broth ; 100 c.cm. peptone salt water (difco) ; 1.5 c.cm. 8 per cent. ferric chloride solution ; 0.1 c.cm. 1 per cent. brilliant green ; and 3 c.cm. absolute alcohol. This mixture is divided into a convenient number of large tubes, and 10 to 15 c.cm. of crude sewage sown into each in proportionate quantities. These tubes were incubated for thirty hours, after which small quantities were plated on Wilson and Blair's solid medium: nutrient agar 2.5 per cent., 100 c.cm. ; ABC mixture, 20 c.cm.; brilliant green 1 per cent., 0.25 c.cm.; ferric chloride 8 per cent., 1 c.cm. The plates were incubated for a number of days and examined daily. Typical colonies were picked off and examined in the usual way—that is, they were tested direct for agglutination by the slide method, subcultures being made from positive colonies for fermentation and absorption tests. This technique is slightly modified from that of Wilson and Blair. The results were as follows:

August 23rd, 1932	*B. typhosus* isolated.
August 24th	Negative.
August 29th	Negative.
September 5th	*B. paratyphosus* B isolated.
September 6th	Negative.
September 12th	*B. paratyphosus* B isolated.
September 19th	Negative.
September 26th	Negative.
October 3rd	Negative.
October 10th	Negative.
October 31st	Negative.
November 7th	Negative.
December 5th	Negative.
December 12th	*B. typhosus* isolated.

At all these examinations direct plates were made on the solid Wilson and Blair medium and proved negative, although exactly the same batch of media were being used for the examination of faeces at the same time, and were proving successful.

During the period from June to December carriers of *B. typhosus* were isolated on September 2nd and 21st ; and of *B. paratyphosus* B on June 6th, July 20th, August 16th and 19th, October 11th and 31st, and November 3rd and 15th. As carriers were found their stools were disinfected before being disposed of, so that the positive result on December 12th showed that there were still undetected carriers among the hospital population. (Only some two-fifths of the patients had been examined up to that date.)

At no time during the course of the work did colonies develop on the MacConkey plates.

CONCLUSIONS

1. The liquid medium introduced by Wilson and Blair for enrichment has proved invaluable in the isolation of *B. typhosus* and *B. paratyphosus* B from sewage, and appears likely to introduce a new era in sewage bacteriology.

2. Direct plating on MacConkey's medium after Wilson and Blair enrichment is quite useless in the examination of sewage.

3. From a public health point of view very great importance attaches to the examination of sewage.

4. Crude sewage, which in the past has often been deemed harmless, should not be spread on horticultural and agricultural land. Wilson and Blair have shown that *B. typhosus* can live for thirty-eight days in sewage. It may live much longer in portions of faeces in the sewage ; we do not know that it cannot do so.

My thanks are due to Mr. J. D. Becket, laboratory technician, for much hard work, skill, and for useful suggestions on technique ; and to Dr. W. M. Scott of the Ministry of Health for advice and encouragement.

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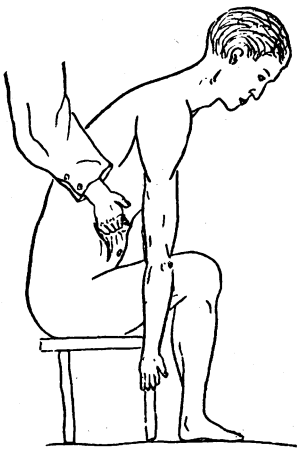
Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

UPPER ABDOMINAL PALPATION IN THE " DANGLE " POSITION

Abdominal palpation is a physical investigation the ease and effectiveness of which varies enormously with the build, tonus, and mentality of the patient. The combined difficulties of rigidity, depth from the surface, and cover by the hard parietes are nowhere so apparent as in the hypochondria and the epigastrium ; particularly does this apply to conditions of the spleen, stomach, and gall-bladder, which are apt to be retracted under cover of the lower chest wall by inspiratory spasm. Examination by the method to be described (of which no mention has been discovered elsewhere) will be found to obviate both of the disadvantages referred to.



