

No movement at interphalangeal or metatarso-phalangeal joints. Whirlpool bath and massage. September 1st: Swelling much decreased, all interphalangeal and metatarso-phalangeal joints move well. Range of movement at ankle 23 degrees.

4. *Fracture of Humerus*.—G. S. W. Comminuted fracture lower end of left humerus. Admitted August 9th, 1916. Wound healed, union firm, pronation and supination weak and incomplete, elbow can neither be fully extended nor fully flexed. Range of movement 30 degrees. Whirlpool, massage. September 1st: Pronation and supination complete and fairly strong. Range of movement at elbow-joint 70 degrees.

5. *Septic arthritis* of the knee; incisions. Admitted July 7th, 1916. Much periarticular thickening, fluid in joint, flexion 60 degrees. August 8th: No fluid in joint, very little periarticular thickening, flexion 120 degrees.

6. *Traumatic arthritis*, right knee. Admitted March 28th, 1916. Much periarticular swelling. X ray: "Lining" of cartilage; no bony change. Can bear no weight on knee; walks with crutches; no movement at knee-joint. Radiant heat and massage. May 25th: Very little improvement; still on crutches. Whirlpool bath and massage. July 15th: No swelling of knee; walks well with stick. Flexion at knee-joint 90 degrees.

7. *Amputation*, right arm. Admitted May 20th, 1916. Tenderness of stump; much pain in missing hand. Whirlpool bath. June 14th: No tenderness of stump; no pain in missing hand.

8. *Wound of axilla*, bruising of brachial nerves. Admitted June 13th, 1916. Much neuritic pain, referred chiefly to fingers. Partial anaesthesia, dorsum of thumb and index finger and radial side of hand and wrist. No power of extension of fingers. Elbow flexed at right angle; no power of extension beyond this point. Paralysis of supinator longus and extensors of wrists. Radiant heat followed by massage, or either alone, caused increased pain. July 3rd: Whirlpool bath at temperature of 99° F. Immediate alleviation of pain; tolerance to gentle hand massage after six treatments. August 8th: Very little pain; sensation returning; some power of flexion of fingers; supinator longus recovering; extension of wrist weak but complete. Extension of elbow to 50 degrees.

RELIEF STAINING FOR BACTERIA AND SPIROCHAETES.

By T. H. C. BENIANS, F.R.C.S.,

PATHOLOGIST TO THE PRINCE OF WALES'S GENERAL HOSPITAL, TOTTENHAM.

(From the Laboratory of the Addington Park War Hospital.)

By the ordinary methods we seek to colour bacteria in films to make them the more evident on a colourless background. The excess of light that meets the eye dulls our perception of the germs, and probably often causes us to lose sight of the most minute. Instead of staining the micro-organisms, we may leave them colourless and brilliant in a coloured and less transparent background. This is done, for example, in the Indian-ink method and in Harrison's collargol method of demonstrating spirochaetes. I have devised a rapid and simple process to obtain a uniform blue field from which the unstained organisms stand out in sharp relief. The depth of colour may be varied from a pale grey to a deep blue-black, being rather deeper immediately around the edge of the organism. The whole process occupies only a few moments.

A small drop of a 2 per cent. aqueous solution of Congo red is placed on a slide, and a very small quantity of the bacterial culture, or of the exudate to be examined, is rubbed into it with the platinum wire; the drop is then spread out into a tolerably thick film either with the wire or by means of another glass slide. The film, an opaque blood red, is allowed to dry; the slide is then washed over with a 1 per cent. solution of HCl in absolute alcohol and dried in the air, or with blotting paper, although the latter is apt to tear the film. The film is then ready for examination with the oil immersion lens. It is possible to apply the process to a film which has been already spread and fixed on the slide, by spreading the Congo red gently over it, drying, and treating with acid, as described above.

Under the $\frac{1}{2}$ in. lens the background may show an extremely fine stippling, but as a rule it will be quite uniform. Either natural or artificial light may be used, but it needs to be fairly strong, especially if a thick part of the film has to be examined.

