr. F. J. McCann said that medical practitioners of the older school used ergot in small doses for women in such a condition, and in the present case he believed it was quite right under the circumstances to have prescribed as Dr. Bell had done. The medicines would be a tonic to enable the girl to bear her confinement.

The judge at this point asked the jury if they had heard enough of the case, saying that there was more evidence for the defence. The jury intimated that they were satisfied that the case need not proceed any further.

A verdict of "Not guilty" was accordingly returned, and Dr. Bell was discharged.

Universities and Colleges

UNIVERSITY OF OXFORD

Lord Moynihan of Leeds, P.R.C.S., will deliver the Romanes Lecture for 1932 during Trinity Term. The subject and date will be announced later.

At a congregation held on January 21st the following medical degrees were conferred:

D.M.—J. A. Macfadyen.

B.M.—W. J. Cotton, J. H. Peel, J. R. Braybrooks, Elspeth W. Smellie.

Radcliffe Travelling Fellowship

An examination for a Radcliffe Travelling Fellowship of the annual value of £300, and tenable for two years, will be held during Hilary Term, 1932, at the University Museum, commencing on Tuesday, February 23rd, at 10 a.m.

Candidates must have passed all the examinations required by the University for the B.A. and B.M. degrees. They must not have exceeded four years from the time of passing the last examination required for the degree of Bachelor of Medicine. The successful candidate must before election declare that he intends to devote himself during the period of his tenure of the Fellowship to the study of medical science and to travel abroad with a view to that study. The Fellowship will be vacated *ipso facto* by a Fellow who spends more than nine months in the whole within the United Kingdom. The examination will occupy four days. Papers will be set in physiology, pathology, and preventive medicine, and a subject will be proposed for an essay. There will also be a practical examination in pathology. Any candidate desiring to offer in addition a special branch of either medicine or surgery must send notice of this to the Regius Professor of Medicine by February 10th. Intending candidates should send their names, addresses, qualifications, etc., to the Regius Professor of Medicine, University Museum, by February 10th.

Hunt Travelling Scholarship

The George Herbert Hunt Travelling Scholarship is awarded without examination every second year to a graduate in medicine of the University (of either sex) who has not exceeded five years from the date of passing the final examination for the degree of Bachelor of Medicine.

The Scholarship is of the value of £100, or such smaller sum as two years of the income of the fund provides. Candidates are required to submit with their applications a statement of their academic record, together with testimonials (five copies), and an undertaking that if elected they will travel abroad for a period of not less than three months for the purpose of clinical study or research in medicine. In making the award a preference is given to such candidates as express the intention of engaging in the practice of their profession either as surgeons or general practitioners. The scholar is required to complete his period of travel within twelve months from his election, and within a reasonable period thereafter to submit to the Dean of the Medical School for the approval of the Electors a detailed report of his tenure of the scholarship. Payment of nine-tenths of the scholarship is made to the scholar on his signifying his readiness to proceed abroad, and the remaining one-tenth on the approval of his report by the Electors.

The next election will be made in April, 1932. Candidates must send their applications to the Dean of the Medical School, University Museum, Oxford, by February 23rd.

Schorstein Research Fellowship

The Board of the Faculty of Medicine will make an election to the Schorstein Research Fellowship in Medical Science in June, 1932, if a candidate of sufficient merit presents himself. The Board has power, if in special circumstances it shall seem desirable, to divide the Fellowship into two Studentships.

The Fellowship, which will be of the annual value of £200, will be tenable for two years from October 1st, 1932, in any of the medical departments at Oxford, under such regulations as the Board may approve. Candidates must be graduate members of the University, holding a registrable medical qualification, and must be under 35 years of age on October 1st, 1932. Candidates must submit their applications to the Dean of the Medical School, University Museum, not later than May 2nd, 1932. Each candidate must submit evidence of age, testimonials (three copies), or names of referees, a statement of his career, and a statement of the department of medical science in which he proposes to research.

UNIVERSITY OF LONDON

A ceremony for the installation of the Earl of Athlone, K.G., as Chancellor, and for the conferment upon him of the degree of Doctor of Laws (*honoris causa*) will be held at the University on February 18th, at 8.30 for 9 p.m. Members of Convocation who desire to be present should communicate with the Clerk of Convocation at the University of London, South Kensington, S.W., at latest by February 4th. If all applicants cannot be accommodated invitations will be issued in order of priority of application.

The title of Professor of Biochemistry has been conferred on Dr. Robert Robinson of the Lister Institute of Preventive Medicine, and that of Reader in Biochemistry on Dr. J. M. Gulland of the Lister Institute of Preventive Medicine and Dr. William Robson of King's College.

