

normal ureters, and the shadow cast by the iodide solution after injection up the accessory ureter; and (2) the wedge of kidney tissue which, together with the upper part of the accessory ureter, was removed.

CASE II

A boy, aged 13, was referred to me for investigation by my colleague Dr. William Brockbank. The history was as follows.

About nine months previously the patient complained of attacks of pain on the left side of the abdomen and in the left loin. Starting suddenly, they would come on about every ten days, would last twenty-four hours, and then pass off as suddenly as they had begun. During the attack he vomited, but had no urinary symptoms of any sort. For the first few months there were no signs to be made out on physical examination. As time went on, these attacks persisted, and the patient was found to be tender in the loin. The trouble was then thought to be due to a renal infection, but no *B. coli*, tubercle, or other organisms could be found on bacteriological examination of a catheter specimen of urine. An x-ray photograph of the urinary tract showed a rather large shadow in the line of the left ureter, just above the brim of the pelvis, which was thought by the radiologist to be a ureteric calculus. At this stage the boy came under my care.

On July 15th, 1931, after the injection of intravenous indigo-carmin, cystoscopy was carried out under a general anaesthetic. This showed that the right kidney was functioning normally, but no indigo-carmin was excreted from the left side. This investigation rather confirmed the presence of a left ureteric calculus. An operation to remove the suspected stone was considered necessary, because, if the shadow shown on the film was such, the stone was obviously too big to pass down the ureter.

On July 22nd, under general anaesthesia, I made a Battle's incision and exposed the ureter above the brim of the pelvis. It was found to be of normal size, and not dilated. I incised the ureter, but no urine appeared; a gum-elastic bougie passed downwards easily into the bladder and upwards towards the kidney. Having failed to find a ureteric calculus, or any cause of obstruction of the ureter, I turned the boy on his right side and explored the left kidney. Here I found, replacing the pelvis of the kidney, a large cystic swelling, due obviously to a much-distended pelvis. Leaving the lower part of this at an acute angle was the ureter, the two forming a valvular junction with each other. I did not consider it feasible to do a plastic operation, and, as I knew the right kidney was functioning normally, and would be quite able to carry on life, I performed a nephrectomy.

The boy made an uninterrupted recovery, and is at present in normal health.

The reproduction of the photographs on the Plate show: (1) the suspected renal stone, and (2) the specimen removed.

CASE III

The last case I wish to mention to you is that of a man, aged 61, who was recently sent to me with the diagnosis of renal stone already made by his doctor, who had obtained an x-ray photograph of the urinary tract. This stone had never caused the patient any urinary symptoms in the shape of frequency, pain, desire to pass water, or haematuria. This is not an uncommon state of affairs in the case of a so-called resting renal calculus. The history he gave me was as follows. About four or five years ago he was troubled with pains in both loins, always more marked on the right side. These seemed to come on worse just when he was about to rise from his bed in the morning. On and off for a long time he had been treated for lumbago. The pain had recently been located more to the right loin, and now tended to radiate round the flank, and occasionally into the testicle. When he consulted me, he said he wished to have something done, as it was worrying him. I elicited a slight tenderness on deep pressure, and found a slight trace of albumin in the urine. The stone was plainly seen on an x-ray film. It appeared to be about the size of a damson plum, and was within the outlines of the kidney.

On October 29th, 1931, under a general anaesthetic, I exposed the right kidney. The stone could not be felt from

the outside, and was clearly not in the pelvis of the kidney, so I incised the renal cortex, and pushing a finger through the incision could easily feel the stone, which I extracted with a pair of long drainage-tube forceps. The small opening in the kidney was sewn up with mattress sutures. The wound was then closed, with drainage in the usual way.

The interest to me of the above cases lay chiefly in their investigation. In each case it is to be noticed that the early symptoms were not obviously referable to the kidneys. In the first case, the girl was for a long period considered or thought to have nervous incontinence; in the second case, the boy was thought to have some intra-abdominal but extrarenal disease; in the last case, the man was diagnosed as a case of lumbago. Fortunately in all the cases the true condition was eventually discovered and the appropriate treatment carried out.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

ANEURYSM OF THORACIC AORTA WITH COMPLETE TRANSPOSITION OF VISCERA

(With Special Plate)

A short description of the following recent case will be of interest owing to the curious and rare association of an aneurysm with complete transposition of viscera.

