involved secondarily by transcoelomic transplantation of carcinoma cells from some unsuspected primary focus. The main primary foci in this connexion are the stomach and intestines, and these structures were here found to be normal, as well as the breast, from which a lymphatic and later transcoelomic spread may occur. Again, the microscopical features were essentially those seen in ovarian carcinoma.

Cases of ovarian carcinoma with multiple metastases, in some of which the ovarian origin was unsuspected, have been reported from time to time. Thus Bankart[1] in 1926 reported such a case in which the secondaries were in the scapula, while Simard and Gagnon[2] in 1928 published a case in which secondary ovarian malignant tissue was found in the arm. In both of these cases microscopical examination of the secondary growth showed malignant tissue morphologically similar in structure to that found in the primary ovarian growth. In Muller's case,[3] reported in 1929, multiple extensions were present in the serous membranes, with a microscopical structure resembling mesothelioma, while Cavour[4] in 1920 and van Dongen[5] in 1922 described similar cases in which the ovarian origin was unsuspected.

We are indebted to Professor Duguid for the post-mortem and histological material concerned in the case.

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[3] Muller, G.: *Tumori*, 1929, xv, 170.
[4] Cavour, T.: *Gynécol. et Obstét.*, 1920, i, 71.
[5] van Dongen, J. A.: *Nederl. Tijdschr. v. Geneesk.*, 1922, i, 1630.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

ELEVATION OF DEPRESSED FRACTURE OF THE SKULL IN A NEWBORN CHILD

The following case may be of some interest. Mrs. MacX. is a case of flat pelvis. She has had six children—four stillborn, one died after fourteen days, and one is still alive as the result of induction of premature labour. Most of those children, from what I can gather, died of fractured skull. Certainly the child who lived a fortnight had a severe skull injury, and suffered from fits during its short life. One which I delivered had a definite depressed fracture of the skull, but was stillborn.

On the morning of January 28th, 1932, I learned that Mrs. MacX. was again pregnant and almost due. I went to see her at once, and on bimanual examination found that disproportion was marked. With quinine sulphate, castor oil, and pituitrin I induced premature labour, and delivered an asphyxiated female child, weighing eight pounds, at 5.40 a.m. on the following day.

It was a high forceps case, and the head seemed as if it would not enter the pelvis. Then something cracked, and the head came through easily and was delivered. A large depressed fracture of the left frontal bone 2½ inches long by 2 inches at its widest margins became evident. It had been caused by the promontory of the sacrum, and was angled upwards and backwards across the frontal bone. After some delay with the shoulders the child was ultimately born—stillborn as I thought; but the heart was beating, and after resuscitation it came round. There it was: the depression of the left frontal bone, a staring left eye, a flaccid right arm and leg in a semi-conscious infant.

Deciding upon immediate operation I boiled a small scalpel and a slim dissecting forceps used for packing tooth sockets. The scalp was prepared with iodine. A small incision was made over the lower margin of the left frontal bone; but I could not get the handle of the forceps under the bone, so I made an incision half an inch long over the frontal suture one inch in front of the large fontanelle, and managed to get the handle of the forceps between the membranes and the bone. Gently but firmly I insinuated the forceps until under the central furrow of the depression. Then, with a lifting, levering movement of the forceps handle, the depression became elevated to the normal. Since the child bore the operation well, I boiled a small needle, one strand of silkworm-gut, and a pair of scissors, and completed the operation by putting one stitch in each incision.

Before I left this one-roomed home at 7 a.m. the child was crying lustily, shutting both eyes equally, and using both arms and legs freely. The child has been carefully watched; it takes the breast, has not been fevered, and has altogether made an uneventful recovery.

Huntly, Aberdeenshire. PETER W. PHILIP, M.B., Ch.B.

SPONTANEOUS HAEMORRHAGE OF THE NEWBORN

As the spontaneous haemorrhages of the newborn constitute such a grave emergency, and probably occur at some time in the experience of most family doctors, perhaps it will not be out of place for even a fourth-rate practitioner in a third-rate practice to record a case, with recovery.

