

nearly three months later than I should have wished; especially in the case of the upper limb, early diagnosis and immediate treatment are of vital importance. I was informed that the paralysis had originally been more extensive, affecting the neck muscles also; there had been some slow improvement, most marked in the neck muscles, but also apparent in the left hand and left leg, but this appeared to have ceased. Massage was being given once daily, but no splints had been ordered, and no attempt had been made at re-education. On examination, both arms were found to be paralysed—the right completely, while on the left were present weak movements of the hand and wrist only, movements of fingers being good, but opposition of thumb to fingers weak. Walking was possible, but there was a definite limp with drop-foot on the left side, also hyperextension of the knee and some eversion of the foot. From clinical experience of this disease, I considered that I was quite justified in recommending treatment, but I was very guarded in my prognosis, especially as regards the right arm and hand. To my mind the essential movements to be recovered were abduction and elevation of the arms at the shoulder, flexion of the forearm, and supination of the hand, as well as dorsiflexion of the foot and extension of the knee. Before re-education could be attempted, however, some means of procuring anatomical rest had to be devised, especially for the arms. It was obvious that the dragging weight of the upper limbs was rapidly causing atrophy of the shoulder girdle muscles, and that unless this weight were removed the child would never again raise her arms (there is less justification for leaving a shoulder unsupported in a case of paralysis than there is for the non-setting of a fractured humerus). A double right-angled arm abduction splint of light iron was fitted to the patient's upper limbs. (So far as I am aware, this is the first reported case of a double-arm abduction splint having been used in the treatment of the paralyses caused by this disease.) By its means anatomical rest was given to the shoulder girdle muscles—to the deltoid muscle especially, but also to the flexors of the forearm and the supinators, as well as the hand muscles. The splint, so arranged that mid-supination was the resting position, was worn continuously, being put on after the morning re-educative exercises and taken off at night; it was not found possible to get it worn in bed. It is necessary to lay great stress on the importance of the right-angled abduction arm splint in the treatment of infantile paralysis affecting the upper limb—first, because adequate rest for arm muscles has not previously been sufficiently insisted on, or rather has been conspicuously neglected; and secondly, because of the necessity for overcoming the objections of the parents and the child to the wearing of a somewhat cumbersome apparatus. Rest for the left leg and foot was obtained by ordering, for twelve months from the onset, no walking and very little standing. To prevent deformity a special day and night shoe was provided, designed to keep the foot at a right angle and to prevent eversion or inversion; this was extended to above the knee, with a pad under the knee to allow of a few degrees of flexion. Active movements, after being originated by me, were helped and supervised by the mother twice daily for a variable time, depending mainly on the child's sense of fatigue; all movements were done lying down, and a constant endeavour was made to find easy limb positions. The exercises for the leg and foot were comparatively simple, being mainly concerned with developing the tibialis anticus and the quadriceps. Progress was uninterrupted; walking, when allowed, can now be performed in practically a normal manner. With regard to the arms the problem was much more difficult, but great perseverance by mother and child eventually produced the result that both arms could be abducted and raised above the head; flexion at the elbow could be obtained in both when the patient was lying down, but only to a comparatively small degree on the right side. Apart from a little flexion at the wrist, no further movements have occurred in the right arm, and the prognosis as regards the hand is still very uncertain. On the left side practically normal movements have been obtained, including pronation and supination of the hand, but the hand and arm cannot yet be raised above the shoulder when the child is more than half sitting up. The action of gravity then comes into play, and the muscles are not yet sufficiently strong to overcome it; the principle of gradual acquisition of function is being followed, however, and the child is being elevated stage by stage on pillows (this gradual elevation is the only method by which weak shoulder girdle muscles can be slowly re-educated to perform their normal natural functions). The improvement effected by rest and muscle re-education in the case under review has been continuous and considerable, and in my opinion no other combination of treatment could have produced results at all comparable.

The Immediate or Ideal Treatment.