Broth and salt solutions do not form a satisfactory mixture with the Congo red, and emulsions in these fluids ought first to be thrown down in the centrifuge. Serous exudates mix readily and evenly with the dye. Blood is not so satisfactory, but, except for osmotic changes in the

red cells, useful preparations of the blood fluid, and its cellular contents may be made; the films should be spread quite thinly. Urinary deposits and faecal material may both be examined by this method; in one faecal specimen I examined, large numbers of spirochaetes of various types were present. This same material examined with the dark background condenser gave a much less satisfactory picture on account of the relatively large amount of amorphous substance, and motile bacteria crowding the field. Spirochaetes as a rule show up fairly sharply, though they have not the brilliancy that the dark background condenser gives them, and of course one has not here the opportunity of observing them in motion. Bacteria vary somewhat in their relation to the dye; mostly they are clear, sharp, and quite transparent, but a certain number of them will take up the dye and appear as ill defined, bluish-black bodies: this I have noticed chiefly in old cultures of Gram-negative organisms. Some cocci show a dark central spot, and in the case of many of the *coli*-typhoid type of bacilli a similar round dark spot is seen toward each pole, or more often a dark rod-shaped area running down the centre of the bacillus. Somewhat similar appearances may be seen with Indian-ink preparations; it is impossible to say whether they represent nuclear bodies or some irregularities of external contour which have caught and held the dye. Many bacilli show a dark central portion with colourless poles, giving the appearance that the poles, either by being club-shaped, or by being bent up, had risen above the surface of the film whilst the centre part remained buried in it.

The apparent size of an organism viewed through an opaque film naturally depends on the thickness of the film—that is to say, on whether the film is sufficiently thick to more than cover the greatest diameter of the organism. Seen through an opaque film an organism usually seems much larger than it appears in a stained preparation. It was pointed out to me by Dr. Hort that in cases of septicaemia the presence of bacteria can be easily demonstrated, even when they are only present in relatively small numbers, by taking a quantity of the infected blood in distilled water and then throwing down in the centrifuge. When the deposit is examined in a Congo red film the amorphous substances blend with the background and the bacteria are easily seen. The process is far simpler than the examination of a stained film would be in such a case. He has also used Congo-red films for the demonstration in filtrates of very minute micro-organisms near the limits of vision, films stained by ordinary methods entirely failing to reveal their presence. In work of this nature it is, of course, necessary to be certain that the distilled water used in making up the reagent is quite bacterium-free, and a control film should be prepared to show the absence of bacteria.

In conclusion, it may be claimed for this method that it has certain definite advantages over other relief staining methods, in that it can be freshly made up with bacterium-free water; and that it gives a clean and even background, which has very little tendency to form cracks and fissures. I have not been able to test its value in photomicrography, but where a clear sharp outline of the organism is required I should judge it could be used with the best of results.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CONCURRENT MEASLES AND CHICKEN-POX.

I AM not aware of any instances of cases of this character. Certainly I have not met any such during a professional life of over forty years. My patients were two boys and two girls.

Jim commenced with an attack of measles February 1st.

John developed chicken-pox February 6th and measles February 10th, both rash and spots being well out together.

Peggy began with measles February 18th and developed chicken-pox March 3rd.

Ermin developed chicken-pox and measles February 25th, practically simultaneously.

John, Peggy, and Ermin were very distinctly ill.

John had been exposed at school to chicken-pox and Jim to measles.

London, W.

A. J. RICE-ONLEY, M.D., M.R.C.P.

GYMNASTIC EXERCISES FOR HYDRARTHROSIS OF THE KNEE-JOINT.