REPORT OF A CASE

The confinement, a first one, was normal and unassisted; I merely supervised progress. The whole course of the pregnancy was perfectly normal and uneventful. The family history and antecedents of the parents form a dull record of rude health and blameless conduct. The child was a boy, and seemed beyond criticism, until, a few hours after birth, he vomited a little faintly brown fluid, suggestive of a trace of altered blood. These two abnormalities—the vomiting and the colour—were repeated on the second day, so I gave a weak mixture of bismuth and salol. On the third day there was no vomiting, and the stools seemed to me to be quite normal. But I was not altogether surprised, when called in hurriedly while visiting nearby on the fourth day, to find the child blanched, pulseless, and quite collapsed—apparently dead, until I felt a faint apex beat—with his gown saturated in front with bright-red blood from the mouth, and the napkin full of tarry stools.

With a syringe I drew blood from the mother and injected the greater part of 10 c.cm. into the deeper tissue of the child's buttocks and thighs. The baby began to revive, and I asked that he should be given sweetened water freely, his mixture as before, and that he should be kept as warm and undisturbed as possible. Later, I added a few drops of liq. adrenalin. hydrochlor. to the mixture, but the child had recovered sufficiently to recognize and resent this addition. Next morning there was a further haemorrhage, so I gave another injection of the mother's blood. I used a very wide-bore intramuscular needle, and had the barrel of the syringe filmed over inside with soft paraffin, as I found that otherwise it was likely to "seize." In the evening I gave a third injection, and also injected a rough fourth of a 5 c.cm. ampoule of a new liver extract I happened to have in my bag. Next day there was no haemorrhage, but I gave a similar injection of the liver extract, and repeated it on the two succeeding days. Thereafter the child was doing so well that treatment seemed superfluous—he was suckling well, sleeping well, and having normal bowel action. A day or two later he was out of doors, and in a couple of weeks seemed no more anaemic than many babies of that age.

Another time, confronted with a brownish tint in fluid vomited within a few hours of birth, I should not hesitate to inject whole blood, or even any of the usual serums, if parents' blood could not be got. Waiting is too dangerous, and only good luck saved this child. Nothing could be simpler or cheaper. The liver extract may have

helped ; certainly it did no harm. It does seem like a very little knowledge making the village idiot the man of the moment. For the little knowledge I make acknowledgement to *The Clinical Study and Treatment of Sick Children,* by Hugh Thomson.

Kidsgrove, Staffs. A. G. B. DUNCAN, M.D., D.P.H.

Reports of Societies

NON-INFECTIVE NEPHRITIS

At the meeting of the Medical Society of London on March 14th, with Mr. HERBERT TILLEY, president, in the chair, a discussion took place on non-infective nephritis.

Dr. ARTHUR A. OSMAN drew attention to the prevalence of nephritis. It was one of the most frequent causes of death in this country, and was steadily increasing. He gave figures of the mortality incidence for 1926-27 in different countries. Japan had the highest mortality—9.9 per 10,000 of population ; the United States, 9.1 ; Spain, 6.0 ; England and Wales, 3.34 ; Netherlands, 3.25 ; Sweden, 2.37 ; and Belgium, 1.75. The number of deaths classified as due to nephritis in the Registrar-General's returns in 1929 was 15,542, or 42 per diem, making nephritis seventh on the list of killing diseases ; but in the American tables nephritis was fourth, being preceded only by heart disease, respiratory diseases, and cancer. He gave some reasons for supposing that a proportion of the deaths attributed to cerebral haemorrhage and to cirrhosis of the liver were really due to nephritis.

Dr. O. L. V. DE WESSELOW spoke in particular of acute glomerular nephritis as the one form which presented certain possibilities in preventive work. He discussed tonsillitis and scarlet fever as the starting point, and said that the development of nephritis did not appear to depend upon the type of organism, or the severity of the infection, or, as far as could be ascertained, the individual peculiarity of the patient. He believed that cold was an important factor, and this would explain the epidemics of trench nephritis in war. He also believed that a large number of people, after an attack of tonsillitis, had a transitory bout of acute glomerular nephritis. At the present moment the treatment of tonsillitis was a little irrational. This condition probably carried as big a risk of secondary nephritis as scarlet fever, yet very little trouble was taken about it once the temperature had settled. He would not advocate three weeks in bed in every case of tonsillitis, but an occasional examination of the urine in the second and third weeks after the attack might be of value. Acute glomerular nephritis was more likely to clear up completely if the patient was put to bed early and kept there for some time. The remarkable point about the disease was that, although its progress was often measurable in decades rather than in years, in many cases there appeared to be a steady deterioration of the kidneys.