A male adult Chinese, aged about 44 years, and a sampan coolie by occupation, was admitted into the Tan Tock Seng Hospital Students' Medical Clinic on September 3rd, 1931, as a case of aortic incompetence associated with either an aortic aneurysm or a new growth.

On admission, he complained of pain over the front of the chest, dyspnoea of about fourteen days' duration, and hoarseness of voice for two days. He had cyanosis of the face and neck, and oedema of the head, neck, face, both arms, and the upper part of the chest. The veins coursing over the front and back of his thorax were prominent, and formed visible venous networks. The borders of the heart could not be accurately mapped out by percussion, and signs of aortic incompetence were made out on auscultation, the aortic diastolic murmur being best heard well to the right of the sternum. Owing to the doubtful nature of the case the chest was examined by x rays from the anterior, posterior, and right oblique positions. It was then found that the heart and stomach were on the right side, and that there was a bulging of the aortic shadow on the left side; this shadow showed pulsations. The blood Wassermann reaction was strongly positive. The patient died on October 22nd, 1931.

A necropsy revealed the following findings. The heart, which was transposed to the right side, was enlarged, with marked dilatation and hypertrophy of the ventricles and dilatation of the right auricle. The pericardial sac was distended with a little clear serous fluid. A saccular aneurysm of the ascending part of the aortic arch, about the size of a tennis ball, was visible bulging towards the front and to the left, and pressing on the superior vena cava. There was partial collapse of the lower lobes of both lungs, with a considerable amount of fluid in both pleural cavities. The stomach was transposed to the right side, and the liver to the left side.

I have to thank Professor R. B. Hawes for allowing me to publish this case; Dr. J. C. Tull, the Government pathologist, for giving me access to his post-mortem notes; Dr. B. J. Ess for the x-ray examinations and photograph of the case; Mr. P. N. Bardham for photograph of Fig. 1; and Mr. Lim Thian Po for photographs of Figs. 2 and 3.

G. HARIDAS, L.M.S.,

Medical Tutor, College of Medicine,
Singapore.

AN EPIPHYSEAL LESION IN CONGENITAL SYPHILIS

(With Special Plate)

Affections of the joints are comparatively uncommon in syphilis, and, if we exclude the Charcot joint, they are definitely rare. The following case, which I was asked to see by Mr. Eales of the Birmingham Eye Hospital, seems to me to be of more than ordinary interest from the point of view of diagnosis, and on account of the focal lesion.

HISTORY OF THE CASE

A female child, aged 6 years, developed a painful swelling of the left knee-joint eighteen months before I saw her. She was diagnosed as having a tuberculous knee, which was put in a splint.

When I saw her in September, 1931, an interstitial keratitis had just appeared in both eyes. The knee was swollen and tender, and the leg and thigh, immobilized by a splint, were wasted. The Wassermann reaction was strongly positive (++) .

The x-ray photograph shows a well-marked lesion in and around the epiphyseal line on the outer side of the lower end of the left femur. In view of the diagnosis of congenital syphilis, anti-syphilitic treatment was started at once. After fourteen days the splint was removed; the swelling and pain in the joint rapidly subsided; the muscular atrophy quickly diminished; and to-day, six weeks after specific treatment was started, the child can walk quite well.

REMARKS

As regards diagnosis, the last three cases of knee-joint effusion in congenital syphilis which I have seen had all been previously diagnosed as tuberculous knees. Possibly some may say that in this particular case there were two conditions present; but, personally, I should certainly not agree with that contention. Textbooks often tell us that the diagnosis between tuberculous and syphilitic knee-joints is made from the fact that pain is not an obvious symptom in the latter. My own experience is that syphilitic knee-joints with effusion are often very painful. We are frequently told that syphilitic joints are bilateral; here, again, I find that they are as often as not unilateral. A correct diagnosis is of the greatest importance in treatment, and I would suggest a routine Wassermann test in cases of this type.