IN 1912 I was consulted by a clerk to a British merchant at Puerto Orotava who had been suffering for some two or three years from increasing chronic hydrarthrosis of the right knee, which he traced to a long walk up to the mountains. The muscles were much wasted, and he was so disabled that he had to go to and from his office in a wheel chair. One day I was suddenly called and found him lying unconscious on the ground, owing to acute pain produced on rising from his seat at the office. I advised him to go to London, where Mr. Barker admitted him into University College Hospital, and on October 5th, 1912, cut open the knee-joint, and pared off a great deal of exuberant synovial membrane; he found no loose cartilage or loose body that could have accounted for the pain above referred to. After the operation the patient was able to do his work much better than before. About July, 1915, his other knee began to be similarly affected, and on distinct effusion into the joint being detected, the case was treated in the old way, by rest, counter-irritation, etc. Early in 1916 the patient came to me in great distress. I had just read an article by Dr. H. Gautiez in the *Journ. de méd. et de chir. prat.* of October 25th, 1915, where it is contended that in many such cases the real cause of the trouble is weakness of the muscles and tendons at the back of the knee-joint, and that they may be strengthened by flexion carried out by the attachment of gradually increased weights to the foot, etc. I gave the article to the patient, who carried out all the instructions. In a very short time, as the flexor muscles and tendons were strengthened all the effusion disappeared. Since then the patient, who is a very intelligent man, has gone on well. He began by raising a small weight (shot in a bag), increasing the amount to 3 lb. or 4 lb.; the number of daily flexions thus made at intervals throughout the day is about 300.

Such cases will not be uncommon among invalided soldiers, and, as the treatment is so simple and can be carried out by the men themselves, I have thought it worth while to direct attention to the fact that the flexor muscles and their tendons can be strengthened by gymnastic exercises patiently carried out.

Santa Ursula, Tenerife.

GEORGE V. PEREZ.

Reports of Societies.

EPIDEMIC NEPHRITIS.

At a meeting of the Medical Society of London on November 13th, Lieutenant-Colonel D'ARCY POWER, President, being in the chair, a discussion on epidemic nephritis took place.

Etiology and Symptoms.

Captain LANGDON BROWN said that acute nephritis was rare in men of military age. It was not common apart from the American Civil War, in which 14,000 examples of nephritis occurred, but this number included cases both of acute and chronic nephritis. In the central army the number of cases rapidly increased, the incidence rising for twelve months, and reaching as high as 1.5 per 1,000. This was not repeated in subsequent years. In that war the military conditions were somewhat similar to those of the present war—a rapid advance and retreat being followed by a period of trench warfare. The units were involved in the same irregular and patchy manner. In our own army down to the end of June, 1915, there were 1,062 cases. Few occurred before February of that year. They increased until 1916, when there was a steady fall. The Belgian army had been unaffected, and the French little until July, 1915. Few cases occurred in the Mediterranean zone. A similar outbreak had appeared among the German and Austrian troops.

The cases on which the paper was based fell into two groups—one of 58 studied at St. Bartholomew's Hospital, the other of 108 at the 1st London General Hospital. Nine were from the Mediterranean, the remainder from France. Few officers were included, numbering only five of the whole series and two others in addition. The cases were haphazard in their distribution. Only one case had been in France for less than one month. The numbers increased

for each month's stay in France; but fell again after the seven months period was reached. Exposure could not be held to be of etiological importance, for there were few cases during the worst weather, and the number increased after the spring, when the violent fluctuations of temperature were past. In the South African war there were practically no cases of nephritis although the range of temperature was enormous. The same was true of the Suvla Bay operations and of the Russo-Japanese war. In 22 only of 166 cases in which this point had been elucidated was there a history of the patient having been wet; in the remainder there was no history of exposure. Cold, however, accentuated chronic nephritis. There was no evidence that the affection was dependent upon the water supply as had been suggested. The solder and lead which might contaminate tinned foods had been blamed by some, but this was not a likely explanation, or the condition would have been present in South Africa and Suvla Bay where tinned foods were much employed. The urinary conditions in nephritis of metallic origin were, moreover, of a different character. By others, excess of protein and a deficiency of fresh vegetables in the diet was held responsible, but this would not explain the increase in the French army in July, 1915, nor was there any evidence of a coexistent intestinal toxæmia. Wounded soldiers were not especially liable to nephritis.

It had been suggested that the nephritis was a complication of an epidemic of a suppressed form of scarlet fever, and the comparative freedom of the Indian troops, who are immune to that infection, was cited in evidence, as well as the occurrence of sore throat at the beginning of the attack. A history of early sore throat was obtained in 27 per cent. of his cases, but he regarded it as secondary to the cough. There were many points of similarity between scarlatinal nephritis and this form, but such a view would mean that there were 10,000 cases of scarlet fever, all suppressed and all free from desquamation, which seemed impossible. A previous history of nephritis was obtained in 13 only, so it could hardly be due to recrudescence of former nephritis. Nor was antityphoid inoculation the cause, for nephritis had not occurred in a similar manner among the troops at home or in South Africa.