The Method

The patient is seated on a lowish stool or chair, with his feet on the floor. The knees should flex to a right angle, or preferably a little less ; the thighs should be in contact. The trunk and head are now allowed to incline forwards practically by their own weight, the upper limbs hanging loosely by the side of the thighs. It is essential that the trunk should not be *held* forwards by the patient. The condition of the arms is an excellent indication of the effectiveness of the position ; if the correct relaxation is obtained they dangle flaccid by the side of the thighs, swaying easily to the slightest push. (The patient, however, should not swing them himself.) A right-handed examiner will now palpate the upper abdomen, standing to the right side and behind the patient. If the correct co-operation of the subject has been obtained, it is found that the examining hand sinks with surprising ease almost knuckle-deep into the hypochondria and epigastrium, under and actually round the costal margin.

Particular Applications

This method, whilst not only obtaining remarkable relaxation of the upper abdominal parietes, has also an additional and most valuable property in that the spleen, stomach, and gall-bladder are carried by gravity downwards and forwards against the hand of the examiner, instead of away from it as in the usual supine position. (In the uncomfortable and undignified knee-elbow position these viscera incline upwards and forwards ; the relaxation is definitely inferior.) The particular applications of the position lie in: (1) the detection of gastric tumours, the importance of whose early demonstration will readily be conceded ; (2) the elicitation of gall-bladder tenderness —the method is in all cases far more effective than the " finger-hooking " sign, and gives positive results in a considerable number of cases in which " finger-hooking " is negative ; (3) the palpation of minor splenic enlargements and the elicitation of splenic tenderness. Renal palpation, and, indeed, mid-abdominal examination in general, is also rendered easier by the method, which, however, is obviously not suited for the lower abdomen.

C. JENNINGS MARSHALL, F.R.C.S.
Surgeon, Charing Cross Hospital, and Victoria Hospital for Children.

COMPLEMENT OF HIGH TITRE

If one freezes solid a test tube of guinea-pig serum in a mixture of ice and freezing salt and then thaws it in either a water bath or incubator, and looks at it from time to time, a change will be seen taking place. On gently rocking the tube there is a movement of oily-looking streaks between the top and bottom portions, and ultimately, when the thaw is completed, a darker coloured lower and lighter coloured upper portion will be observed. If, without shaking or inverting the tube, the freezing and thawing is repeated a few times, the differences between the two portions are more marked, until the lower portion becomes highly coloured and heavy-looking, and the top portion colourless. If the complement titres of the extreme upper portion and extreme lower portion are tested with sensitized sheep cells a vast difference in the two will be noted. The top may give a titre of 1 in 5, and the bottom 1 in 150. Evidently that portion of serum responsible for haemolysing sensitized cells has largely migrated to the bottom of the tube. On inversion of the tube a few times the two portions blend together, and an apparent return to normal serum occurs.

I found this out about a year ago, when, for economic reasons, I began to freeze solid and preserve in a freezing mixture in a vacuum flask in the ice chest the guinea-pig serum left over from the day's Wassermann tests. By applying similar methods, the greater part of the serum can be recovered from the saline dilutions employed in the Wassermann tests, and can be used again on another day. There did not appear to be much of practical value gained except the possibility of being able to preserve the high titre portion of the complement in liquid or powder form. In the frozen solid state I have kept it for six months, and obtained quite a good titre.

I communicated my observations to Dr. E. J. Wyler, the Ministry of Health pathologist for serum tests for syphilis, who confirmed my findings with undiluted serum. Experimenting with the inactivated serum of rabbits immunized with sheep's red cells, he found he could get an increased haemolytic titre of the lower portion. I am publishing this note after reading Dr. Gordon's account of the part played by complement fractions in combating disease, as it occurs to me that the freezing and thawing of serum which causes the separation of certain components may be of value to those who are working on this subject.

ARTHUR S. PLANT, M.R.C.S.
Venereal Diseases Medical Officer,
County Borough of Grimsby.