The lesion in this case is interesting. Re-examining the x-ray photographs of three similar cases, I find that each shows an abnormal epiphyseal line, not so marked as in the one reported above, but apparently of the same nature. I venture to suggest, therefore, that the cause of the effusion is not a chronic synovitis, as it is so often stated to be, but is a syphilitic inflammatory condition in and about the epiphyseal line, and comparable to the similar condition in babies.

In conclusion, I wish to thank Dr. Black for examining the x-ray photographs with me.

ERIC ASSINDER, M.D.,
Director, V.D. Department, General
Hospital, Birmingham.

THE GRÄFENBERG RING

The recent records of Colonel Green-Armytage and Mr. Trevor B. Davies concerning their experience with the Gräfenberg contraceptive ring induce me to report an interesting experience in one of my own cases last year.

The patient was a young married woman who, early in 1930, had a silver ring inserted into the uterus. No untoward gynaecological features ensued. In January, 1931, the patient developed a sore throat and later middle-ear trouble, with a bulging drum, which, after incision, discharged pus copiously. Following this there ensued a high temperature, rapid pulse, pulmonary features, multiple acute inflammatory lesions involving the joints, and a localized erythema over the left leg, associated with swelling of the deeper subcutaneous tissues, from which a streptococcus was isolated by Dr. Hamilton Fairley, who saw the case in consultation. The

leucocytes equalled 16,000 per c.mm., of which 89 per cent. were neutrophils. Blood culture was negative. A diagnosis of streptococcal septicaemia and pyaemia secondary to otitis media was made, and the case was treated with large quantities of fluid, massive doses of anti-streptococcal serum, and intravenous injections of septicemine. Finally, after several weeks' severe illness, she made a complete recovery.

An interesting feature of the case was that during the earlier stages of the illness there was passed per vaginam a fleshy, gelatinous mass, which, on microscopical section, showed numerous chorionic villi and much extravasated blood. Conception had thus occurred.

In this case, therefore, pregnancy had ensued with the ring *in situ*, and, as there was no evidence of local uterine disease, the abortion was evidently attributable to streptococcal fever. The case is instructive, as it again illustrates that the Gräfenberg ring is by no means an infallible contraceptive.

London, S.W.

G. T. CREGAN, M.B.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

CITY DIVISION

Injection Treatment of Varicose Veins

At a meeting of the City Division, held on December 1st, 1931, Mr. REGINALD PAYNE of St. Bartholomew's Hospital gave a practical address on the injection treatment of varicose veins.

Mr. Payne mentioned that with the introduction of injections, the treatment of varicose veins had undergone a transformation. Veins were classified as: (1) Varicose, involving part or whole of the saphenous system. (2) Varicose of tortuous and diffuse type, but having no obvious relation to the main existing veins. (3) Those which showed marked dilatation or ectasia, but no tortuosity, a type found in young and athletic men.

The varicules, or spider-like collections of small varicose veins found in women, were excluded as unsuitable for injection treatment. A varicose condition of the veins was invariably a progressive one, and, through the stages of skin congestion and dermatitis, led to ulceration, and changes in the soft tissues and even the bones.

The theory of injection treatment was the introduction into the vein of some substance which would damage the delicate endothelium, either chemically or by osmosis. The cells of the damaged area became swollen and proliferated, and a localized thrombus developed which was later organized into a thin fibrous cord. The treatment did not consist of the introduction of substances causing clotting of the blood directly. The idea of using thrombus formation as a curative measure was certainly seventy-five years old, but many fatalities were associated with this early treatment of aneurysms and varicose veins.

The substances he used were two: (1) quinine and urethane, which he considered the most satisfactory; and (2) sodium salicylate, only used where quinine was definitely contraindicated. He did not use sodium morrhuate, as the clinical manifestations associated with the injection of this drug suggested that at times, at least, it led to an immediate thrombus formation. Further, it was not correct to say that sodium morrhuate did not cause ulceration if it leaked into the surrounding tissues; it undoubtedly had lesser tendency than the other drugs in use to do this, yet one of the worst injection ulcers he had ever seen had been caused by sodium morrhuate. With quinine and urethane it was the former which produced the thrombosing effect, the latter being a solvent, and, to some extent, possibly a local

fortes ante Agamemnona”—a motto that the leaders of all revolutions might occasionally bear in mind.