NATIONAL UNIVERSITY OF IRELAND

The following degrees and diplomas were conferred on January 16th:

M.D.—W. H. Kelleher.

M.A.O.—D. St. A. Atkins.

M.B., B.Ch., B.A.O.—P. J. Burke, C. J. Callanan, E. F. McCarthy, P. M. McSwiney, J. J. Murphy, T. Nunan, P. O'Donnell, J. Walsh, W. F. Whelton.

B.Sc. (PUBLIC HEALTH).—Mary C. Cross, P. F. Fitzpatrick.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—C. B. Molony.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At the monthly business meeting of the President and Fellows of the Royal College of Physicians of Ireland, held on January 1st, Sir Almroth Edward Wright, K.B.E., C.B., M.D., Sc.D., and Mr. Edward Francis Stephenson, F.R.C.S.I., were elected Honorary Fellows of the College.

Medical News

The Hunterian Society will hold a banquet at the May Fair Hotel, Berkeley Street, W.1, on Thursday, February 11th, at 7.30 p.m., to commemorate the 204th anniversary of the birth of John Hunter; the Lord Mayor and Lady Mayoress of London and other distinguished guests will be present. Fellows can invite medical and lay friends; tickets, 12s. 6d., exclusive of wines. The dinner will be served at separate tables, and arrangements will be made to form parties.

The annual dinner of past and present students of the Royal London Ophthalmic Hospital will be held at the Langham Hotel, Portland Place, on Thursday, February 11th, at 7 for 7.30 o'clock. The chair will be taken by Sir William Lister, consulting surgeon to the hospital. Tickets, 15s. (excluding wines), may be had from Mr. Rupert Scott, 70, Harley Street, W.1.

At a meeting of the British Institute of Philosophy to be held at University College, Gower Street, W.C., on Tuesday, February 2nd, at 8.15 p.m., the Dean of St. Paul's will give a lecture on the philosophical and religious implications of the new astronomy and physics.

The Fellowship of Medicine and Post-Graduate Medical Association announces that Major Meurice Sinclair will speak on fractures of the lower limbs on Wednesday, February 3rd, at 4 p.m., at the Medical Society, 11, Chandos Street, W. This lecture is open to members of the Fellowship. Free demonstrations will be given at 2.30 p.m. on February 4th, by Dr. L. R. Yealland at the Prince of Wales's Hospital, Tottenham, and by Mr. Herbert Paterson at the London Temperance Hospital. A demonstration on rheumatic infections and heart disease in children will be given by Dr. Bernard Schlesinger at the Children's Heart Hospital, West Wickham, Kent, on Saturday, February 6th, from 10.30 a.m. to 12 noon; intending visitors must notify the Fellowship by February 2nd. Forthcoming special courses include: ante-natal treatment at the Royal Free Hospital by Dame Louise McIlroy on Fridays at 5 p.m.; diseases of the chest at the Brompton Hospital, February 8th to 13th (all day); medicine, surgery, and the specialties at the Prince of Wales's Hospital, Tottenham, February 15th to 27th (all day); clinical surgery at the Royal Albert Dock Hospital on Saturdays and Sundays for two week-ends, February 20th–21st and February 27th–28th; and an evening course for the M.R.C.P. examination, including six clinical and two pathological evenings, four lectures, two ophthalmic demonstrations, and one laboratory demonstration, February 22nd to March 18th. Syllabuses may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1.

The Devon Bed at the Marie Curie Hospital (2, Fitzjohn's Avenue, N.W.3) will be dedicated by the Bishop of Exeter on Tuesday, February 2nd, at 5.30 p.m. From 4.30 the hospital will be on view, and tea will be served.

The January–March course of post-graduate instruction at the National Hospital for the Relief and Cure of Diseases of the Nervous System, Queen Square, W.C.1, opened on January 25th, and will continue till Friday, March 18th. The course consists of out-patient clinics on each week-day except Saturday, clinical lectures and demonstrations, lectures on the pathology and on the anatomy and physiology of the nervous system, together with demonstrations on methods of examination.

The annual meeting of the American Medical Association will be held this year at New Orleans from May 9th to 13th.

The Second International Congress for Light will be held at Copenhagen, under the presidency of Dr. Axel Reyn, from August 15th to 22nd, when the following subjects will be discussed: (1) The action of the general light bath in tuberculosis, introduced by Sir Henry Gauvain ; (2) The role of pigment in light biology and the therapeutic effect of general light baths, introduced by Dr. Brody of Grasse and Professor G. Miescher of Zürich ; (3) Helio-climatological research in relation to public health, introduced by Dr. W. Haussmann of Vienna and Dr. Rollier of Leysin ; (4) Report by the international committee for the determination of a standard unit of measurement for ultra-violet radiation, introduced by Dr. Saidman of Paris. The fee for membership is 30 Danish gold crowns. Further information can be obtained from the British secretary, Dr. W. Kerr Russell, 126, Harley Street, W.1.