For the treatment of infantile paralysis to be placed on a satisfactory footing there must be general recognition of the two guiding principles of immediate anatomical rest and of scientific muscle re-education, both to be applied at the earliest possible moment. Infantile paralysis being a notifiable disease, and the future of sufferers from it being of such grave importance to the community (a cripple is a constant charge on the State), it is advisable that parents of children affected should be given by the health authorities printed directions explaining how rest, especially for the arms, can best be obtained. The day is past when

we can stand calmly by and regard infantile paralysis somewhat in the light of a visitation or punishment; as a scientific profession we can no longer be content to give the hopeless and helpless prognosis "Nothing can be done." One requires to see very few of the complete arm or upper arm old cases of infantile paralysis to realize how miserable is the future of a young subject with both arms paralysed; wasting, shortening of the limbs, subluxation of the shoulder-joints owing to deltoid atrophy, and general disablement, possibly combined with a deformed leg or legs, make death almost preferable. If the lines of treatment above indicated are followed, much that is hopeful and cheerful can be safely promised.

Conclusions.

It is endeavoured in this paper to show that each and every child surviving the first onslaught of infantile paralysis can be assisted to regain muscle power; a few may remain permanent cripples, in spite of every care, but if treatment is begun at once and properly carried out the majority should recover more or less completely. The paralysis is not the disease; it is the obvious sequela. Our aim in treatment is, therefore, not the cure of the disease but the restoration of function; this must be begun at once, before postural defects have occurred, or fibrous changes in the essential structures have taken place. Rest must be given immediately; muscle re-education should be attempted as soon as we can reasonably be sure that the inflammatory process has ceased, which may be at the end of the first week. The clinical signs will be absence of pain, tenderness, or pyrexia. We must remember that unless guided volitional effort takes place, limbs may hang helpless which have, unknown to the individual, recovered a great deal of their power. Whatever may be the explanation of the changes in the spinal cord, it is most important for the physician to realize that the muscles, if only they are handled correctly, will show a large percentage of recovery. We can never tell in any individual case what the extent of that recovery may be, and it is the practitioner's business to exploit it in every case to its fullest capacity. It is essential that the attempt at muscle work be made under the easiest possible physical conditions; there must be no fatigue, and after attempting to work the muscles must be at once adequately rested in the correct anatomical position. Children and parents very soon take an intense interest in every detail of the treatment, especially if in the case of the former an element of play or game can be introduced in the exercises to vary the monotony. The three cardinal points of treatment are: (1) anatomical rest; (2) muscle re-education; (3) general care of the patient, particularly as regards warmth of the limbs, light massage for a short period preliminary to the exercises, careful superintendence of the whole life of the child, and the avoidance of fatigue and strain.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE INTESINAL OBSTRUCTION CAUSED BY A HERNIAION OF SMALL INTESTINE INTO THE PARADUODENAL FOSSA.

The following case is of interest for several reasons: (1) the rare occurrence of the condition; (2) the insidious onset and gradual development of the symptoms of obstruction; (3) the ease with which the obstruction was relieved; (4) the rapid convalescence and the absence of shock, which shows the importance of using all anti-shock measures we have at our disposal in dealing with such cases.

I. H., aged 11 years, had complained of a feeling of discomfort almost amounting to pain after coming home from school. Her father, who had some knowledge of medicine, applied massage of a rather violent description to her abdominal wall, hoping by this means to procure an action of her bowels. As this failed, enemata were given, the result being a very slight action dark in colour. On the following day the discomfort and pain were exaggerated, she felt sick, could not eat, and the bowels had not moved, though she had passed some flatus. I saw her in the afternoon, with Dr. E. W. Sharp of Bradford, and found the following: The child was pinched about the face, her tongue was moist and slightly coated. She had not vomited, and she complained of an indefinite pain in her abdomen; the abdomen was not distended, there was a slight general rigidity, it moved with respiration, but there was indefinite

tenderness on the left side, above the level of the umbilicus. Thinking that the condition might be due to some indiscretion in diet we decided to watch the case. Two days later her condition became much worse. She had abdominal pain, distension, vomiting, and her bowels had not acted, and no flatus had been passed. She was seen on this occasion by Dr. Wrangham of Bradford, who diagnosed intestinal obstruction and recommended immediate operation. I saw her the same evening (July 3rd, 1920) in a nursing home, and found the abdomen very distended and tympanitic. She was vomiting, and peristalsis was plainly visible through the anterior abdominal wall.