That those hospitals and other medical institutions coexisted with a high general death rate (if we accept for the moment the figures of 31.4 per 1,000 in 1897 and 28.9 per 1,000 in 1909, mentioned by Dr. Brend) was in no way surprising. The climatic conditions, the vast and sparsely inhabited areas, the low level of education and prevalence of superstitions among the peasants, were some of the conditions that helped to increase the death rate; but above all was the fact that a very large proportion of the population of the Russian Empire were either Asiatics or were living under Asiatic conditions, so that any comparison of the above figures could only justly be made with the corresponding figures of an Asiatic or semi-Asiatic country, and not with those of a purely European one.

Considerations of space prevent me from dwelling on the methods by which the authorities under the Tsarist regime endeavoured to cope with those difficulties. I discussed them at some length—including the vexed question of “feldscherism”—in my essay on “Medicine past and present in Russia” (already referred to in this correspondence), and also elsewhere. The Soviet authorities have now an unequalled opportunity of devising still better methods, and, should they succeed, none will grudge them their success. If they have in truth already reduced (as Dr. Brend implies) the maternal mortality in Moscow to a figure even lower than that in our own country, they are to be congratulated indeed!

In the interests of accuracy, may I add that the post I formerly occupied in Russia had no connexion (as Sir Robert Armstrong-Jones states) with either the Hon. the Russia Company or (save indirectly) with the Foreign Office; it was that of medical officer in charge of the British Seamen's Hospital in Kronstadt.—I am, etc.,

Ealing, Feb. 1st.

F. G. CLEMON.

EFFECT ON CHILD OF ACUTE ILLNESS IN PREGNANCY

SIR,—I am trying to collect information as to the effects of acute illness during pregnancy upon the child, should it be born alive and survive its birth. I should be very much obliged to any of your readers who can send me any data, particularly with reference to developmental defects, either physical or mental.—I am, etc.,

Department of Medicine, University of
Bristol, Feb. 1st.

J. A. NIXON.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on January 29th, Sir Frederick Gowland Hopkins, professor of biochemistry, was granted leave of absence, with stipend, for one term in each academical year in which he holds the office of President of the Royal Society.

The following medical degrees were conferred:

M.D.—F. W. Law.
M.B., B.CHIR.—M. E. D. Roberts, J. V. Lucas, G. T. Cook, J. Sowerbutts, E. H. Hudson.
M.B.—E. H. W. Lyle, L. E. Houghton.
B.CHIR.—J. Hughes, J. B. Tracey, M. A. Rushton, W. A. C. K. Bruce.

UNIVERSITY OF LONDON

The degree of Ph.D. (helminthology) has been awarded to W. K. Blackie of the London School of Hygiene and Tropical Medicine.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a meeting of the Royal College of Physicians, held on January 28th, with Lord Dawson of Penn, the President, in the chair, Sir John Rose Bradford was elected a member of the

Executive Committee of the Imperial Cancer Research Fund. Dr. Arthur Shadwell was re-elected the College representative on the Council of the Queen's Institute for District Nursing, and Dr. H. Charles Cameron was appointed a representative on the Child Guidance Council. The Milroy Lectures, on “The role of the haemolytic streptococci in infective disease,” will be delivered by Professor Cyril Okell on February 18th, 23rd, and 25th; the Goulstonian Lectures on “The pathology and treatment of anaemia,” by Dr. L. J. Wits on March 1st, 3rd, and 8th; and the Lumleian Lectures, on “The borderlands of medicine,” by Dr. C. E. Lakin on March 10th, 15th, and 17th. All these lectures will be given at 5 p.m. at the College, Pall Mall East.

