

as a labyrinthitis with meningeal symptoms, demands, as a means of approach, a greater exposure of the inner tympanic wall.

In this short article it is not possible to give a detailed description of the types of case suitable for operation, of the technique of the operation itself, and post-operative treatment, nor to enter into the arguments upon which is based the preference for this form of operation; these are matters for the aural surgeon himself. My main purpose is to draw the attention of the general practitioner to the fact that, in spite of the prejudice that still unfortunately prevails against any form of mastoidectomy as a means of treatment in cases of long-standing chronic discharge of the middle ear, the results of transantral attico-tympanotomy are sufficient to justify him, where practicable, in advising patients to undergo this form of treatment.

The following six cases, which were described at a meeting of the Section of Otology, Royal Society of Medicine, on December 4th, 1931, illustrate the results of treatment.

CASE I

Female, aged 36, with discharge from right ear since childhood. October 24th, 1930: tympanic membrane showed marginal perforation in post-superior quadrant; granulations present. October 29th: operation performed; stay in hospital three weeks. November 16th: ear dry; hearing of right ear—low whisper at 1 ft.

CASE II

Female, aged 21, with discharge from both ears intermittently for eleven years. December 20th, 1929: hearing—right ear, watch heard close; left, whisper at 1 ft. Both tympanic membranes showed marginal perforations post-superiorly; right ear discharging; left, dry. February 5th, 1930: operation on right ear; incus removed. Stay in hospital three weeks. November 16th, 1931: both ears dry; hearing—right ear, low whisper at 1 ft.

CASE III

Female, aged 10, with chronic otorrhoea of left ear since measles at the age of 3; tonsils and adenoids removed. June 20th, 1930: tympanic membranes showed posterior marginal perforation; hearing—watch heard close to ear. July 16th: operation; stay in hospital three weeks. January 20th, 1931; ear dry; hearing—watch heard close to ear.

CASE IV

Male, aged 30, with left chronic otorrhoea since the age of 14. June 17th, 1930: tympanic membrane showed a post-superior marginal perforation with granulations and a thick discharge; hearing—low whisper at 1 ft. August 13th: operation; wound healed completely in two weeks. November 20th, 1931: ear dry, but a very small central perforation still exists posteriorly; hearing—watch heard close to ear.

CASE V

Female, aged 29, with chronic suppuration of right ear since measles at the age of 12. October 22nd, 1931: attic perforation with granulations; hearing—watch heard close to ear. November 5th: operation; wound healed completely in three weeks. November 28th: ear dry; hearing—watch close.

CASE VI

Female, aged 28; bilateral chronic suppuration since early childhood, following measles. October 29th, 1929: symptoms of toxæmia; recent exacerbation, following cold. Right ear: marginal perforation with granulations in post-inferior quadrant; foul discharge; mastoid tenderness. Left ear: posterior marginal perforation, reddened membrane. Hearing of both ears good. November 1st: operation on right ear; lateral sinus exposed after removal of diseased bone. November 11th: operation on left ear; incus removed, and middle fossa exposed by removal of diseased bone. Both ears healed and dry within two weeks after operation. December 4th, 1931: right ear, dry; hearing—watch close to ear. Left ear: dry; hearing—low whisper at 6 in.

When demonstrating the above series of cases I drew attention particularly to the following points: the long period of chronicity in each case; the site of the post-auricular incision in the hair-line, giving rise to practically no deformity; the conservative treatment of external auditory meatus, tympanic membrane, and middle-ear contents (in two cases only was the incus removed); the short stay in hospital; and the successful preservation of useful hearing after eradication of the disease.

SUMMARY

1. Chronic suppurative otitis media (in reality, chronic mastoid disease) still remains far too prevalent in spite of its admitted dangers to the patient and the loss of national efficiency due to deafness.

2. Conservative mastoidectomy, though devised and advocated as long ago as 1907 by Charles Heath, has not yet gained that universal support it deserves.

3. A modification of Heath's operation, termed "transantral attico-tympanotomy," is now advocated, and the successful results in a series of cases are described.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

THE FIRST CASE OF SPRUE IN MALTA

The record of a "first case" from any given locality has its own peculiar interest, and as we are not aware of any previous case of sprue having been recorded from Malta, the following description seems warranted. It is interesting to note, incidentally, that Rogers (1929) refers to cases of sprue reported from South Italy and Sicily.