Reports of Societies

FEVERS OF UNDULANT TYPE IN RELATION TO COW'S MILK INFECTION

At a meeting of the Medical Society of London on February 27th, with Sir JOHN BROADBENT, Bt., presiding, a discussion was held on the increased frequency of fevers of the undulant type in non-tropical countries and its relationship to infection by cow's milk.

Dr. P. H. MANSON-BAHR, in introducing the subject, said the term was used to include several clinical pyrexias due to organisms which were closely allied to each other. Fevers of the undulant type were all due to organisms of the same bacteriological group. In man the following varieties of undulant fever were recognized: the original type, which was contracted from the drinking of the milk of the goat, the organism responsible being *Br. melitensis*; the localized aberrant type, as encountered in North Africa, also derived from goat's milk and due to *Br. paramelitensis*; and the *abortus* type, apparently world-wide, caused by *Br. abortus*, derived in man apparently from cow's milk. A form found in pigs was attributed to *Br. bronchisepticus*. Typical undulant fever showed wide variations in character and undulations in temperature, which might rise to 105° F. The fever might last a year or longer, but eventually subsided, probably burning itself out. The time of highest temperature excursion was between 4 and 6 p.m., in this respect differing from fevers of septic origin. Owing to the occurrence of pains flitting from one joint to another it has sometimes been diagnosed as influenza. In some cases, however, the pain was limited to fascias and bony prominences. The night sweats met with in undulant fever were more profuse and exhausting than those of any other disease. In the *melitensis* form the spleen was usually enlarged, and it was common to see haemorrhages from nose and gums, also purpuric skin eruptions. Among the complications were neuralgias and rheumatic pains, and the sequelae included abscess, orchitis in the male, mastitis in the female, parotitis, and neuritis. In pregnant women the disease tended to cause abortion or premature labour. For the *abortus* type Dr. Manson-Bahr thought a better name—as both sexes were affected—would be "undulant fever of *abortus* type," or "Bang's disease." This form of the disease had now become quite common in high-bred cattle herds, the organisms being found in the vaginal discharge and uterine exudate, and for weeks or even months in the milk. Often the organism was found in the genitalia of bulls, which could hence perpetuate and increase the herd infection. A ready means of diagnosis was by serum agglutination, which took place in dilutions of from 1 in 100 to 1 in 10,000. Also useful in diagnosis was an intradermal test. The patients preserved their hearty appetite, and also their mental clarity, during the illness. The leucocyte count in the *abortus* form was distinctive, a slight leucopenia, with a relative increase in the lymphocytes. There were, he said, "subclinical cases," those in which the temperature increases were so slight as not to be noticed unless by a routine four-hourly observation. Dr. Manson-Bahr could not say much of a hopeful nature about treatment. Patients should be well fed on easily assimilable food, with plenty of fluid to promote sweating. The joint pains could be alleviated by a combination of phenacetin and aspirin. Dr. Miller found that three or four intravenous injections of T.A.B. in doses of 50 to 150 million organisms cut the fever short.

Professor G. S. WILSON said the *abortus* type would not grow under ordinary aerobic conditions; it needed the addition of 10 per cent. CO_2. The disease occurred mainly in people between 20 and 50 years of age, and the cases were twice as numerous in males as in females. Of 136 cases collected in England and Wales, ninety-seven occurred in towns. A considerable number of the cases were in people who had returned from a holiday spent at a farmhouse, where unaccustomed milk-drinking was indulged in. Cream was often found to contain an abundance of the organism. Hard cheese, most of which had been stored a long time when consumed, was negligible as a source of infection, but this did not obtain with soft cream cheeses, which were often eaten in a comparatively fresh state. A recent inquiry showed that a high proportion of raw milk was heavily infected with *Br. abortus*. In the development of the disease as a clinical entity it was recognized that predisposing factors were important, and that the organisms might gain entry without causing clinical symptoms. Professor Wilson examined the blood of ninety-eight veterinarians at a recent congress at Folkestone and found that 20 per cent. of them contained agglutinins to *abortus*. In arriving at a diagnosis the clinical and serological evidence must be taken together.