Laparotomy was performed, and on opening the peritoneal cavity some slightly turbid fluid escaped. The junction of the distended and collapsed small intestine was quickly found, and at this point a small loop of the gut was found to enter the paraduodenal fossa, and obstruction was absolute. The intestine was removed from the fossa without difficulty and the fossa was closed by two stitches of catgut, although there was plastic lymph present which would probably have obliterated it without the aid of stitches. As the intestine had not lost its lustre at the point of obstruction, and as a wave of peristalsis passed across the constriction, and seeing that the distended gut contracted when stimulated with a warm towel, the abdominal wound was closed in three layers without drainage. Subcutaneous saline was given throughout the operation. The child was bandaged in cotton-wool, and all the manipulations necessary were carried out without delivering the gut. The operation lasted seventeen minutes.

Convalescence was uneventful, there was very little shock, and recovery has been complete.

BASIL HUGHES, D.S.O., M.A., M.B., B.Ch.Camb.,

B.Sc.Lond., F.R.C.S.,
Assistant Honorary Surgeon, Bradford Children's
Hospital; Surgical Pathologist, Bradford
Royal Infirmary.

A CASE OF EXTRAUTERINE FETATION PRESENTING IN THE VAGINA.

In July, 1918, I attended a woman who appeared to be suffering from a miscarriage. The patient, a multipara, thought she was six months pregnant; she complained of almost continuous pain, and had a red vaginal discharge. The head of the fetus could be felt through a thin bag of membrane, but I found the uterus little, if at all, enlarged to the left of the presenting mass, and distinctly separable from it. I perforated the membrane (which was the thin attenuated vaginal wall) with my finger, and delivered the fetus, which appeared to be of about five months' development, and which had evidently been dead some time. The placenta was removed with some little difficulty, leaving a large ragged hole in the right vaginal fornix. There was a little haemorrhage, and the patient made a good recovery. I believe this to have been a case of extrauterine fetation which developed and came down between the layers of the broad ligament.

Taunton.

ARTHUR E. JOSCELYNE, M.D., M.R.C.S.

A CASE OF URINARY SINUSES.

This case came under my care on account of the illness of the general surgeon of the hospital. I must make the remoteness of this sort of surgery from my own sphere the excuse for regarding as an exceptional case what may be fairly familiar to genito-urinary surgeons.

A Badawen complained of passing urine and stones from three openings in his right thigh. The sinuses were situated in Scarpa's triangle, $2\frac{1}{2}$ in. below the origin of the adductor longus. Four years previously he had had a bullet wound, with entrance 1 in. to the right of the symphysis pubis and exit at the lower border of the left gluteus maximus, below the ischial tuberosity. Much blood was passed by the urethra that day; subsequently there was swelling on the inner side of the thigh, which burst with formation of the urinary sinuses. After about three months there was complete cessation of urination through the penis; later he began to pass small stones from the sinuses. His stricture was impassable. A probe in the sinuses was guided to the inner part of Poupart's ligament. There were thickening and contraction of the subcutaneous tissue about the openings and towards the pubic bone, but that about the roots of the penis appeared normal. The thigh was kept flexed, and the man could only limp along with the aid of crutches. Wheelhouse's operation was done. A probe passed through the stricture (in the membranous urethra) met with grating. On the proximal side we found one stone as large as a pigeon's egg and about a dozen as large as beans. The patient pulled out his catheter in the night; a large metal one was then passed and fastened with a stitch; this was changed every three days for nine days, and he was then catheterized for three or four days. Now he is passing urine by the urethra only, he is able to walk, and he is growing fat. I regret that I was unable to satisfy my curiosity as to the complete route of the sinuses. The man said he had never suffered from gonorrhoea.

P. McRITCHIE, M.C., M.D.,

Ophthalmic Surgeon, Civil Hospital, Basrah.

Rebiefus.

TROPICAL OPHTHALMOLOGY.

Nor so very many years ago the number of really useful English books on ophthalmology was by no means large, and it is an eloquent testimony to the advance in our knowledge of the subject, and the changed conditions in recent years, that the publication of a book on the tropical aspects of ophthalmology should satisfy a very real need. Lieut.-Colonel ELLIOT, in *Tropical Ophthalmology*,¹ not only gives an account of the common diseases of the eye met with in the tropics, and places his unrivalled experience of the most suitable methods of treatment at the disposal of the practitioner, but at the same time gives a description of the rarer forms of disease, and this renders the book indispensable to the specialist in the subject. In remote parts of the empire the medical man has to be "an all-round specialist," and he will find few branches of medicine and surgery of greater value than ophthalmology in helping him to gain the confidence of the inhabitants. Nor must we forget that tropical disease, as a minor consequence of the war, is seen in the United Kingdom much more frequently than formerly.