The patient was a retired Army officer, of pure Maltese race, aged 52 years. Symptoms commenced in October, 1929, with two or three loose motions daily; these were often frothy, and usually occurred in the mornings. Six months later he began to lose weight, and from September, 1930, till January, 1931, he noticed some soreness of the tongue. Various lines of treatment were tried without lasting benefit. We did not see him until December, 1930, and he could not come into hospital until the New Year. There was a previous history of typhoid in 1904, and bacillary and amoebic dysentery during the late war. The patient had spent all his life in Malta, except four years on war service in the Near East.

On admission there was considerable emaciation, the abdomen being distended with gas, the muscles thin and flabby, and the skin darkly pigmented; stools were loose, muddy coloured, offensive, very bulky, and sometimes frothy. At first their reaction was alkaline; later it became acid.

Detailed Investigation

After dental extractions for pyorrhoea detailed investigations were carried out. An x ray with barium meal showed no evidence of malignant or other organic disease of the alimentary tract. The fractional test meal showed marked hypochlorhydria, only a trace of free HCl being present. Both the urinary diastase test and Loewi's adrenaline eye test were negative. Blood examination showed: red blood cells 3,750,000 per c.mm., haemoglobin 75 per cent., colour index 1. The leucocytes were normal. Bacteriological examination of the faeces showed no evidence of dysentery organisms or of tubercle bacilli. Streptococci were isolated both from stools and from the roots of extracted teeth. Fat analysis of the faeces showed that the total fats varied from 28 to 43.6 per cent., of which approximately 36 to 48 per cent. was split, and 52 to 64 per cent. unsplit.

These results excluded such conditions as malignant disease, chronic pancreatitis, pernicious anaemia, and tuberculous infection. Taken with the clinical picture they provided very strong evidence for a diagnosis of sprue, so the patient was treated accordingly.

Subsequent History

Milk diet, and, later, meat diet were both tried, but without improvement. We then put the patient on Fairley's high protein, low fat, and low carbohydrate diet (1930). The patient's weight was 6 st. 10 lb. at the beginning of this treatment. Dilute HCl was administered throughout, and also, for a time, calcium lactate. Shortly afterwards the stools became formed, and he began to gain weight. By the beginning of May a convalescent sprue diet was given, along with insulin—6 to 9 units daily. At the end of May his weight had reached 8 st., the stools were formed, and the general condition greatly improved. He was then discharged from hospital, and it was arranged that he should proceed to England for a change. There he consulted Dr. Hamilton Fairley, who confirmed the diagnosis of sprue on clinical grounds, and further reported that the blood calcium was low (8.7 mg. per 100 c.cm.), while the sugar tolerance curve showed only a very limited rise following the ingestion of glucose.

The patient has since returned to Malta, treatment being continued on the above lines. Progress has been maintained, and the general condition remains satisfactory.

COMMENTARY

The chief interest of this case lies in its being the first authenticated instance of sprue reported in Malta. From the clinical point of view the presence of sore tongue associated with loose, gaseous, fatty stools, the distended abdomen, the marked loss of weight, and pigmentation of the skin are all characteristic. The low blood calcium, the hypochlorhydria, and the limited rise in the blood sugar following the administration of glucose are typical. This is also true of the high total fat content in the stool. Even deficient fat-splitting, though unusual, does sometimes occur in this disease.