The eleventh congress of the German Pharmacological Society will be held at Wiesbaden from April 8th to the 11th, under the presidency of Professor O. Loewi of Graz. A detailed programme will be published in the middle of February. Further information can be obtained from the secretary, Professor W. Lipschitz, Pharmakologisches Institut, Frankfort-on-Main.

The annual congress known as Journées Médicales de Bruxelles will be held at Brussels from June 25th to 28th, 1932.

The Medical Society of the Mediterranean Littoral is organizing its sixth international Easter voyage along the Mediterranean coast, under the presidency of Professors Lépine and Thevenot of Lyons, and Professors Perrin of Nancy and de Nobele of Ghent. Particulars can be obtained from the general secretary, 24, Rue Verdi, Nice.

An international society of endocrinology is being formed in Paris. Further information can be obtained from Professor Pende, Clinica Medica, Genoa, or from Dr. Léopold Lévi, 16, Rue Theodore de Banville, Paris.

Dr. Fiessinger has been nominated professor of experimental and comparative pathology in the Paris Faculty of Medicine in succession to Professor Rathery, who has been transferred to the chair of medical therapeutics.

Dr. P. Lowe, a member of Lincoln's Inn, was called to the Bar on January 26th.

The late Mr. Bilton Pollard, emeritus professor of clinical surgery in University College, London, has left estate of the gross value of £60,015, with net personalty £56,702. After certain legacies the residue of the estate is bequeathed to his brother for life, and the ultimate residue as to two-thirds to University College Hospital for special purposes and one-third to Epsom College.

Mr. G. H. Edington, lecturer on clinical surgery in the University of Glasgow, has been appointed a deputy lieutenant for the county of the city of Glasgow.

Dr. G. Bertram Muriel of Whitehaven has been appointed to the Commission of the Peace for Cumberland.

Professor Marcel Labbé has been elected president of the Société Médicale des Hôpitaux de Paris for 1932.

Dr. Meillère has been elected president, and Dr. Souques vice-president, of the Académie de Médecine for 1932, and Professor Achard as general secretary.

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

Relief of Urticaria

Dr. H. H. BULLOUGH (Colne) writes: I should like to ask if any of your readers can suggest therapeutic measures calculated to reduce the acutely sensitive period through which a patient suffering from an intractable urticaria is passing. Everything tried seems to bring one to a dead end. Dieting has proved very disappointing. She seems to be sensitive to most foods and, indeed, to one particular article of diet at one time and not at another. Most drugs give no benefit, or at most a very temporary one, and several of the usual remedies—for example, calcium lactate alone and with parathyroid, quinine, etc.—act as irritants and make the rash worse than ever. The benefit from whole-blood injections was only temporary, and the procedure was so disagreeable to the patient (a young lady) that I abandoned it after a course of seven injections. Medicines given for an influenza cold appear to be the cause of the condition.

Tracheal Tug in Normal Person

Dr. J. B. DAVIDSON (Northumberland) writes: I should be interested to have opinions as to the significance of the clinical sign of "tracheal tugging." Two of my patients display this phenomenon in a mild degree, and yet neither of them shows any other sign or symptoms of either aortic aneurysm or mediastinal neoplasm. *X*-ray photographs showed nothing abnormal. Is it possible, therefore, to have a "tracheal tug" in a normal person or in a person not suffering from either aneurysm or neoplasm?

? Intermittent Claudication

"COUNTRYMAN" writes: Perhaps someone would be kind enough to give me the diagnosis and treatment of the following case. My patient, a retired man 70 years of age, is fairly active, except that during the last few weeks he has been pulled up, after walking about half a mile, by pain in the leg. After waiting a short time the pain passes away, but again recurs after walking. If walking is persisted in the foot and leg become very cold. Is this analogous to angina? Radiant heat and diathermy have been tried.

Impotence following Tonsillectomy

"PERPLEXED" would be grateful for any suggestions in the following case. The patient, a man aged 58, was operated upon two years ago for enlarged tonsils. Following the operation he had a severe attack of secondary haemorrhage, which caused him to be convalescent for some five or six weeks. Previous to the operation he was just as strong sexually as he had ever been, or, if anything, even stronger. Shortly after the operation he noticed a great change, and this continued gradually to get worse, until at the present time he is quite impotent. All forms of treatment employed so far have the undesired effect of causing severe sexual excitement accompanied by a semi-erection, which soon