Membership

The following candidates, having satisfied the Censor's Board, were admitted Members of the College:

Charles Thomas Andrews, M.D., Philip Shaw Bell, M.B., Cyril Frank Cosin, M.D., Maneckjee Merwanjee Cawasjee, M.B., John Davies, M.D., Maslen Mackenzie Deane, M.B., Guy Abercrombie Elliott, M.B., Richard White Bernard Ellis, M.D., Harley John Ennis, M.B., John Caradoc Evans, L.R.C.P., Panagodage Bertram Fernando, M.B., Alfred White Franklin, L.R.C.P., William James Gardiner, M.B., Mohamed Abdel Hamid Gohar, M.B., John Gordon, M.D., Hagar Hethrington, M.B., Edward Weston Hurst, M.D., David William Stuart Kaye, M.B., Joseph Victor Landor, M.D., Marjorie Low, M.D., Dame Anne Louise McLroy, M.D., Joseph Mindline, M.B., Adolf Markus Nussbrecher, M.B., Thomas Glentworth Reah, M.B., Harry Maynard Rennie, M.B., Walter Morrell Roberts, M.D., John Guyett Scadding, M.B., Mazhar Hussain Shah, M.B., Neville Alexander Dyce Sharp, L.R.C.P., Mary Broadfoot Walker, M.B., Edward Johnson Wayne, M.B., Alexander Duncan Shanks Whyte, M.C., M.B.

Licences

Licences to practise were conferred on the following 95 candidates (including 17 women) who have passed the final examination in medicine, surgery, and midwifery of the Conjoint Board, and have complied with the necessary by-laws. A supplementary list will be issued in due course.

*G. Ashton, H. C. Bamford, G. N. Barker, *H. F. Bateman, H. J. Beard, H. Blumovitch, L. Bowen, F. E. Buckland, C. Budeiri, A. H. Bulleid, Winifred M. Burbury, G. W. Causey, M. Chalkowski, T. A. L. Davies, Jane Druker, G. C. T. Du Toit, C. D. Evans, Jennie G. Evans, H. T. Giblin, B. Gilbert, A. M. Gill, Rachael N. Gillespie, A. C. Gladstone, F. J. S. Gower, L. E. Green, Elizabeth M. (Mrs.) Handfield-Jones, Joan G. Harcourt, D. S. Hayes, S. T. Hayward, C. L. Heanley, W. P. Hedgcock, A. Hollingsworth, M. S. Holzman, E. E. R. Hopkin-James, A. C. Howard, J. Howell, S. V. Humphries, K. C. Jeffery, P. W. E. Jones, R. A. Jones, Alison F. Z. Judd, J. J. Kempton, A. Kennedy, *E. A. Knappett, N. Langdon-Down, L. W. Lauste, R. A. Q. Lay, O. C. Levine, D. T. Lewis, J. T. R. Lewis, W. H. Lewis, Ethelberta M. Lynton-Low, Jane S. McDowell, J. G. McGrath, N. F. Macclagan, P. G. C. Martin, R. G. Mayall, W. A. Mayne, E. L. Monkhouse, Irene P. Murray, Parvathibai M. (Mrs.) Nair, Pullat G. A. (Mrs.) Nambiar, R. S. Ogborn, A. H. Osmond, C. G. Owen, R. H. Patel, J. C. Pedley, E. D. Portman, S. Prakash, G. Ramage, J. Reeve, E. R. B. Reynolds, Irene P. Rowlands, P. G. Roberts, H. Rosenberg, H. W. Salmon, J. L. S. Scott, C. K. Shain, R. F. Simkin, R. E. H. Simpson, E. R. Sinton, W. L. Sleight, W. G. Smith, W. P. Stamm, Joan W. Stelfox, M. G. Stratford, G. H. Taylor, H. C. M. Walton, Clara M. Warren, Grace E. Watson, H. A. T. Wells, Shirley E. Whitaker, H. T. S. Wise, F. H. Wood, W. Woolley.

* M.R.C.S. previously granted.

Diplomas

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

PUBLIC HEALTH.—G. F. Bramley, J. E. Cheesman, M. M. D. Chughtai, S. N. Consul, Doris V. Douglas-Norman, Ruth C. Finn, R. C. Jones, P. M. Kaul, Dorothy M. Llewellyn, Janet M. Macmillan, L. D. Richards, F. A. H. Simmonds, J. E. Stokes.