Dr. BERNARD MYERS said that nearly all cases of this type of nephritis which he had come across in children had been due to scarlet fever, and on following them up he found that the majority had died within a few years. The treatment had been intensely disappointing. With regard to adults, he knew of several families in which the individuals at the age of 50 had begun to show symptoms of nephritis, and had died before 60. He had always looked upon these people as having vulnerable kidneys, failing under the stress of the ordinary functions of life.

Dr. H. MORLEY FLETCHER, after expressing doubt as to the value of statistics in nephritis, said with regard to haemorrhagic nephritis that his experience had been that the acute condition associated with tonsillitis in children very often terminated quite favourably, and the child recovered without any permanent damage to the kidney. He pleaded for more light on obscure and non-infective cases.

Dr. A. F. HURST said, on the subject of the removal of foci of infection, such as tonsils and teeth, that there was a very definite danger of an acute exacerbation of the disease. This was one of the respects in which vaccination was really of value. If, before removing the tonsils, two or three doses of vaccine were given, any returning haemorrhage was greatly reduced. He also mentioned the definite familial tendency to nephritis.

Sir WILLIAM WILLCOX said that no cases were so difficult as those of glomerular nephritis. He thought that in a great number of cases tonsillar infection was the starting point. If a case of chronic glomerular nephritis were left alone it would steadily go downhill. In his own practice he always watched for any focus of infection and removed it. He insisted on *x*-ray examinations of the nasal sinuses, because chronic inflammation was often overlooked. Colon irrigations were often of value, and the administration of alkalis was of great importance. He did not quite agree with Dr. Hurst about vaccines ; in his experience patients with nephritis were extremely susceptible to a vaccine, and if a vaccine were given it should be a very small dose.

Dr. E. P. POULTON illustrated the inadequacy of the urea concentration test ; the rate of urea output was the more important factor. Dr. JENNER HOSKIN asked about diet in these cases. Was it customary to keep the patients on low protein diet, or was a more generous dietary now favoured? Dr. BERNARD SCHLESINGER asked why it was, if the tonsils played such an important part in the causation of nephritis, that rheumatic children, who had such a high incidence of tonsillitis, very rarely suffered from nephritis. Another point was that in streptococcal infections there always appeared a latent period of about a fortnight between the initial tonsillar infection and the onset of the nephritis. Might not the streptococcal nephritis be placed in the same category as rheumatic relapses, and possibly have an allergic factor in the causation? Dr. J. GIBBENS urged the importance of studying the condition in children ; in adults too many factors came in, such as alcoholism, syphilis, and stress and strain. He also pleaded for a sharp differentiation between those cases which showed haematuria simply, and those which showed high blood pressure and oedema in addition. Dr. H. GAINSBOROUGH instanced cases of diffuse nephritis in men over 50 which recovered after the disease had progressed to the extent of definite vascular change. The PRESIDENT mentioned cases in which the removal of septic foci from elderly people had proved disastrous.

Dr. OSMAN, replying on the discussion, said that it was difficult to escape the impression that sometimes the giving of a vaccine had turned a case into a definitely chronic type. Alkali treatment was of value in the prophylaxis of many, if not most, forms of acute diffuse glomerular nephritis ; but the difficulty was to know when to give it, because, except for a certain presumption in the case of some scarlet fever patients, one never knew what patients were likely to develop the condition. As to diet, most of their ideas were at present in the melting pot. It was customary to give a low protein diet in cases where there was difficulty in nitrogenous excretion, and a high protein diet where there was no such difficulty and where oedema was present. It had been more recently suggested that it was sodium which had to be eliminated from the diet. Dr. DE WESSELOW, also in reply, thought there was too much pessimism about the adult case. If the milder adult cases, which did not come up to the doctor at all, were seen, the same impression of good prognosis in acute glomerular nephritis in adults would be obtained as was already obtained in the case of children.