Dr. THEODORE THOMPSON said that the incubation period of *Br. abortus* was five to fifteen days, the same as that of Malta fever. The striking clinical feature was a continuing pyrexia without obvious cause. Except for profuse sweatings, with a peculiar odour of the skin, the patient usually appeared to be well. Melaena was not by any means common, but it had been noted to occur. An accompaniment of the disease was a mild anaemia, and the proportion of white corpuscles was often seriously

and loving a man of great-hearted humanity. There was a magnetic charm about him, the source of which one could not define, and therein, perhaps, lay an enhanced attraction. Surgery was his profession, healing his aim. His breadth of outlook enabled him to sense features of an illness aside from its purely surgical aspect, but equally important in the promotion of recovery, and no matter what the operation, the restoration of health was his sole criterion of success. Ungrudging in his tribute to others, he was ever modest regarding his own achievements, and any pride he took in the performance of an operation was but the prelude to the pleasure he showed in seeing his patient about again. At the end of a winter during which he accomplished much, and for the writer more than can be told, he made arrangements for having his own health seen to. Even then, at the peak of his service to mankind, his thoughts were of those to whom he was a beloved friend.

EDMUND HOBHOUSE, M.D., F.R.C.P.

Consulting Physician, Sussex County Hospital, Brighton

Dr. Edmund Hobhouse, whose death at the age of 72 took place in London on March 2nd, was an old St. Thomas's man, and a medical graduate of Oxford, where he obtained the M.A., M.B., and B.Ch. degrees in 1887, and the M.D. in 1893. He later went to the universities of Berlin and Vienna for the purpose of studying Continental medicine. After practising at San Remo and in Colorado, U.S.A., he settled in Brighton, where he rapidly took a leading part in the medical work of the town. He was appointed to the staff of the Royal Alexandra Hospital for Sick Children, and to that of the Royal Sussex County Hospital, afterwards becoming consulting physician to both institutions. He was elected a Fellow of the Royal College of Physicians of London in 1901. During the war he was mobilized as one of the *à la suite* officers of the Second Eastern General Hospital, with the rank of lieutenant-colonel, in charge of one of the departments of the hospital, where he served from beginning to end of hostilities.

In his practice at Brighton Dr. Hobhouse was recognized as the leading consulting physician in the town, and his opinion was sought and valued by his medical colleagues until he left a few years ago to settle in the West End of London. His medical friends could always rely on sound, honest, and sympathetic advice from him. He was a colleague valued and respected by all the practitioners in the town, always reliable, always treating those who called him in for consultation with courtesy and consideration. He was elected to the presidency of the Brighton and Sussex Medico-Chirurgical Society, and held many important offices in the local Branch and Division of the British Medical Association, including those of President of the Branch 1916–19, and chairman of the Brighton Division in 1916. He was also president of the Section of Medicine at the Annual Meeting of the Association at Brighton in 1913. His writings were not voluminous, but they included a book entitled *Health Abroad : A Medical Handbook of Travel*, and articles in the more important medical journals.

He took a prominent part in the public work of the town, being elected a member of the Hove Town Council, and serving on many committees which dealt with philanthropical and sociological work, where his assistance was much valued. He was a man of the highest character, and no more accurate summary of the opinion in which he was held by his patients, his friends, and his fellow practitioners can be found than this—he was essentially an English gentleman. He leaves a widow and a son and daughter, to whom every sympathy is extended by his colleagues.