As stated in the preface, the object of the book is not only to make information on the subject readily accessible to the worker, but to stimulate him to study the many little-understood tropical conditions that affect the eye. "We see what we have been trained to see, and we very often miss the obvious phenomena for which our minds are unprepared." Parasites, glare, dirt, and ignorance are the chief factors producing eye diseases in the tropics as elsewhere, and all of these are fully discussed. The ocular diseases caused by parasites peculiar to the tropics are of the greatest interest, and the author has conferred an inestimable boon on all workers by collating the available information on the subject and rendering it not only readily accessible but a pleasure to read. A glance at the bibliography will give some idea of the labour required to write a pioneer book such as this; information must be painfully sought for in papers written in many journals and in many languages.

The author paints a vivid picture of the tropical "hot weather" season:

"It is very difficult for anyone who has not actually lived the whole year round in a tropical country to appreciate the influence of heat, wind, and dust. The minds of those of us who have done so go back to those first days of each year, when the covers of the books on our shelves began to curl up backward, when, as we emerged from our bungalows, the heat of the breeze struck like a blow, painfully drying up the skin, and suggesting a blast from a furnace. . . . Then, as the year moved on in a succession of days, each one of which seemed hotter than the last, every blade of grass disappeared from our compounds (gardens) and from the maidans (commons), till the earth's surface assumed one brown, baked hue, variegated only by the interlacing, gaping cracks in the soil. The dust-devils, dancing down the road, and the blinding storms of wind, charged with desiccated and faeces-laden earth, come back to memory like the incidents in an evil dream."

Colonel Elliot's most practical notes on operations for senile cataract and glaucoma will, naturally, be of the greatest value to surgeons practising in the tropics. His personal preference is for a capsulotomy operation combined with irrigation, and this is strongly recommended for the beginner, who, as he acquires experience, may decide later what type of operation is likely to be the most successful in his hands. The remarks on prophylactic trephining in countries where the ignorance of the general population is a marked feature, are of considerable interest, and a strong case is made out for this procedure. Colonel Elliot does not, however, contend that prophylactic trephining should be employed indiscriminately, but that the surgeon "must weigh carefully the circumstances of each case and decide it on its merits, conscious of the responsibilities that attend either action or inaction."

The chapter on quinine poisoning is of importance to the general practitioner, and there are interesting and valuable sections dealing with hospital management. The success of the surgeon in remote parts depends not only upon his dexterity and knowledge, but also, in no small part, on the care which he devotes to hospital administration. The

¹ *Tropical Ophthalmology*. By Robert Henry Elliot, D.Sc., M.D., B.S., F.R.C.S., Lieut.-Colonel I.M.S. (retired). London: Henry Frowde, and Hodder and Stoughton. (7 plates, 117 figures. 31s. 6d. net.)

had acquired much knowledge and experience as a military medical officer on the Frontier, and special experience as professor of ophthalmology in the Calcutta Medical College, he offered his services to the War Office at the commencement of the war. He was employed on recruiting duties at various stations in London and later on visits of inspection throughout the country. When the Ministry of National Service was reconstituted he was one of the War Office Medical Staff transferred to the new Ministry. For some time he was employed in the head office, and afterwards, until the close of the Ministry, as Commissioner of Medical Services in the Eastern Region.

From the early days of the war Colonel Lewtas took a very keen interest in the medical aspects of recruiting, and was at pains to study the methods employed in other countries, especially the medical recruiting problems presenting themselves to our medical colleagues in France. His experience of active military service in India, added to the knowledge acquired by study and observation in England, enabled him to render very special service when the Ministry had to build up a large medical organization in a short space of time during the third year of the war. The early medical instructions, especially those dealing with the physical grading of men, owed much of their value to Colonel Lewtas. His sound knowledge of the problems of eyesight and of vision was of great service.

Colonel Lewtas was an accomplished physician. His colleagues recollect with admiration how he was able, after a bout of hard work, to divert his attention to some abstruse problem of higher mathematics and commence again, refreshed, to consider a difficult question, probably involving political controversy, which at that time caused a good deal of anxiety. He was an example of the best type of military medical officer so frequently given us by the Indian Medical Service. Learned, experienced, wise, and always helpful, his loss is deplored by many of us who looked forward to years of his friendship in London.