That the condition is due to a specific infection was suggested by the fever at the onset and the relapses, the spread to the French troops four months after its occurrence among the English, and to the Mediterranean area when troops were transferred there from France. Its patchy distribution resembled that of cerebro-spinal fever. The results of *post-mortem* examinations pointed to an involvement of the glomeruli and tubules as in an infective nephritis. Examination of the urine, however, had afforded little support to this view, for of 21 cases examined bacteriologically the urine was sterile in 18. Various organisms had been isolated from the throats of affected patients, but no more frequently or in greater numbers than among controls, and antibodies to these organisms were not found in excess in the blood. Dr. Mackenzie Wallis had been able to reproduce albuminuria in rabbits by inoculating them with the urine of affected persons after an incubation period of eight days, which corresponded approximately with the incubation period as estimated clinically. His investigation suggested that the infective agent was ultra-microscopic and filter-passing. A positive Wassermann reaction was obtained in 18 out of 26 cases examined; this might mean a corresponding incidence of syphilis, or, on the other hand, be due to an animal infection such as that by a filter-passing organism was supposed to be.

Considering next the symptoms of the disease, he said that the incubation period was between six and fifteen days. Premonitory symptoms were met with in about half, according to Captain Abercrombie, and were bronchitic, or febrile or abdominal (pain and vomiting). Oedema was usually the first symptom noticed and was present in 97 per cent. of the cases, but generally lasted only a few days and was not often considerable. Early dyspnoea was noticed in 76 per cent., starting usually at the same time as the oedema but ceasing sooner. It would appear from estimations of the alveolar air that the dyspnoea was not always due to acidosis, uræmic or otherwise, and was possibly explained by a similar effusion into the lungs. He had not observed the wide fluctuations of the blood

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Admission of Women to M.B. Examination.

THE grace for opening the first and second M.B. examinations to women was approved at Cambridge on November 18th.

UNIVERSITY OF EDINBURGH.

It has been decided that no election of a successor to the late Earl Kitchener as rector of the university shall take place until this time next year, when, in the normal course, the term of office of the late rector would have expired.

UNIVERSITY COURT.

At a meeting of the University Court on November 13th Dr. Carstairs Douglas, of the Anderson College of Medicine, Glasgow, was recognized as an extra academical teacher in forensic medicine. Arrangements were approved by which Professor Alexis Thomson will act as interim professor of clinical surgery during the absence on war service of Professor Caird, and Dr. Chalmers Watson will carry on the work of Dr. R. A. Fleming, one of the senior lecturers in clinical medicine, who has proceeded to Salonica with a general hospital. The bust bequeathed by Sir William Turner has been placed, as he desired, in the anatomical museum. The general council has approved the ordinance for the foundation of a Chair of Tuberculosis.

UNIVERSITY OF GLASGOW

GRADUATION CEREMONY.

THE principal, Sir Donald MacAlister, presided at a graduation ceremony in the Bute Hall on November 11th, when the following degrees were conferred:

M.D.—T. Walmsley, J. B. M'Dougall, C. K. Stevenson, H. Yellowlees.

* With honours.

† With commendation.

UNIVERSITY OF ST. ANDREWS.

UNIVERSITY COURT.

AT a meeting of the University Court on November 18th it was reported that General Sir Douglas Haig had been unanimously elected by the matriculated students to be rector of the university for the usual term of three years, and that a letter had been received from Sir Douglas Haig expressing his gratification at the honour conferred upon him. Sir Douglas Haig is a son of Mr. John Haig of Cameron Bridge, Fifeshire.

Miss Doris Livingstone Mackinnon, D.Sc., has been appointed lecturer on natural history. She is assistant to the professor of natural history at Dundee, and is at present engaged in medical work in a military hospital.

Principal Mackay was reappointed the representative of the university on the General Medical Council.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Meeting of Fellows and Members.