of his principal at Cambridge he succeeded to the practice, and soon became known as an able and reliable general practitioner, especially on the Chesterton side of the town, where he worked for over forty years. He held the medical officership to the Chesterton Union Workhouse, and none cherish his memory more than the poor in that district. He retired to Bournemouth in 1929, and so general was the sorrow at his death that a request was made by his old parish of St. Luke's, Cambridge, for a memorial service, which was accordingly held at that church on February 23rd. Dr. Fordyce represented the Cambridge and Huntingdon and East Anglian Branches on the British Medical Association Council in 1912–14, and was a representative in the Representative Body in 1920–22. During the Insurance Bill struggle he was unanimously acclaimed leader of the profession locally, and spared neither time nor trouble in acting as an efficient chairman at the meetings. For long after the passing of the Act he served with great success as secretary of the Panel Committee, besides sitting as medical representative on the Insurance Committee. He also took an active part in local affairs. He became a member of the Cambridge County Council in 1895, and an alderman in 1907. Re-elected in 1913, he remained on the council for one year, when he resigned. He represented West Chesterton Ward on the Town Council in 1922, retiring in 1926. During these years of public service he rendered abundant professional aid on various committees. Following his labours in connexion with the Insurance Bill, the respect and gratitude of his professional brethren were expressed by a public luncheon and presentation of plate, the first to pay tribute to his worth being Sir Clifford Allbutt. He is survived by his widow, two daughters, and one son. His loss is mourned by all sections of the community with whom he came into contact.

Dr. JAMES GREIG SOUTAR of Cheltenham died on February 29th. He received his education at the University, and at the school of the Royal College of Surgeons of Edinburgh, and graduated M.B., C.M. in 1881. After holding the offices of resident surgeon at the Edinburgh Royal Infirmary and demonstrator of anatomy in the University he specialized in mental diseases, and subsequently became medical superintendent of Barnwood House, Gloucester. He was a member and past-president of the Royal Medico-Psychological Association. He took great interest in the work of the British Medical Association, and was a member of the deputation which waited upon the Central Council during the annual meeting at Ipswich in 1900 with an invitation, which was accepted, from the Gloucestershire Branch for the Association to meet in Cheltenham in 1901. Dr. Soutar was appointed a member of the Arrangements Committee, and also of the local Executive and Reception Committee ; he was also a vice-president of the Psychological Medicine Section.

We have to announce the death of ROY FERGUSON CAMPBELL, M.B., B.Ch.Ed., D.T.M. and H., D.P.H. Cantab., aged 37, who died on March 1st at the Brompton Hospital. Dr. Campbell was, until invalided from Sierra Leone, the medical officer of health for Freetown, where his genial character and application to work earned for him a warm place in the hearts of Europeans and Africans alike. Joining the Australian Forces in 1914 as a private, he subsequently rose to the rank of sergeant, after fighting in Gallipoli and France. Extensive injuries to his shoulder sustained from a shell wound in 1917 ultimately led to his death from toxic myocarditis. He leaves a widow, but no children.

Mr. J. T. CHURCHILL, whose death occurred at Matlock last week, was a partner in the firm of J. and A. Churchill, medical and scientific publishers, of 40, Gloucester Place, Portman Square. For thirty-five years the cousins, Mr. J. T. Churchill and Mr. A. W. Churchill, M.A., have worked together in partnership in the business established by their grandfather, John Churchill, in the year 1825.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on March 12th the following medical degrees were conferred:

M.D.—A. W. C. Mellor.
M.CHIR.—M. F. Nicholls.
M.B., B.CHIR.—W. Radcliffe, G. H. Sanderson.

NATIONAL UNIVERSITY OF IRELAND

A meeting of the Senate was held on March 10th, under the chairmanship of the Vice-Chancellor, Dr. Denis J. Coffey.

A letter of regret for inability to attend was received from the Chancellor, Mr. Eamon de Valera. A resolution was adopted expressing appreciation of the intimation received from the Chancellor of his intention to remain associated with the work of the University as far as his new duties will permit, and conveying the best wishes of the Senate for the success of Mr. de Valera's public services as President of the Executive Council of the Saorstát Eireann.

It was decided that travelling studentships in (1) chemistry, (2) pathology, should be offered among others for competition in 1934. Professor W. D. O'Kelly was appointed to represent the University at the Royal Sanitary Institute Congresses at Brighton in July next.

The degree of M.D. has been awarded to Peter J. Kerley.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A meeting of the Council of the Royal College of Surgeons was held on March 10th, with Lord Moynihan, the President, in the chair.

The Right Hon. Lord Dawson of Penn, P.C., G.C.V.O., K.C.B., K.C.M.G., President of the Royal College of Physicians, and Sir Henry S. Wellcome, LL.D., F.S.A., founder of the Wellcome Research Institution, were elected Honorary Fellows of the College.