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British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

SOUTH MIDDLESEX DIVISION

Chronic Rheumatism and the Endocrines

At a meeting of the South Middlesex Division held at the Teddington and District Memorial Hospital on February 4th, Dr. H. GARDINER-HILL discussed the relationship between the endocrine glands and chronic rheumatism, both the non-articular and articular forms. Under articular rheumatism he included rheumatoid arthritis (the atrophic type), infective arthritis with a definite septic focus, and osteo-arthritis (the hypertrophic form). He doubted whether the relationship between the endocrine glands and these conditions was as close as some authorities had suggested. It had been pointed out that the incidence of rheumatism was high in patients who suffered from goitre. It was also said that rheumatism and Graves's disease were frequently associated. In myxoedema it had been found that relaxation and mucoid infiltration of articular ligaments, tendons, and fasciae occurred. The relationship of the ovaries to chronic rheumatism was admittedly obscure, but a form of climacteric arthritis had been described. It was also known that arthritis might develop after pregnancy or

in association with amenorrhoea. A relationship between arthritis and the pituitary had been postulated, because it was known that overactivity of the anterior lobe growth cells produced hypertrophic changes in bones. There was little evidence, however, to suggest that arthritis was a frequent finding in acromegaly.

Dr. Gardiner-Hill then gave figures showing the incidence of arthritis in a series of endocrine cases. A series of cases of thyroid disease showed the following results: 10 per cent. of 61 patients with myxoedema complained of chronic rheumatism, though in the large majority of these it was of the non-articular type. Among 82 cases of simple goitre and 184 cases of primary Graves's disease there were only one or two instances of articular rheumatism. Where arthritis was found in Graves's disease he thought the evidence suggested that both conditions were probably due to one common factor—a septic focus. With regard to pituitary disease, in a series of 26 cases of acromegaly only 4 per cent. showed arthritic changes—namely, lipping of the bones of the small joints of the hands. A series of cases of sex-gland deficiency gave the following results. In eunuchoids, primary sex-gland deficiency, 13 cases were examined, and there were only one or two instances of articular rheumatism. In 32 cases of castration the incidence was higher, one-fifth suffering from articular rheumatism. In this series there was almost invariably obesity, and the joint changes were usually in the lower limbs. Of forty-three cases of secondary amenorrhoea examined there were no examples of arthritis.

In obese persons the incidence of articular rheumatism was high. In 40 cases of obesity dating from birth, one-quarter suffered from rheumatism. In half of these it was of the articular type and in the other half non-articular. In 117 cases of obesity developing in later life, not including the form which developed at the climacteric, one-fifth suffered from chronic rheumatism. Here in one-half of the cases it was of the articular type, and almost invariably in the large joints of the lower limbs. In 37 cases of obesity which developed at the climacteric, 43 per cent. complained of rheumatism. In 44 per cent. of these it was of the articular type and nearly always in the lower limbs. Dr. Gardiner-Hill concluded, therefore, that obesity was the most common endocrine symptom associated with arthritis. It was difficult to say exactly what the relation was between obesity and the endocrine glands. It might occur as a result of thyroid deficiency, sex-gland deficiency, and changes in the pituitary, or it might be of the constitutional type and inherited. In some of these cases there was a low metabolism.

Discussing endocrine treatment in arthritis Dr. Gardiner-Hill suggested that in cases of the hypertrophic type with obesity and low metabolism dietetic restriction in conjunction with thyroid extract was often beneficial. In his experience extracts of the pituitary and sex glands had not produced any striking changes either in obesity or arthritis. There had been a tendency of late to treat certain cases of the atrophic form of arthritis (rheumatoid arthritis) with insulin. This form of treatment had been adopted because in a number of cases of rheumatoid arthritis it was found that the sugar tolerance was decreased. He thought this was a common finding in a large number of conditions, and did not think that it was necessarily the result of any pancreatic deficiency. There was, moreover, little evidence to suggest that arthritis was a common finding in diabetes. He thought that the benefit which had been observed from this form of treatment was probably due to the fact that in certain of these patients appetite was poor and nutrition low. Insulin probably acted by creating an artificial appetite and increasing storage of carbohydrate. It might be worth trying in certain cases with poor nutrition.

lassitude, etc. If any person went to a doctor these symptoms would cause him to suspect food poisoning, and he would notify it at 2s. 6d. a time. The clause was unworkable, and should be withdrawn.

Mr. GEORGE HARVEY said that, as the Minister of Health desired these matters to be discussed in committee, he withdrew his amendment for the rejection of the Bill.

The Bill was then read a second time without a division.