Dr. GEORGE HAMILTON, who died recently at Bexhill-on-Sea, was born in April, 1881, the son of the Rev. Benjamin Hamilton, Vicar of Fewcott, Oxon. He entered Guy's Hospital Medical School with a scholarship from the Haberdashers' Company, and was the winner of the second entrance scholarship. He obtained the diplomas of the English Conjoint Board in 1905, and graduated M.B., B.S. Lond., in 1907. He served as clinical assistant in the wards, out-patient officer and house-physician at Guy's Hospital in 1906 ; in the following year he was appointed surgical registrar, which post he retained until October, 1908, when he settled in practice at Bosham. In September, 1914, he joined the medical service of the Royal Navy and served as a battalion medical officer in Antwerp and had a very responsible charge in the retreat from that city. On transference to the First (R.N.) Field Ambulance he was in charge of B Tent Operating Section during the Gallipoli campaign and was mentioned in dispatches. After undergoing an emergency operation for appendicitis he was appointed in September, 1916, to the staff of the Royal Naval Hospital at Haslar, where he remained until October, 1918, when he joined the *Lord Clive* and saw active service at Dover, Dunkerque, and Yarmouth, being invalided out of the service in January, 1919. In the following April he joined Dr. David Ewart of Chichester as partner, and was appointed assistant surgeon and subsequently surgeon and honorary consulting surgeon to the Royal West Sussex Hospital. In consequence of ill-health he took a voyage in 1928 to South Africa, and had to relinquish practice in 1930.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The next examination for the Diploma in Medical Radiology and Electrology will be held from April 18th to 21st. The names of candidates, together with their certificates and fees, must be sent to the Registrary, the University Registry, Cambridge, so as to reach him by March 28th.

T. K. S. Lyle and R. Marnham have been approved for the degree of M.Chir.

At a congregation held on February 24th the degree of B.Chir. was conferred on G. A. W. Whitfield and S. F. L. Dahne.

UNIVERSITY OF LONDON

UNIVERSITY COLLEGE

The annual report of the Committee of University College, London, for the year ending February, 1933, states that the number of students on the books of the College last session was 3,038 ; 2,468 came from the British Isles ; 296 from different parts of the Empire over-seas ; 183 from various countries in Europe ; and 91 from countries outside Europe, of whom 39 came from the United States of America. The income of the Establishment Account amounted to £225,665, £76,202 being provided by fees, £38,740 by income from endowments, £100,068 by the recurrent grant from the Court of the University, and the balance by sundry grants and donations. An addition to the College buildings has been made by the reconstruction and equipment of a portion of the newly acquired property south of the College for the Department of Zoology. These premises include a junior biological laboratory for one hundred students, advanced laboratories for comparative anatomy and comparative physiology, private and research laboratories, a museum, and an aquarium. A new science library has been provided in the former zoology theatre and its adjacent territory.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The spring course of demonstrations of specimens in the Museum opened on March 6th, when Dr. Wilfred Shaw gave the first of three demonstrations on cysts and tumours of the ovary. On March 13th and 15th Mr. E. K. Martin will deal with inflammatory diseases of the stomach and duodenum, and on March 17th inflammatory disease of the caecum and appendix. On March 20th and 24th Mr. C. E. Shattock will demonstrate specimens illustrating diseases of the kidney and of the testicle. The demonstrations will be given in the theatre of the College, Lincoln's Inn Fields, at 5 p.m. ; they are open to advanced students and medical practitioners.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At the monthly business meeting of the President and Fellows, held on March 3rd, Harold Pringle, M.D.Dublin, F.R.C.P.I., was elected King's Professor of Institutes of Medicine in the School of Physic in Ireland, Trinity College, Dublin.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—J. Burden-Cooper, R. P. Huggins, W. W. B. Kelly Wiseham, A. W. Turner.

MEDICINE.—M. Belo-Zercovsky, J. A. Bull, J. Burden-Cooper, T. R. Hornby, V. L. Kahan, W. B. Mattar, T. E. Mitchell, J. T. Moohalaparackel, L. Wailer.

FORENSIC MEDICINE.—E. H. Antoniades, J. G. Q. Brown, J. A. Bull, J. Burden-Cooper, L. A. Freeman, T. R. Hornby, D. Kyle, E. O'C. Parsons, F. H. Williams.

MIDWIFERY.—J. A. Bull, J. B. Frumin, E. C. Rowlands, J. A. Van Rooyen, C. E. Wetherall.