LARYNGOLOGY AND OTOTOLOGY.—V. Y. Apte, M. Basheer, V. U. Chitale, N. M. Cuthbert, H. J. Eizenberg, E. W. Ingle, H. Y. Khwaja, D. A. P. Macalister, N. D. Matson, C. K. C. Misra, B. F. Niblock, E. R. G. Passe, M. A. H. Siddiqi.

PSYCHOLOGICAL MEDICINE.—C. E. Allen, J. C. Batt, F. H. Beare, H. C. Beccle, C. L. C. Burns, E. N. Butler, Irene Dixon, W. J. McCulley, F. L. McLaughlin, J. H. Mulvany, E. U. H. Pentreath, Irene Yates, G. C. Young.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—R. R. Clipstein, R. F. Hawke.

MEDICINE.—G. S. N. Hughes, I. S. Lloyd, H. C. Pain.

FORENSIC MEDICINE.—M. Belo-Zercovsky, W. E. P. Corbett, R. F. Hawke, I. S. Lloyd, A. J. McBrearty, T. D. Norton, B. Rivlin, L. G. Yendoll.

MIDWIFERY.—F. Crowther, M. Ditton, R. G. Joyce.

The Diploma of the Society entitling them (upon registration under the Medical Acts) to practise medicine, surgery, and midwifery has been granted to Messrs. M. Ditton, R. F. Hawke, and B. Rivlin.

Medical News

The seventh annual address to newly qualified medical practitioners and senior students of the London hospitals will be given by Mr. P. H. Mitchiner, F.R.C.S., of St. Thomas's Hospital, on Tuesday, March 8th, at 5.30 p.m., in the Great Hall of the B.M.A. House, Tavistock Square, under the auspices of the Metropolitan Counties Branch Council. The title of the address is "After the finals."

The annual dinner of the Glasgow and Aberdeen Universities North East of England Club will take place on Friday, February 19th, at 6.30 p.m. (for 7 o'clock), in the Royal Station Hotel, Newcastle. The guests are Professor J. J. R. Macleod, F.R.S., Aberdeen, and Professor Andrew Browning, Glasgow. Applications for tickets (price 9s.) should reach Professor D. Burns, College of Medicine, Newcastle-on-Tyne, by Tuesday, February 9th.

The eleventh annual dinner of the Society of Radiographers will be held at Pritchard's Restaurant, 79, Oxford Street, W., on Friday, February 19th, at 7.30 p.m.

On February 10th, under the auspices of the National Council for Mental Hygiene, and the Howard League for Penal Reform, Mr. George Ives will read a paper on penal methods of the past and present, at 11, Chandos Street, Cavendish Square, W., at 5.30 p.m.

A course on exotic pathology and parasitology will be held in Berlin from March 2nd to 19th. The programme can be obtained from Professor Ziemann, Pathologisches Museum der Charité, Berlin.

A course of lectures to medical practitioners and medical students, under the auspices of the Institute of Psychoanalysis, will be given by John Rickman, M.D., at 36, Gloucester Place, W., on Friday evenings at 8.30 p.m., from February 5th to 26th. Fee for the course 15s., to be paid to the honorary treasurer, Dr. Bryan, 35, Queen Anne Street, W.1.

The Fellowship of Medicine and Post-Graduate Medical Association announces that Dr. Maurice Davidson will give the next lecture in the series on treatment on February 10th, at 4 p.m., at the Medical Society of London, 11, Chandos Street, Cavendish Square. This lecture is open to members of the Fellowship. Free demonstrations will be given at 3 p.m. as follows: February 11th, at King's College Hospital, Denmark Hill, by Dr. Terence East, and February 12th, at St. Paul's Hospital, Endell Street, by Mr. Malcolm Simpson. The next all-day special course will be in medicine, surgery, and the specialties at the Prince of Wales's General Hospital, Tottenham, from February 15th to 27th. Other forthcoming courses include clinical surgery for two week-ends, February 20th-21st and February 27th-28th, at the Royal Albert Dock Hospital from 9.30 a.m. to 6.0 p.m. each day; lunch and tea are obtainable at the hospital. An evening M.R.C.P. course has been arranged as follows: clinical and pathological evenings Mondays and Fridays, February 22nd to March 18th, lectures on Wednesdays, and two ophthalmic and one laboratory demonstration on Thursdays; limited to twenty-five post-graduates. Instruction in neurology will be given at the West End Hospital for Nervous Diseases daily at 5 p.m., from February 22nd to March 18th; psychological medicine at the Bethlem Royal Hospital on Tuesdays and Fridays at 11 a.m., February 23rd to March 18th, and medicine, surgery, and gynaecology at the Royal Waterloo Hospital, February 29th to March 19th. Copies of the syllabuses and all information may be obtained from the Fellowship of Medicine, 1 Wimpole Street, W.1.