Pensions in the Indian Services

On March 7th Sir S. HOARE, replying to Mr. Kirkpatrick, said that for some time there had been anxiety among officers of the Indian Services generally as to the security of their pensions. He had not received any special representations from officers of the Indian Medical Service. The pensions of officers of the Indian Services were not guaranteed by the British Government; they were a charge on Indian revenues, and the responsibility for ensuring that the necessary funds were forthcoming rested with the Secretary of State for India. The Services' Subcommittee of the Indian Round Table Conference recommended that when a new constitution for India was drawn up suitable safeguards for the payment of pensions should be provided, and the Prime Minister, in the statement made by him on behalf of the British Government at the final meeting of the first Conference, laid it down that the transfer to a responsible Government in India of responsibility for the finances of that country must necessarily be subject to such conditions as would ensure the fulfilment of the obligations incurred under the authority of the Secretary of State. The consent of Parliament would be required to any change in the present position.

Death Rate among Boys Employed in Mines.—On March 2nd Mr. ISAAC FOOT, replying to Mr. Tinker, said it was estimated that in 1931 the death rate among boys under 16 years of age employed below ground in mines was 1.13 per 1,000 employed in Great Britain and 0.83 in Lancashire. The corresponding rates for all persons employed below ground were 1.14 and 0.96 respectively.

Foot-and-mouth Disease and Imported Hay.—Sir J. GILMOUR told Dr. O'Donovan, on March 3rd, that the importation of hay and straw from all countries except those known to be free from foot-and-mouth disease was prohibited by the Foreign Hay and Straw Orders, with the exception of hay and straw used at the time of importation as packing for merchandise, and manufactured straw not intended for use as fodder or litter for animals. The Foot-and-Mouth Disease (Packing Materials) Order of 1925 prohibited any hay and straw imported as packing for merchandise from being brought into contact with animals.

Imported Fresh Milk.—Replying to Mr. Kimball, on March 3rd, Sir HILTON YOUNG said inquiries made by officers of his Department afforded no evidence that fresh milk imported from abroad, which had been pasteurized once before exportation and a second time after importation, had been sold in this country as "pasteurized milk."

Vaccination Act.—Sir H. SAMUEL told Mr. Groves, on March 3rd, that he had received no complaints of the refusal of certain London stipendiary magistrates to take statutory declarations under the Vaccination Act, 1907, when sitting in open court, but, if particulars could be sent him, he would consider whether any action was required.

Pensions Hospitals.—Major TRYON, answering Mr. Logan on March 5th, said that four hospitals under the Ministry of Pensions—namely, Fernbank, near London; Highbury Hospital, Birmingham; Blackrock Hospital, Dublin; and Kirkburton, an institution for mental cases, near Huddersfield—had been closed during the past twelve months. Another institution might be closed in the current year if alternative arrangements for the treatment of patients could satisfactorily be made. The policy of the Ministry was to make use of civil hospitals as far as possible consistently with the interest of the Ministry's patients, but there were certain types of disability—as, for example, epilepsy, mental disorder, neurasthenia, and certain types of surgical cases—for which specialized arrangements or institutions were desirable in the interest of the patients.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—P. C. BASU, S. Bradbury, H. W. Davies, (Mrs.) Elfrida L. G. Hilton.

UNIVERSITY OF LONDON

The following have been recognized as teachers of the University in the subjects indicated:—*King's College Hospital Medical School*: Dr. M. Critchley (neurology), Dr. J. L. Livingstone and Dr. C. E. Newman (medicine), Mr. H. A. Lucas (pathology), Dr. M. S. Thomson (dermatology).

The Senate has approved in principle the institution of an academic diploma in radiology.

The regulations for the M.B., B.S. examination have been amended by the substitution of the following for the third footnote on page 199 of the Red Book, 1931-32, and page 259 of the Blue Book, September, 1931:

The certificate in this subject must state that the person signing it has instructed and examined the student in the practice of vaccination, and that he is a person authorized by the Minister of Health to issue such a certificate.

The regulations for the M.D. Examination (Red Book, 1931-32, p. 204; Blue Book, September, 1931, p. 264) have been amended so that the first paragraph dealing with the date of examination reads as follows:

The Examination for the Degree of Doctor of Medicine will be held twice in each year, commencing on the second Monday in December and on the first Monday in July, except that the Examination for Branch V (State Medicine) shall commence on the second Monday in December and on the second Monday in July.