WE regret to record the death, which took place at his home at Alexandra Park, Manchester, on September 24th, of Dr. ALEXANDER G. FRASER. Dr. Fraser was born in Aberdeen in 1846, and graduated M.A. Aberd. in 1867, M.B., C.M. Edin. in 1883, and M.D. Edin. in 1890. During his thirty-six years in practice in Manchester he gained the esteem of a wide circle of friends and patients. The first volume of his book, *Idylls of Life and Love*, dedicated to "My friends in the medical profession," was published in 1916; it was followed later by a second volume.

Universities and Colleges.

UNIVERSITY OF LONDON.

A UNIVERSITY SITE.

THE President of the Board of Education wrote on September 24th to the Vice-Chancellor of the University of London stating that the Government offer of the site at Bloomsbury, north of the British Museum, would only remain open until the next meeting of the senate of the university; that meeting will take place on October 20th. The site, it will be remembered, comprises 1½ acres; it is at present covered by houses, but the leases of many of them expire before 1924, of others in 1928, and of most of the remainder in 1939. The ground is offered as a site for the head quarters of the university, and for colleges and institutions connected with it, including in particular King's College. The removal of King's College to the new area would liberate the site it now occupies in the Strand; that site is very valuable, and the amount received from it would be a considerable set-off against the Government expenditure on the Bloomsbury site. The Government offer includes maintenance charges, but not the cost of the erection of the new buildings. Mr. H. A. L. Fisher, in his letter of September 24th, states specifically that the Government offer is not available for any alternative site in or near London; after careful consideration of the various sites suggested at one time or another, and review of all the circumstances, the Government has come to the definite conclusion that the site north of the British Museum is the most suitable, and the only one which it could feel justified in acquiring for offer to the university. Mr. Fisher goes on to speak of the desirability of having a university

quarter, and says that the Bloomsbury site offers the greatest advantages for the creation of such a quarter. It is, he says, central, accessible from all parts of London, in a residential neighbourhood convenient for teachers and students, and adjoining the great national literary and archaeological collections; he also states that it is capable of expansion in the future, should the need arise—a point upon which many of the critics of the Government offer are not satisfied.

SCHOLARSHIPS.

The following scholarships have been awarded:

London Hospital Medical College.—Entrance scholarship in anatomy and physiology, open to students of the Universities of Oxford and Cambridge, to W. W. R. Brain, New College, Oxford.

St. Thomas's Hospital Medical School.—University scholarship (value £100) to C. V. Patrick (Rugby and Caius College, Cambridge).

UNIVERSITY COLLEGE.

An introductory public lecture to the courses of lectures on the history of science will be given by Sir William H. Bragg, F.R.S., on Thursday, October 7th, at 5 p.m. This lecture is open to the public without fee or ticket. The courses include one on the general history and development of science, by Dr. A. Wolf, and twelve lectures on the history of the biological and medical sciences from early time to the eighteenth century, by Dr. Charles Singer, on Tuesdays at 5.15 p.m., beginning October 12th.

The Services.

DEATHS IN THE SERVICES.

LIEUT.-COLONEL PERCY DE HAGA HAIG, Bengal Medical Service (retired), died on September 9th, aged 70, at Monte Carlo, where he had settled after his retirement. He was the son of the late William Haig, was educated at St. Bartholomew's, and took the M.R.C.S. and L.R.C.P. Lond. in 1873. Entering the I.M.S. on September 30th, 1875, he became surgeon-lieutenant-colonel in 1895, and retired on February 15th, 1901. He served in the second Afghan war of 1878-80, in the operations of the Peshawar Valley Field Force, and in the expedition to the Tonk frontier, receiving the medal; and in the Waziristan campaign on the North-West Frontier in 1894-95, when he was severely wounded in the action at Warra, and gained the Frontier medal with a clasp. His whole service was passed in military employment.

HONOURS.

THE following awards are announced for distinguished service in the field with the Waziristan Force, India:

Bar to D.S.O.

Captain Nilkanth Shriram Jatar, D.S.O., I.M.S., attached 2/76th Punjab Rifles, Indian Army.