THE annual meeting of Fellows and Members of the Royal College of Surgeons of England was called for November 16th, but when the President, Sir W. Watson Cheyne, took the chair, those present were insufficient to form a quorum. After waiting the legal quarter of an hour, and the numbers wanting still three of the required thirty, the President said that the meeting could not be held, and that the five resolutions on the agenda dealing with the question of direct representation of Members on the Council could not be moved. Several protests were made at this procedure, which was declared to be impolitic even though strictly legal, and the protests were renewed when, immediately after the time limit, several fresh arrivals increased the numbers to over thirty. The President adhered to his decision that the meeting could not be held, but he consented to review the annual report (summarized in the *BRITISH MEDICAL JOURNAL*, November 11th, p. 670) and to permit some informal discussion.

Lieutenant-Colonel Josiah Oldfield said that the President in his statement last year was reported to have said that he regarded the College as a scientific and educational institution, and that those who were agitating on the representation question desired to make it a political one. The speaker pointed to several matters dealt with in the report which suggested that the College was interesting itself in other than scientific and educational matters. He also complained that the Council should have inserted in the report an anonymous statement from a member to the effect that provincial members were not in favour of motions on the subject of representation being brought forward; the offence was all the greater because, although the resolutions carried last year were printed, no word said in support of them was suffered to appear, while the President's defence was given fully.

Dr. George Jones, speaking as a barrister, also criticized the statements of the anonymous supporter of the council's policy, saying that the writer's arguments for resisting the proposed change were weak from the legal point of view, and in places the grammatical construction was such as to make the drift of the argument unintelligible.

Dr. S. C. Lawrence said that in refusing to allow the meeting to be held that day the President had made a great mistake of

which the last had not been heard. He also regretted that his suggestion of a year ago had not been adopted, namely, that the five or six enemy names should be expunged from the roll of the Honorary Fellowship. He paid a tribute on behalf of the Members of the College to the late Sir Victor Horsley.

Some discussion ensued between Dr. Lawrence and the President with regard to the poll of Members undertaken by the Society of Members in 1908 on the question of direct representation. The President said that he had asked for the numbers of the poll, but they had been refused; if they had been greatly in favour of the demands made, they would surely have been given. Dr. Lawrence said that the President's inference was incorrect, though he was still unprepared to give the figures. Those who did not desire representation were negligible, and even in their case their apathy in the matter was due to the want of interest shown by the Council in the general body of practitioners.

Dr. David Roxburgh proceeded to criticize the Council for dilatoriness with regard to the instruction of general practitioners in the diagnosis and treatment of venereal disease. In London, he said, this matter had been left to the Panel Committee, and he regretted that the College had failed to take a leading part. The President said that the whole matter at the present moment was under consideration by a committee. On Dr. Roxburgh continuing to address those present, the President said that he had already allowed considerable latitude in discussion; it was not a regular meeting, and he must now leave the chair.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE following officers were elected on November 6th:—*President*: Dr. Ebenezer Duncan. *Visitor*: Dr. A. Freeland Fergus. *Treasurer*: Dr. W. G. Dun. *Honorary Librarian*: Dr. Alexander Napier. *Representative on the General Medical Council*: Mr. David N. Knox.

The Services.

EXCHANGES.

CAPTAIN R.A.M.C. at base hospital desires exchange to home station, London or near neighbourhood preferred; hospital for choice.—Address No. 4600, *BRITISH MEDICAL JOURNAL*, 429, Strand, W.C.

M.O. Cyclist, F.A., Kent, desires exchange to foreign service, preferably France.—Address No. 4599, *BRITISH MEDICAL JOURNAL* Office, 429, Strand, W.C.

Officer R.A.M.C. wishes to exchange from hospital ship to Eastern or London command; send particulars of work. Applicants should be over 45 or for home service.—Address No. 4598, *BRITISH MEDICAL JOURNAL* Office, 429, Strand, W.C.

Obituary.