Sir E. Graham-Little, M.D., has been appointed a member of the court of governors of the London School of Hygiene and Tropical Medicine, and Mr. C. J. Bond, F.R.C.S., a governor of University College, Leicester.

Sir William Collins, M.D., will be the representative of the University at the celebrations of the tercentenary of the University of Amsterdam in June next, and Professor W. W. Jameson at the Royal Sanitary Institute Congress at Brighton in July.

The William Julius Mickle Fellowship for 1932 has been awarded to P. Eggleton (University College) for his research on the labile compounds of phosphorus in muscle.

The Services

R.N.V.R. OFFICERS' DECORATION

The Royal Naval Volunteer Reserve Officers' Decoration has been awarded to Surgeon Commander A. G. Elder, D.S.C.

TERRITORIAL MEDICAL OFFICERS' ASSOCIATION

A general meeting of the Territorial Army Medical Officers' Association will be held at 37, Russell Square, London, W.C.1, on Thursday, March 17th, at 3 p.m., at which all Territorial Army medical officers (active and retired) are invited to be present.

DEATHS IN THE SERVICES

Colonel William John Read Rainsford, C.I.E., late R.A.M.C., died at Exmouth on February 4th, aged 80. He was born at Grenada on January 26th, 1852, the son of the late William Ryland Rainsford of Cradocksdown House, County Kildare, and was educated at Portarlington School and in Dublin, taking the L.K.Q.C.P. and L.R.C.S.I. in 1874, as well as the F.R.C.S.I. in 1888. Entering the Army as surgeon on February 4th, 1877, he attained the rank of colonel on December 14th, 1903, and retired on January 26th, 1909. He served in the Afghan war of 1879-80, with the Khaibar Field Force (medal); in the Egyptian war of 1882 (medal and Khedive's bronze star); in the Sudan in 1885-86 with the Frontier Field Force; and in the China war of 1900, when he was mentioned in dispatches in the *London Gazette* of May 14th, 1901, and received the medal with a clasp and the C.I.E. In the administrative grade he served as P.M.O. in Bermuda, Canada, and the West Indies, and after retirement rejoined for service in the war of 1914-18.

Medico-Legal

WITHDRAWAL OF CHARGE OF NEGLIGENCE AGAINST SURGEON

Before Mr. Justice McCardie and a special jury on March 2nd and 3rd an action was heard in which Mr. J. G. Tudor, bank manager, of Bridgend, on behalf of his daughter, a child of 11, claimed damages from Mr. W. A. Mein, surgeon, of Bournemouth, alleging negligence in the performance of an operation on the child for appendicitis. Negligence was denied, and Mr. Mein was defended by Mr. J. E. Singleton, K.C., and Mr. Thomas Carthew, on the instructions of Messrs. Le Brasseur and Oakley, for the London and Counties Medical Protection Society.

Mr. Kirkhouse Jenkins, K.C., in opening the case, said that Mr. Mein operated on the child in May, 1930, when she was taken ill while on holiday at Bournemouth, and, according to him, he then removed her appendix. In September, however, it was found that the appendix was still causing trouble, and a second operation was performed by Mr. J. O. D. Wade, consulting surgeon, of Cardiff, who found the appendix and removed it. It was alleged that to repair the hernia caused by the first operation scar still another operation would be necessary. Mr. Tudor and his wife gave evidence as to Mr. Mein's statement to them that he had removed the appendix.