Mr. Francis James Steward was elected the representative of the College on the General Medical Council.

It was reported that the Mackenzie Mackinnon Research Fellowships of Dr. G. Scott Williamson, *M.C.*, and Dr. T. C. Hunt had been renewed for another year.

Diplomas in ophthalmic medicine and surgery were granted jointly with the Royal College of Physicians to twelve candidates.

Licences in Dental Surgery were granted to thirty-four candidates who were successful at the February examination.

The Services

HONORARY SURGEON TO THE KING

The King has approved the appointment of Colonel A. C. H. Gray, O.B.E., M.B., as Honorary Surgeon to the King, in succession to Colonel G. De la Cour, O.B.E., M.B., who has retired.

R.N. MEDICAL CLUB

The annual dinner of the Royal Navy Medical Club will be held at the Trocadero Restaurant on Thursday, March 31st, at 8 p.m. General meeting at 7.30 p.m. Information can be obtained on application to the honorary secretary (Surgeon Commander R. J. G. Parnell, R.N.), Medical Department, Admiralty, S.W.1.

COMMISSIONS IN THE R.A.M.C.

The War Office announces that twenty-five permanent commissions in the Royal Army Medical Corps are being offered to qualified medical practitioners, under 28 years of age, registered under the Medical Acts. There will be no entrance examination, but candidates will be required to present themselves in London for interview and medical examination on April 15th. Applications should reach the War Office not later than April 12th. All information as to conditions of service and emoluments may be obtained from the Assistant Director-General, Army Medical Services, War Office, Whitehall, S.W.1.

in the claims of insured women workers, and particularly married women, to sickness and disablement benefit compared with the experience of some years ago. It was not possible to give a specific explanation of this increase, which was believed to be the combined result of a number of causes. The whole subject of women's insurance was at present engaging his attention.

Army.—Mr. DUFF COOPER, in presenting the Army Estimates on March 8th, said that for the first time for many years a general limit had been placed on the number of recruits accepted in order to help to ensure economy. As a result, the War Office had been able to raise the physical qualifications for recruits. It had been necessary to postpone works, but he enumerated those, at home and overseas, where reconstruction was urgent because the buildings were old, dilapidated, or unsafe.

Births and Deaths in Trinidad.—Sir P. CUNLIFFE-LISTER, replying on March 8th to Mr. Rhys Davies, said that in Trinidad in 1928 there were 11,666 births, with 927 stillbirths. In 1929 there were 12,695 births, with 977 stillbirths; and in 1930, 12,730 births, with 947 stillbirths. There were 7,844 deaths in 1928, 1,500 being under 1 year; in 1929 there were 7,779 deaths, 1,624 being under 1 year; and in 1930, of 7,721 deaths, 1,617 were under 1 year. There was a Child Welfare League in Trinidad, to which the Government contributed £900 a year. A special clinic for sick children was maintained at the Colonial Hospital, and there was a mothers' and infants' clinic in Port-of-Spain.

Tin Foil and Food Poisoning.—Mr. E. BROWN told Mr. Thorne, on March 9th, that, apart from one unverified case in which poisoning was suggested, there was no information that wrappers of tin or lead foil had been the cause of food poisoning. An order that the immediate wrapping of foodstuffs should be either greaseproof or cellophane would therefore not be justified.

Milk for Children of School Age.—Mr. RAMSBOTHAM, in reply to Colonel Moore on March 10th, stated that the Government had no power to compel local education authorities or parents to supply milk daily to all children in the country of school age. A great increase in the numbers of school children receiving a daily supply of milk, under schemes for which local education authorities took responsibility, and those conducted by the National Milk Publicity Council, had taken place, and the Board of Education and the Ministry of Agriculture were co-operating with the National Milk Publicity Council to secure an extension of these arrangements.

Slum Clearance.—Replying to Mr. Tinker, on March 10th, Sir HILTON YOUNG said that up to February 29th last he had received resolutions declaring 394 areas in England and Wales, the clearance of which involved the displacement and rehousing of approximately 64,000 persons, to be clearance areas under the Housing Act, 1930.