DR. THOMAS WHITELAW, of Portobello, Edinburgh, died on November 9th after less than a week's illness. He began life as an inspector of banks, and served in Africa and India. Afterwards he studied medicine at Edinburgh University, and became M.D. in 1891. He settled in Portobello after taking his degree, and practised there until his death. He was keenly interested in the Portobello Sick and Destitute Society, and was member of its executive. He contributed to the *JOURNAL*, 1896, vol. i, p. 1317, a paper on the relation of haemorrhages to barometric pressure, his attention having been attracted to the subject by the repeated coincidence of what are "colliery warnings," appearing in the daily papers, with urgent messages to attend patients attacked with haemorrhage from the lungs. The funeral took place at Portobello Cemetery on November 13th.

DR. VICTOR COURTELLEMENT, professor of internal pathology at the medical school of Amiens, was killed by a shell on October 16th. At the Salpêtrière, Paris, where he worked under Professor Raymond, and at the Amiens Hôtel-Dieu, to which he was physician for many years, he carried out important neurological researches, and his thesis on the remote sequelae of cerebro-spinal meningitis was a valuable contribution to knowledge.

DR. R. H. VON EZDORF, of the United States Public Health Service, who died on September 8th, graduated at the George Washington University Medical School, Washington, in 1894. He made important researches on yellow fever and typhoid fever, but his special subject of investigation was malaria, on which he wrote much in the public health service reports. He was the author of the article "Malaria" in the *Reference Handbook of the Medical Sciences*.

DR. CHARLES H. HUGHES, of St. Louis, a distinguished specialist in nervous and mental diseases, died on July 13th at the age of 77. He graduated at the St. Louis Medical College in 1859, and after serving in the Civil War was appointed superintendent of the hospital for the insane at Fulton, a position he resigned in 1871. He was one of the founders of the Marion Sims Medical College and editor and proprietor of the *Alienist and Neurologist*. He was an honorary member of the Medico-Psychological Association of Great Britain, of the Russian Society of Neurology and Psychiatry, and of many other similar bodies.

DR. DAVID BRADEN KYLE, of Philadelphia, who died on October 23rd at the age of 53, had been professor of laryngology and rhinology in Jefferson Medical College since 1896. He was head of the department of laryngology, rhinology, and otology at St. Mary's Hospital, Philadelphia, from 1891 to 1893, and president of the American Laryngological Association in 1910 and 1911. He was the author of a textbook on diseases of the nose and throat which has gone through five editions.

DR. LOUIS McLANE TIFFANY, of Baltimore, a surgeon of note, died on October 23rd, at the age of 72. He was a graduate of the University of Maryland, where he was demonstrator of anatomy from 1869 to 1874, and professor of operative surgery from 1874 to 1880. He occupied the chair of surgery from 1880 to 1902, when he retired with the title of emeritus professor. He was formerly surgeon to Johns Hopkins and St. Joseph's Hospitals, and to other institutions in Baltimore. He was a former president of the American Surgical Association, of the Medical and Surgical Faculty of Maryland, and of the Southern Surgical and Gynaecological Society.

DR. ADONIRAM B. JUDSON, of New York, who died on September 20th, was born in 1837 at Mautain, Burma, where his father was an American missionary. He studied medicine at Harvard and at Jefferson College, Philadelphia, where he graduated in 1865. After serving in the United States navy in the Civil War, he settled in practice in New York, devoting himself to orthopaedics. From 1878 till 1908 he was orthopaedic surgeon to the out-patient department of New York Hospital. In 1887 he helped to found the American Orthopaedic Association, of which he was vice-president in 1889 and president in 1890. From 1886 till his death he was statistical secretary to the New York Academy of Medicine. He was chairman of the Section of Orthopaedic Surgery. Dr. Judson was the author of several works on subjects within his special province and on public health.

Medical News.

A MEETING of the Odontological Section of the Royal Society of Medicine will be held at the society's house, 1, Wimpole Street, W., on Monday next, at 8 p.m., when the President, Mr. W. B. Paterson, F.R.C.S., L.D.S., will give his address, and a report on the Paris Dental Congress will be presented by Mr. T. A. Coysh, L.D.S.

THE Health of Munition Workers Committee, appointed by the Ministry of Munitions, has issued a memorandum (No. 14, Cd. 8387. Price 1d.) on washing facilities and baths. It contains descriptions and working drawings of a washing trough, and of douche baths for males and females respectively.