Dr. Jeffrey Woodward Jones of Bridgend testified that when he saw the child in September, five months after Mr. Mein's operation, her condition suggested appendicitis. He gave the anaesthetic at the second operation, performed by Mr. Wade, and saw Mr. Wade remove what he believed to be the whole appendix. There was no sign of the stump of an appendix having been left from the former operation. He agreed, on cross-examination, that, without any fault on the part of the surgeon, hernia might have followed such an operation as Mr. Mein had conducted; also that, where an appendix had been removed, the patient might suffer from a residual abscess, necessitating a further operation. Mr. J. O. D. Wade, who said that in 1931 he had performed nearly 1,600 operations, including 405 for appendicitis, stated that he discovered no indication in this case of previous interference with the appendix. The appendix which he removed was $3\frac{1}{2}$ inches in length and had two perforations; in size and shape it was quite usual, and did not indicate that any part of it had been cut off. He agreed that it was a very difficult matter to be certain of the appendix when there was a matting together of the tissues, as there might have been when Mr. Mein performed the operation. Dr. Harold Alfred Scholberg, consulting pathologist, of Cardiff, said that he had examined the appendix removed by Mr. Wade, and in his opinion the tip was that of an original appendix, not a stump after part had been removed.

For the defence, Mr. Singleton said that there could be no doubt that Mr. Mein's immediate diagnosis of a burst appendix and his prompt operation had saved the girl's life. The complaint against him was that hernia had resulted after the operation, and that he had not removed the whole appendix. With inflammatory trouble and general peritonitis, as was indicated in this case, a weakening of the muscular tissue, making hernia more likely to develop, often occurred, and hernia, again, was likely to follow if an abscess had to be drained. Mr. Mein had been faced with a dangerous state of things, in which over-interference might cause serious injury. If he had merely drained the abscess and left the appendix for further operation no one could have complained, and even had he removed the appendix completely, a further operation might still have been necessary to deal with residual abscess.

Mr. Mein, in evidence, stated that he had performed between 2,000 and 3,000 operations for appendicitis. This child was in a dangerous condition, and he had operated on her within two hours of making the examination. He found a mass of adhesions in which it was impossible at first to distinguish the appendix, but on enlarging the opening he found the tip of the appendix, which was gangrenous and perforated. The appendix appeared to attach itself, at $4\frac{1}{2}$ inches from the tip, to the large intestine, and he cut it off at that point. As he found it impossible to invaginate the stump, he tied a ligature round it and left it. Sir Charles Gordon-Watson said that, judging by the evidence he had heard, Mr. Mein had done the

right thing. In an abscess of the appendix the first essential was to drain it; and where there were adhesions it might be almost impossible to find. Mr. V. Warren Low testified to the same effect, and said that hernia might follow any abdominal incision without the surgeon being at fault.

After this evidence Mr. Jenkins, on behalf of the plaintiff, withdrew the allegations of negligence against Mr. Mein; Mr. and Mrs. Tudor had desired him to say that the withdrawal was unreserved. They recognized the difficulties which an operating surgeon must encounter, and they wished further to say that they appreciated, "more than words could express," the fact that Mr. Mein had saved their child's life. Mr. Singleton accepted the withdrawal, pointing out that the issue was a serious one to Mr. Mein as a professional man; so long as allegations of negligence were made he was bound to contest the case. In the circumstances which had arisen, however, he thought it right to pay to Mr. Tudor a sum which would completely indemnify him against the costs of the action. He added that Dr. Woolmer Davies of Bournemouth, who had called in Mr. Mein in the first instance, and also the nurse who had been present at the operation, were in court, and would have been prepared to testify that they had seen the appendix which Mr. Mein had removed.

Mr. Justice McCardie said that he was glad the charge of negligence had been completely withdrawn, and that it was recognized by Mr. Tudor that the defendant was a most able and experienced surgeon. He was glad, also, that the defendant had shown the generous good will which marked his great profession and had indemnified the plaintiff in respect of costs. The settlement reflected the greatest credit on both sides. He also agreed with Mr. Singleton that there was no suggestion against Mr. Wade and Dr. Jeffrey Jones, who had given their evidence for the plaintiff with a fairness that was a credit to them.

Medical News

The second Congress of the International Society of Orthopaedic Surgery will be held in London at the Royal Society of Medicine on July 19th, 20th, 21st, and 22nd, 1933, under the presidency of Professor Nové-Jossier and of Lyons.

Lord Moynihan of Leeds has been elected a member of the committee of the Radium Institute, London, in the place of Sir Hugh M. Rigby, Bt., who has resigned on his retirement from practice and removal from London.