For gallantry near Kotkai, on 5th January, 1920, when, during a withdrawal under heavy fire, he rendered valuable assistance in bringing in wounded, and, whilst doing so, was himself severely wounded. (D.S.O. gazetted 4th June, 1917.)

Military Cross.

Temporary Lieutenant Ben Philip Athaide, I.M.S., attached 1/103rd Mahratta Light Infantry, Indian Army.

For gallantry at Palosina on the 19th December, 1919, when in charge of an outpost. He displayed great devotion in attending to the wounded under fire, and when the line was forced back he remained till almost surrounded by the enemy, and was the last to leave.

Temporary Captain Naval Maneckji Pestonji Dotivala, I.M.S., attached 2/5th Gurkha Rifles, Indian Army.

For most conspicuous gallantry in action at Sorarogha on 18th January, 1920, and at Makin on the 20th February, 1920. On both occasions he displayed the greatest gallantry and disregard for danger in his care of the wounded during the action. He set a very fine example to all.

A PROFESSOR of anaesthesia has been appointed at the University of Maryland Medical School.

OWING to the great reduction in size of the German army the Kaiser Wilhelm Academy, which has been an army medical college for many years, is no longer required for this purpose, and will be converted into an institution for training medical men in social medicine.

A DISCUSSION on the physics and chemistry of colloids and their bearing on industrial questions, arranged jointly by the Faraday Society and the Physical Society of London, will take place on Monday, October 25th, at the Institution of Mechanical Engineers, Storey's Gate, London, S.W. The discussion will be presided over by Sir W. H. Bragg, F.R.S., and Professor Svedberg of the University of Upsala, who will give a general survey of the subject before discussion is opened in its various branches. Non-members of the above societies may obtain tickets of admission from Mr. F. S. Spiers, 10, Essex Street, London, W.C.2.

Medical News.

THE usual series of monthly scientific demonstrations will be held during the forthcoming winter at Newcastle-on-Tyne, under the auspices of the North of England Branch of the British Medical Association. These demonstrations have had very considerable success; they were held for many years before the war, and again during last winter. The syllabus of the course is being circulated to all practitioners in the area of the North of England Branch, whether members of the Association or not. The honorary scientific secretary is Mr. R. J. Willan, M.V.O., O.B.E., 6, Kensington Terrace, Newcastle-on-Tyne.

THE new session of the Hunterian Society will open on Wednesday, October 13th, at 9 p.m., when Sir George Newman will deliver the first Hunterian lecture on "The Ministry of Health as an instrument in preventive medicine." The meeting will be held at Sion College, Victoria Embankment, close to Blackfriars Bridge, and all members of the medical profession are invited. We are asked to draw attention to this change of address. Subsequent meetings will be held there on the second and fourth Wednesdays of the month throughout the session. Particulars may be obtained from the honorary secretaries, Dr. Mackenzie Wallis, 24, Upper Berkeley Street, W.1, and Mr. M. W. B. Oliver, 128, Harley Street, W.1.

THE distribution of prizes at Charing Cross Hospital Medical School will take place on Monday, October 4th, at 3.30 o'clock in the Out-patients' Hall, and will be followed by a reception.

IN the Medical Unit of the London Hospital a course of lectures will be given during the winter session on Tuesdays and Thursdays, commencing October 5th, by Dr. John Parkinson, Dr. O. Leyton, Dr. George Riddoch, and Dr. A. W. M. Ellis. The lectures are open to senior students and post-graduates of the London Hospital and other medical schools; they will be given in the clinical theatre at 4 p.m.

THE dinner of the London School of Tropical Medicine will be held at the Royal Automobile Club, Pall Mall, on Tuesday, October 12th, under the presidency of Captain A. W. Clarke, C.B.E., Deputy Chairman of the Seamen's Hospital Society. The school will be glad to hear from past students who may desire to be present.

THE tenth London Medical Exhibition will be held in the Central Hall, Prince's Street, Westminster, S.W., from Monday, October 4th, to Friday, October 8th. It will be open from 12 noon to 6.30 p.m. each day. Tickets are issued to the medical profession only, and the public are not admitted.

A COURSE of twelve demonstrations to medical practitioners on the management and feeding of infants and young children will be given by Dr. Eric Pritchard at the St. Marylebone General Dispensary, 77, Welbeck Street, W., on Tuesdays and Thursdays, commencing Tuesday, October 5th. Visits will be paid on Saturday afternoons to the Nursery Training School, Golders Green, to see the methods there employed in dealing with infants. The fee for the course is two guineas.