A mechano-therapeutic department has been presented to Bath War Hospital by Mr. C. Chivers. It provides mechano-therapeutic apparatus, and radiant heat and whirlpool baths. In the latter the whirlpool is produced and air introduced into the water in the manner described by Dr. Nunneley elsewhere in this issue.

THE prize of £50 and the medal of the institute offered by the Royal Sanitary Institute for the best thesis setting out a complete and practical scheme for maternity and child welfare work, suitable for adoption by local authorities, has been awarded to a joint essay by Miss Isabel Macdonald, secretary, Royal British Nurses Association, and Miss Kate Cropper Atherton.

A COMMITTEE has been formed at Springfield, Illinois, to collect £100,000 for the foundation of a memorial to the late John B. Murphy, of Chicago. It is proposed that the memorial shall be "a living power making for the advancement of surgery on both the scientific and the moral sides." It is probable that it will take the form of an institution for surgical research.

IT is believed that both political parties in Canada will make compulsory health insurance of wage earners part of their programme for the election which is to come after the war. In the United States a bill providing for compulsory insurance has been drafted by the American Association for Labor Legislation and will be introduced next year in more than twenty State legislatures.

THE annual meeting of the American College of Surgeons was held at Philadelphia in the last week of October. It was decided to form an international committee, on which every State in the Union and the Provinces of Canada should be represented, to take steps for the enactment of laws for the protection of the public against untrained surgeons, the prevention of dishonest practices, and the provision of means for post-graduate training in surgery. Chicago was chosen as the permanent head quarters of the college, and Dr. George W. Crile was elected president.

WE have received the report of the seventy-fifth session, 1915-16, of the Reading Pathological Society. The most distinctive event in this session was the holding of two of the monthly meetings of the society at the War Hospital, where cases of interest drawn from the wards were shown and discussed. As in the previous session, the annual oration and the summer excursion were abandoned, their place being taken by ordinary meetings. The roll of honorary members has been depleted by the deaths of two orators of the society, Sir James Goodhart and Sir Victor Horsley. Although the attendance of members at the meetings fell below the average of previous years much interesting work was got through and many instructive specimens and patients with various types of diseases were brought forward.

THE usual monthly committee meeting of the Medical Sickness Assurance Society was held on November 17th, when Dr. Major Greenwood was in the chair, in the absence, through indisposition, of Dr. F. J. Allan. The reports submitted showed for the previous month a slight upward tendency in sickness claims, due largely to members wounded on active service, but the sickness experience for the whole year up to the end of October was considerably under the expectation, although it is estimated that at least 1,000 of the society's members are on active service in various parts of the world. The new proposals showed a decline on previous figures, but the proportion of new members taking advantage of the new endowment assurances issued by the society is larger than formerly. It has been decided to continue accepting new members who may be either actually in or about to join His Majesty's Forces in the non-combatant branches, as, so far, the society's experience does not justify it in either charging extra rates or discontinuing acceptance of these proposals. Further information can be obtained from the Secretary, Medical Sickness and Accident Society, 300, High Holborn, London, W.C.

THE Princess Christian opened a "microscopical conversation" at the head quarters of the Y.M.C.A. in London on Friday evening. The range of the exhibits was certainly a tribute to the labour of many enthusiastic microscopists as well as to the microscopical section, which was thus demonstrating to the public the kind of work it carries on in the military camps and hospitals. The specimens shown ranged from gold dust to water-fleas, and from the shimmer of beetle's wings to a swarm of maggots in a fragment of two-year-old Cheddar. In the large hall cinematographic displays were given at intervals, the subjects being wholly scientific. The films revealed the motions of blood, the action of trypanosomes in sleeping sickness, and of the micro-organisms in relapsing fever. Elsewhere in the building lectures were being delivered, one of them by Mr. F. Martin Duncan on carnivorous plants, and the other by Dr. G. H. Rodman, who has applied the photographic colour plate to photomicrography with excellent results. It was stated that exhibitions and lectures of this kind are constantly being given in Y.M.C.A. huts, and the men of His Majesty's Forces show the most eager interest in this investigation into the world of the minute. We understand that lectures have been prepared by expert microscopists on the action of various micro-organisms, including the *Spirochaeta pallida*.