H.R.H. the Prince of Wales will declare open Manson House, Portland Place, W., the new headquarters of the Royal Society of Tropical Medicine, on Thursday next, March 17th, at 5.30 p.m. The Prince will be received by Sir Austen Chamberlain and Dr. G. Carmichael Low, president of the society. Admission will be by ticket only.

The Irish Medical Schools' and Graduates' Association will hold a dinner in London on St. Patrick's Day, Thursday, March 17th, at 7.45 o'clock, at the Piccadilly Hotel, when the guests of honour will be H.E. the Envoy Extraordinary and Minister Plenipotentiary for Egypt, and Mr. P. J. H. Hannon, M.P.

At the meeting of the Royal Microscopical Society to be held at B.M.A. House, Tavistock Square, W.C., on March 16th at 5.30 p.m., Dr. Wilfrid Marshall will read a paper on the influence of refractive index on mounting media.

A meeting of the Medico-Legal Society will be held at 11, Chandos Street, W.1, on Tuesday, March 15th, at 8.30 p.m. Dr. L. A. Parry will give an address on some medical, legal, and sociological aspects of abortion, which will be followed by a discussion.

The ninety-sixth annual general meeting of the Royal Medical Benevolent Fund will be held in the lecture room of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, March 15th, at 5 p.m., with the president, Sir Thomas Barlow, Bt., in the chair.

The next monthly clinical meeting for medical practitioners at the Hospital for Epilepsy and Paralysis, Maida Vale, W.9, will be held on Thursday, March 24th, at 3 p.m., when Dr. F. L. Golla will give a clinical demonstration. Tea will be provided, and it will be a convenience if those intending to be present will notify the secretary beforehand.

The Fellowship of Medicine and Post-Graduate Medical Association has arranged a course in proctology at the Gordon Hospital, Vauxhall Bridge Road, from March 14th to 19th. In connexion with the M.R.C.P. course there will be pathological evenings on March 14th and 18th, at 8 o'clock, at the London Temperance Hospital. Dr. Donald Hunter will give a lecture on the significance to clinical medicine of calcium metabolism on March 16th, at 8.30, at 11, Chandos Street, Cavendish Square, open only to members; apply to the Fellowship of Medicine. Courses in April will include ophthalmology, at the Central London Ophthalmic Hospital; diseases of children, at the Hospital for Sick Children; venereal diseases, at the London Lock Hospital; diseases of the chest (week-end course), at the Brompton Hospital; oto-rhino-laryngology, at the Central London Throat, Nose, and Ear Hospital. Detailed syllabuses of each of these courses, which are open only to members, will be available shortly from the Fellowship of Medicine, 1, Wimpole Street, W.1.

The second part of the post-graduate course in tropical medicine and hygiene for ship surgeons will be held at the Hospital for Tropical Diseases, Endsleigh Gardens, W.C., and the London School of Hygiene and Tropical Medicine, Keppel Street, W.C., from April 11th to May 6th. Particulars can be obtained on application to the secretary, Seamen's Hospital Society, Greenwich, S.E.

An international congress on syphilis will be held in Paris from May 9th to 12th, on the occasion of the celebration of the centenary of the birth of Professor Alfred Fournier, who died in 1914.

An election of Junior Fellows under the Beit Memorial Fellowships for Medical Research will take place in July next. They are of the annual value of £400, and the usual tenure is for three years. The elected Fellows will be required to begin work on October 1st. Applications should be received by May 18th, though late entries will be accepted up to June 1st. Forms of application and all information may be obtained by letter only, addressed to Professor T. R. Elliott, M.D., F.R.S., honorary secretary, Beit Memorial Fellowships for Medical Research, University College Hospital Medical School, University Street, W.C.1.

The Sorbonne announces two summer courses in the French language, to be held from July 3rd to August 24th, and from August 1st to 28th. They include six or four weeks' preparation work in the university, coupled with afternoon visits to places of interest in Paris, and thirty-six more advanced afternoon lectures on prominent present-day questions. The longer course includes also a journey into Western France occupying eight days. Full particulars may be obtained from M. Henri Goy, Directeur du Bureau des Renseignements Scientifiques, la Sorbonne, Rue des Ecoles, Paris Ve.