The diploma of the Society has been granted to Messrs. J. A. Bull, D. Kyle, W. B. Mattar, and L. Wailer.

Medico-Legal

INJURIES FROM SPILLED ACID: CLAIM AGAINST A SCHOOL

Before Mr. Justice Charles and a special jury in the King's Bench Division, on February 28th and March 1st, John Rodwell, formerly a pupil at Felstead School, Essex, suing by his father, claimed damages from the governors of the school and the headmaster for injuries sustained in November, 1930, when a fellow pupil, having obtained from the school laboratory a test tube filled with concentrated sulphuric and nitric acid, accidentally spilled it on Rodwell's head and neck, with the result that he became, it was alleged, permanently disfigured.

Mr. G. O. Slade, in opening the case, said that after the acid fell on him the boy rushed to the lavatory, where he placed his head under the cold water tap. He was then sent to the school infirmary, where the nurse and matron, after some hesitation, put vaseline on the burns. An hour later a chemistry master said that an alkali should be applied to neutralize the acid, and some liquid caustic soda was applied, whereupon the pain became very much worse. No further treatment was given for twenty-one hours, when a doctor was called in, and directed different treatment, which afforded immediate relief. It was submitted that there was negligence in permitting acids to be removed from the laboratory, in administering improper treatment, and in not calling in a doctor until the next day. The burning had left Rodwell with two streaks on his head, where the hair would never grow again, and his neck was so injured that he could not wear a stiff collar. Dr. H. H. Brown of Ipswich, who later on attended Rodwell, testified that it was of the utmost importance that acid burns should be treated at once, as any delay exacerbated the injury. The proper treatment would have been to apply bicarbonate of soda dissolved in water. Caustic soda, after the acid had been neutralized, would produce as much damage as the acid.

For the defence it was contended that the nurse, who had been at the school for seventeen years, had not been negligent, but had acted according to her best judgement. She testified that when the boy was first brought to her she applied, not vaseline, as stated, but olive oil on lint to the burns. When the science master later suggested that an alkali was needed, he mentioned three things, and she chose caustic soda, which she diluted down to 1 in 400, and applied with a bandage. Fresh olive oil was then put on, and next morning boric ointment. The doctor was not sent for because the usual doctor of the school was ill, in fact dying, and Dr. Wills, who eventually attended, was in charge of his practice and helping to look after him, and she felt competent to take charge of the case in the circumstances. Dr. J. T. Wills, who attended the boy next day, said he approved of the treatment which the nurse had administered. Dr. Geoffrey Barber, one of the medical officers of the school, said that the treatment given by the nurse conformed to the standard treatment laid down by the highest authorities for acid burns, and a 1 in 400 solution of caustic soda could not hurt anyone. Dr. H. G. Adamson, consulting physician for skin diseases to St. Bartholomew's Hospital, also stated that the treatment of washing an acid burn, applying olive oil, then a 1 in 400 dilution of caustic soda, and afterwards olive oil again, could not have been bettered. In his view the boy would be able to wear a stiff collar again in the future. Evidence was also given as to the practice in schools with regard to access to concentrated acids in laboratories.

The jury, without retiring, gave a verdict for the defendants, and judgement was entered accordingly, with costs, the judge saying that he could not conceive of any other verdict.

THE AFFAIRS OF THE LONDON CLINIC AND NURSING HOME, LIMITED

In the Chancery Division, before Mr. Justice Maugham, on February 20th, a petition was presented by a firm of creditors for the compulsory winding up of the London Clinic and Nursing Home, Ltd. This home, which stands in Harley Street and Devonshire Place, was opened by the Duchess of York rather over a year ago, and has accommodation for 200 patients. The company running the home was formed in 1929, with a capital of £175,000, all practically paid up. It was stated that the petitioners were creditors for £3,496, and the petition was supported by other creditors for smaller amounts. It was opposed by two large secured creditors, one for £200,000 and another for £51,000. The opposing creditors based their case upon the fact that the property was in the hands of a receiver appointed by the court, and that a winding-up order would injure the goodwill of the business. If the home was closed down it was apprehended that the building might become derelict; as the premises were constructed as a nursing home their conversion for any other purpose would be extremely expensive, if not impossible. His lordship thereupon adjourned the case for fourteen days, during which period he asked that evidence might be filed to assist him in coming to a conclusion with regard to the probability of realization.