A SERIES of post-graduate lectures and demonstrations will be held at the Salford Royal Hospital and Ancoats Hospital, Manchester, through the winter. The course is free, and commences on Thursday, October 7th. The first lecture will be given by Dr. Langley at Ancoats Hospital, on "Prognosis in aortic disease." Thereafter a lecture will be given every Thursday at the two hospitals alternately.

THE usual weekly lecture to post-graduates at the National Hospital for Diseases of the Heart, Westmoreland Street, W.1, will be resumed on Mondays at 5.30 p.m., commencing Monday, October 11th. Admission to the lectures is free to medical practitioners on presentation of their cards.

THE weekly free lectures to medical practitioners will be resumed at the Hospital for Sick Children, Great Ormond Street, London, W.C.1, on Thursdays, at 4 p.m., from October to December, beginning October 7th.

THE opening of the seventy-ninth session of the School of Pharmacy of the Pharmaceutical Society of Great Britain will be held on Wednesday, October 6th, at three o'clock, when the Pereira Medal will be presented, and the inaugural sessional address will be delivered by Mr. E. Saville Peck, M.A., President of the Pharmaceutical Conference.

THE post-graduate course at the National Hospital for the Paralyzed and Epileptic, Queen Square, W.C., will be resumed on Monday, October 4th.

AT a meeting of the Society for the Study of Inebriety, in the Rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W.1, on Tuesday, October 12th, at 4 p.m., Dr. James A. Davidson will open a discussion on special clinics for inebriates.

THE following lectures and practical courses of instruction for a diploma in psychological medicine have been arranged at the Maudsley Hospital, Denmark Hill, S.E. Sir F. W. Mott will give six lectures with demonstrations on "The pathology of mental diseases, including brain syphilis, its symptomatology and treatment," on Mondays, October 4th, 11th, and 18th, at 2.30 p.m., and Fridays, October 8th, 15th, and 22nd, at 4 p.m. Dr. C. Hubert Bond will give twelve lectures on "The diagnosis, prognosis, and treatment of mental diseases," on Fridays during October, November, and December, at 2.30 p.m. Dr. Bernard Hart will give six lectures on "The psychoneuroses," on Mondays during October, and on November 1st and 8th, at 5 p.m. Sir Bryan Donkin will give two lectures on "Mental defect and crime," on Mondays, October 25th and November 1st, at 2.30 p.m.; and Dr. F. C. Shrubbsall six lectures, with demonstrations of cases, on "The practical aspect of mental deficiency," on Wednesdays during October, and on November 3rd and 10th.

THE inaugural meeting of the London Dermatological Society will be held at St. John's Hospital, 49, Leicester Square, at 5 o'clock on Tuesday, October 19th. Dr. Prosser White, physician to the Royal Albert Edward Infirmary, Wigan, will preside, and the address will be given by Sir William Collins, K.C.V.O., M.D. Members of the profession are invited to attend.

MESSRS. J. AND A. CHURCHILL announce for early publication an illustrated textbook on preventive medicine by Professor R. T. Hewlett and Dr. A. T. Nankivell.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Attitology, Westrand, London*; telephone, 2631, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Mediscera, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

DR. FRANK GRENIER (Senior Physician General Hospital, Colombo) writes in reply to "Parent" (September 18th, p. 456) that there is no malaria in the town of Kandy, and the climate is quite suitable for the case mentioned.

"P. W. M." desires information on the subject of South Africa as a resort for the tuberculous patient. He wishes to know particularly of places at a fair altitude, with a bracing climate without dust storms, where a man might obtain light outdoor occupation and not be deprived of all social amenities.

LIP READING.

DR. RENDLE (145, Sandgate Road, Folkestone) writes: A middle-aged man with increasing deafness has been recommended to learn "lip reading." I should be grateful for information whether the acquisition of the art is very difficult, and where the necessary instruction may be obtained in or within the neighbourhood of London.

** The acquisition of the art of lip reading is not usually difficult for anyone whose deafness is considerable and who has good sight and fair mental alertness. There are numerous teachers in and about London; inquiries may be directed to the National Association for the Oral Instruction of the Deaf, 11, Fitzroy Square, W.1, of which Mr. G. Sibley Haycock is the principal.