The forty-third international post-graduate course of the Vienna Medical Faculty will be held from February 15th to 26th, the subject being the treatment of internal diseases, with special reference to rheumatic conditions and physical methods of treatment.

As announced in our advertisement pages, applications for 1932 for the Government grant for scientific investigations must be received at the offices of the Royal Society not later than March 31st. Application forms may be obtained from the clerk to the Government Grant Committee, Royal Society, Burlington House, W.1.

In view of the present economic condition of the country, the annual dinner of the Medical Society of London will not be held this year.

Dr. Godfrey Lowe has been appointed chairman of the Lincoln County Borough Insurance Committee. He is a past vice-chairman of that committee, and has been a member of it since the inception of the National Insurance Act. He has been chairman of the Medical Benefit Subcommittee for some years.

The forty-fourth Congress of the German Society of Internal Medicine will be held at Wiesbaden under the presidency of Professor Morawitz of Leipzig from April 11th to 18th, when the following subjects will be discussed: the action of certain substances on the circulation (Drs. Dale of London and Volhard of Frankfurt); disturbances of the functions of the lungs (Dr. Brauer of Hamburg); bilateral pneumothorax (Dr. Liebermeister of Düren); pulmonary collapse (Dr. Jacobaeus of Stockholm); and non-calculous disease of the biliary system (Drs. Aschoff of Freiburg, Ueber of Berlin, and Schmeiden of Frankfurt).

Among the latest contributions to King Edward's Hospital Fund for London are the sum of £100, being the annual subscription of H.R.H. the Prince of Wales, President of the Fund, and £25 each from the Duke of York, the Duke of Gloucester, Prince George, the Princess Royal, and the Duchess of York.

The late Sir David Bruce has left estate of the gross value of £16,106; with net personalty £15,413. He bequeathed £200 to the director of the Lister Institute to be distributed at his discretion between the workers in the Institute other than scientific, research, and laboratory staff.

The Massey Scientific Research Fellowship of the value of £400 per annum, recently established at University College, Nottingham, for the purpose of promoting research on cancer by physical and chemical methods, has been awarded to Mr. L. A. Woodward.

We have received two "popular health" pamphlets from Mr. Charles E. Hecht, honorary secretary, Food Education Society, entitled *Sugar: Why worry about it?* and *Honey versus other forms of Sugar*. Both contain vigorous comments on the indiscriminate consumption of sweets by children.

The *Bruxelles-Médical* announces that a medical cruise will be organized in 1932, leaving Bordeaux on July 26th and returning to Marseilles on August 21st. The itinerary includes visits to the Azores, Madeira, the Canaries, the Balearic Isles, Sardinia, and ports of French and Spanish Morocco. Special inclusive terms are available for medical practitioners and their families, and for laymen recommended by their family doctor. These charges are 4,975 French francs, first class, and 2,325 francs, second class. For the cruise a steamer has been chartered with 270 first-class berths and 70 berths for students. Early application should be made to the Section des Voyages de *Bruxelles-Médical* (29, Boulevard Adolphe Max, Brussels), from which full information may be obtained.

Dr. Karl Herxheimer, professor of dermatology at Frankfurt, has been awarded the Ehrlich-Weingert medal by the medical faculty of the university.

Professor Léon Bernard has been nominated president of the French Council of Public Health for 1932, with Professors Pouchet and Jules Renault as vice-presidents.

Professor Pierre Duval has been elected president of the Société de Chirurgie for 1932, with Dr. Mouchet as vice-president.

The Spanish Republic has granted the title of "Villa" (town with special privileges) to Villanueva, the birthplace of Michael Servetus, the discoverer of the lesser circulation.