When the opposed petition came again before Mr. Justice Maugham on March 6th, his lordship, after hearing arguments from counsel, said that the company was formed to acquire a site in Harley Street and Devonshire Place, there to carry on the business of a nursing home. There was a miscalculation in connexion with the formation of the company. It was not realized that time was needed before such an institution could get patients who would fill its beds. The accommodation provided was in part laboratory and consulting room, but it was mainly for the purpose of receiving patients. The number of patients in the nursing home when the receiver was appointed in August last was about forty, and it was now eighty or ninety. The petition was presented in circumstances in which it might be stated that things were not actually getting worse, but they were far from satisfactory, and the receiver was still not able to carry on at a profit. It was obvious that quite a substantial number of months must elapse after an official opening before such an institution got a fair chance of being satisfactorily conducted in all respects for patients who wanted a great deal of care and attention. In considering an application which had been made to him for an adjournment of the order, he felt that it was perfectly true that from the strictly legal point of view a winding-up order would not prejudicially affect the continuance of the clinic and nursing home as a going concern, because a receiver had been appointed who was able to continue the business, and, he hoped, with increasing success, whether or not a winding-up order was made. On the other hand, it would be foolish of the court not to realize that the making of a winding-up order was an exceedingly bad advertisement for the institution, and would tend to reduce the sum which the receiver was likely to get. Accordingly, having regard to the fact that there were large secured creditors who desired an adjournment, and to the fact that an immediate order would not be of benefit either to the shareholders or the unsecured creditors, he was disposed to grant a moderate period of adjournment. It seemed to him almost obvious that the best course to be adopted, in the hope of the continuance of the nursing home, which might be of great public benefit, was some kind of reconstruction involving the formation of a new company, and enlisting the support of a number of new shareholders. He was not willing,

Medical News

At the meeting of the Royal Microscopical Society, in B.M.A. House, Tavistock Square, W.C., on Wednesday, March 15th, at 5.30 p.m., Dr. R. G. Canti will give a cinematograph demonstration of living tissue cells cultivated *in vitro*.

A combined meeting of the Sections of Neurology and Physical Medicine of the Royal Society of Medicine will be held on Thursday, March 16th, at 8.30 p.m., when a discussion on the causation and treatment of interstitial neuritis will be opened by Drs. Wilfred Harris, J. Purdon Martin, M. B. Ray, and J. Barnes Burt. The summer meeting of the Sections of Laryngology and Otology of the Society will be held in Edinburgh on Friday and Saturday, June 2nd and 3rd.

The Kensington Division of the British Medical Association has arranged a discussion on the B.M.A. National Maternity Service Scheme, to take place at the Kensington Town Hall on Tuesday, March 28th, at 8.45 p.m., when representatives of the various interests concerned will take part. Among the openers of the discussion will be a consultant and teacher, a general practitioner, a medical officer of an ante-natal centre, a medical officer of health, and a certified midwife.

At an evening meeting of the Pharmaceutical Society, on March 14th, at 17, Bloomsbury Square, W.C., a lecture on " Some problems in plant pathology " will be given by Mr. H. B. Lacey. The chair will be taken by the president at 8.30 p.m. Members are invited to bring friends.

The St. Patrick's Day dinner of the Irish Medical Schools' and Graduates' Association will be held at the Dorchester Hotel, Park Lane, W., on Friday, March 17th, at 7.30 for 7.45 p.m., with the president, Dr. T. G. Moorhead, in the chair. The guests will be the Right Hon. Sir Dunbar Plunket Barton, Bt., K.C., Dr. W. J. O'Donovan, M.P., and Flight Lieutenant J. MacConnell Kilpatrick, R.A.F. Medical Service.