A useful pamphlet dealing with the provisions made for the professional and middle classes at voluntary hospitals in London has been issued by the King Edward's Hospital Fund. The introduction states that many of the London voluntary hospitals have recognized that there is a growing demand for suitable accommodation for people who, while unable to pay the charges of a nursing home, desire more privacy, and perhaps better accommodation, than is available in the ordinary wards, and who are willing to pay for it according to their means, and also for medical attention. Special provision has therefore been made for such patients, and the King's Fund has set forth in this pamphlet a complete list of the pay beds now available, together with information as to the nature of the accommodation—whether cubicles, single rooms, or small wards for two or four persons—and the normal weekly charge. In the introduction to the pamphlet attention is drawn to the fact that the weekly

charge does not include medical and surgical fees, these being usually arranged between the patient and the consultant, and that application for admission is in most cases made through the patient's own doctor. Useful information is also given regarding the Hospital Saving Association and the British Provident Association. The pamphlet can be obtained from George Barber and Son, Ltd., Furnival Street, E.C.4 (3d., post free).

An Alfred Fripp Memorial Fellowship, endowed with the sum of £7,000, has been established at Guy's Hospital for promoting the advancement of knowledge and research in psychology through the study of children in health and disease. The Fellowship will be awarded by a board of electors consisting of the physician for diseases of children, the superintendent and the dean of the medical school as *ex-officio* members, and five others co-opted by the *ex-officio* members. It will be open to either sex, but candidates must be unmarried, not more than 30 years of age, and be qualified to practise medicine or surgery; they will be expected to submit with their application a scheme of advanced study or research work. The appointment will be whole-time—it may be held concurrently with a demonstratorship—for a period of two years, which may be extended for a further period not exceeding three years at the discretion of the board of electors. The Fripp Fellow will be allowed opportunities for study in the children's department of the hospital, and the salary will be £300 per annum.

The March issue of the *Edinburgh Medical Journal* contains several of the papers read at the meetings of the Tuberculosis Society of Scotland in October, 1931, and last month. The subjects treated include: the cause and treatment of displacements of the heart in pulmonary tuberculosis, by Dr. C. Clayson; the administrative and clinical aspects of tuberculosis schemes, by Dr. A. S. M. Macgregor; observations on the death rate from tuberculosis in Glasgow, by Dr. J. A. Wilson; underlying principles in the treatment of bone and joint tuberculosis, by Dr. A. Dale; tuberculides, by Dr. R. Cranston Low; pregnancy in tuberculosis, by Dr. J. Haig Ferguson; human tuberculosis of bovine origin, by Dr. A. Stanley Griffith; and types of tuberculous infection in children living in the West of Scotland, by Dr. J. W. S. Blacklock.

We have received the first issue, published in Madrid in January, of a new monthly Spanish journal, entitled *Anales de Medicina Interna*, and edited by a committee which includes six professors of the medical faculty of Madrid. The issue contains articles on diabetes, migraine, treatment of anaemia, clinical records, and reviews of books.

A new issue of the *New Zealand Official Year-Book* is now available. Although mainly statistical in character the various sections are elaborated by discussion and explanations, so that the volume presents a vivid and concise picture of the life, welfare, development, occupation, and interests of the Dominion and its people. It is published by the Government Printing and Stationery Department (7s. 6d., postage extra).

A stained-glass window in memory of the late Dr. S. H. A. Lambert, for fourteen years chairman of the panel of Harrow School doctors and official medical adviser to the head master, has been placed in Roxeth Parish Church, Harrow. The cost has been defrayed by past and present Harrovians.

The chair of medicine at the Collège de France, vacated by the retirement of Professor D'Arsonval, will be occupied by Professor Nicolle of Tunis.

A Société d'Hématologie has been recently founded in Paris, with Professor Hayem as president of honour, Professor Chauffard as president, and Professors Vaquez, Achard, and Jolly as vice-presidents. Meetings will be held once a month at the Hôtel-Dieu.

Professor Anton Eiselsberg, the eminent surgeon, has been presented with the freedom of the city of Vienna.

Dr. Pierre Lereboullet, professor of children's diseases in the Paris Faculty of Medicine, has been elected an officer of the Legion of Honour.