A "Remedy" for Tuberculosis.—In a reply to Mr. Mander, on March 11th, Sir HILTON YOUNG said the efficacy of the preparation "umkaloabo" as a remedy in cases of pulmonary tuberculosis had been carefully considered on several occasions. The claims made on its behalf in regard to tuberculosis did not appear to differ in character or degree from those made for many other so-called "remedies" which have been advertised from time to time and afterwards found to be valueless. He was not prepared to give instructions for the facts relating to this "remedy" to be brought officially to the notice of medical officers who held appointments associated with this disease.

Notes in Brief

In the Civil Estimates for 1932–33 the Medical Research Council's grant has been reduced from £148,000 (1931–32) to £139,000.

Sir Hilton Young cannot hold out hope of special assistance from the Exchequer for the provision of water supplies in rural parishes.

Sir H. Samuel states that in the five years 1926–30, 2,066 persons were killed in railway accidents in Great Britain. In the same period 30,354 persons were killed in road accidents.

Medical News

During the months of April, May, and June a series of lectures and clinical demonstrations will be given on Mondays, Tuesdays, Thursdays, and Fridays at 4.15 p.m., at the West London Post-Graduate College, West London Hospital, Hammersmith. These are included in the ordinary post-graduate course, but are also open to all medical practitioners without fee. The opening lecture, on April 4th, will be given by Sir Henry Simson, on the management of pregnancy and labour.

The British Red Cross Society will hold a course of seven lectures and demonstrations on tropical hygiene on Mondays, Wednesdays, and Fridays, commencing Monday, April 4th, at 9, Chesham Street, Belgrave Square, S.W.1, at 5.30 p.m. The course will cover such questions as food, clothing, and medical and sanitary precautions necessary for health in hot countries. Further particulars may be had from the county director.

The meeting of the South-West London Medical Society, on Wednesday, March 23rd, at 9 p.m., at the Bolingbroke Hospital, Wandsworth Common, will be devoted to a discussion on acute abdominal pain, to be opened by Mr. Norman Lake and Dr. C. E. Lakin.

A ten-weeks' post-graduate course has been arranged by the Aberdeen Medical School, to be held at Marischal College, Woodend Municipal Hospital, Aberdeen City (Fever) Hospital, and the out-patient department of the Aberdeen Royal Infirmary on Tuesdays and Thursdays at 3.15 p.m., commencing on April 19th, and terminating on June 23rd. The fee for registration is one guinea; there is no class fee. Tea will be provided at 4.15 p.m. Those desirous of attending the course should notify the secretary of the university by April 15th.

A detailed programme of the Eleventh Congress of the German Pharmacological Society, which will be held at Wiesbaden from April 8th to 11th, has now been published, and is obtainable from the general secretary, Professor W. Lipschitz, Frankfort-on-Main.

The annual general meeting of the National Baby Week Council was held at 117, Piccadilly, on March 16th, with Sir Gomer Berry, Bt., in the chair. The report of the executive committee and the annual report of the council were presented by Dr. Eric Pritchard, who opened a discussion on the organization of local propaganda, with special reference to the Baby Week. Dr. Sophia S. Friel and Dr. D. H. Geffen were reappointed joint honorary secretaries.

At the meeting of the Central Midwives Board for England and Wales on March 3rd a letter was read from the secretary of the Royal College of Surgeons stating that Mr. Victor Bonney had been re-elected as the representative of the College on the Board for the year commencing April 1st, 1932. A copy of the syllabus of a course of lectures for midwife teachers, commencing on March 2nd, at the Liverpool Maternity Hospital, had been sent by the secretary. The Board recorded its high appreciation of the action taken by the hospital, feeling sure that such a course would be of the utmost value in helping to raise the standard of midwifery throughout the country. Approval as lecturer was granted to: Dr. A. W. C. Bennett, Swindon Maternity Home; Dr. Elizabeth D. H. Craig, M.B., Ch.B., York Maternity Hospital; and Dr. R. G. Maliphant, Cardiff.

The *Zeitschrift für Tuberkulose* has published a special Robert Koch issue containing his portrait and two facsimile letters, as well as original papers by E. von Romberg and Sauerbruch, each of Munich, Sir Robert Philip of Edinburgh, Calmette and Léon Bernard of Paris, Bruno Lange of Berlin, Bang of Copenhagen, A. Stanley Griffith of Cambridge, and others. The price of the issue is RM.10.

Professor Felix von Mikulicz-Radecki has been appointed to the chair of obstetrics and gynaecology at Königsberg, where his father was professor of surgery from 1887 to 1896.