A course of instruction in modern methods in the diagnosis and treatment of venereal diseases is being held on Fridays, at 2 p.m., in the Municipal Clinic, 155, Regent Road, Salford. Particulars may be had from Dr. E. Tytler Burke, venereal diseases officer to the city.

An international post-graduate course in laryngology, rhinology, and otology, with special reference to treatment, will be held in Vienna from April 3rd to 15th. It is also announced that there will be a course in therapeutics from September 25th to October 6th, and another course in the modern advances in therapeutics from November 27th to December 8th. Free syllabuses of all these courses can be obtained from the secretary of the international post-graduate courses, the University, Ring des 12 November, Vienna 1.

The next lecture in the series Practical Problems in Medicine and Surgery arranged by the Fellowship of Medicine and Post-Graduate Medical Association will be given on March 14th, at 4 p.m., by Dr. Ellman, on recent advances in diagnosis and treatment of chronic diseases of the chest (free to members and associates of the Fellowship). On March 21st Mr. Rea will give a demonstration of the fundus oculi, at 8.30 p.m., at the in-patient department of the West End Hospital for Nervous Diseases, Gloucester Gate, N.W. On March 22nd, at 5 p.m., at the Royal Westminster Ophthalmic Hospital, Broad Street, W.C., Mr. Penman will demonstrate fundi of medical interest, and on March 30th Mr. Gimblett some points in medical ophthalmology (illustrated by epidiascope). Forthcoming courses include: proctology, at the Gordon Hospital, March 20th to 25th ; a week-end course in diseases of the chest, at the Brompton Hospital, March 25th and 26th ; diseases of infants, at the Infants Hospital, March 27th to April 7th ; a course in ophthalmology, at the Royal Eye Hospital, March 27th to April 8th. Particulars may be had from the secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

We are asked to state that hospitals situated within eleven miles of St. Paul's desiring to participate in the grants made by King Edward's Hospital Fund for London for the year 1933 must make application before March 31st to the honorary secretaries of the Fund at 7, Walbrook, E.C.4 (G.P.O. Box 465A). Applications will also be considered from convalescent homes which are situated within the above area or which, being situated outside, take a large proportion of patients from London.

In view of the success of the experiment made in 1932, the Central Association for Mental Welfare has again rented the Green Lady Hostel, Littlehampton, for the use of local authorities, managers of institutions, social workers, and others, as a holiday home for mental defectives needing a holiday and change. The hostel will be available for two periods during 1933—from March 31st to May 26th, and again from September 1st to October 27th. Last year over 340 defectives were received at the hostel during the fourteen weeks for which it was rented. There is accommodation for about fifty, including staff. Applications and all inquiries should be addressed to the secretary, C.A.M.W., 24, Buckingham Palace Road, S.W.1.

Dr. John Jones, Dolgelly, has been appointed chairman of the Medical Committee of the King Edward VII Welsh Memorial Association.

The number of deaths from influenza during the first four weeks of the year in fifty-one large German towns with a total population of 19½ million inhabitants was 43, 72, 128, and 450 respectively, as compared with 681, 1,041, 1,589, and 1,934 in 118 of the largest English towns. Although the number of influenza deaths in Germany has exceeded that of the last three previous years it has by no means reached the figures for 1929.

Letters, Notes, and Answers

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

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The **TELEPHONE NUMBERS** of the British Medical Association and the *British Medical Journal* are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

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QUERIES AND ANSWERS

Sweating at the Menopause

" H. N. B." writes: I would be grateful if any of your readers could acquaint me with the line of treatment to adopt to minimize or prevent the very numerous exhausting sweatings and flushings associated with the menopause. My patient is a woman, aged 49, who has had three children, the youngest aged 20, and who was treated three and a half years ago by deep *x*-radiation for excessive and irregular menstrual losses. These are now normal in amount and occur at two-monthly intervals ; but at points corresponding to the menstrual and mid-menstrual dates—that is, every fourteen days—she suffers a series of very severe and exhausting sweatings which I am unable to control.