

be in the sac itself, too high for access by this operation. The second type is the least ambitious in design, and the simplest to perform. Briefly it consists in creating a compound comminuted fracture of the lacrymal bone by forcing a probe through a canaliculus into the nose. This type commends itself on account of its ease of performance, but the amount of bone comminuted and subsequently removed from the nose, and the area of mucosa simultaneously excised piecemeal, are variable. In my experience of several cases of this operation the opening has not remained permanently large enough for drainage. The third type is a compromise between the first two. It attempts nothing so ambitious as the reconstruction of the duct, but is not satisfied with the rougher method of driving an instrument from the punctum through the sac into the nose. In this third species of operation a window resection is performed, over the nasal aspect of the sac, which is then seized and partially excised. In his first seven cases West resected the bone over the nasal duct; finding this inadequate, he devoted his attention thenceforth to the sac itself, thus elaborating the operation known by his name.

#### Indications.

The selection of suitable cases rests less with the rhinologist than the ophthalmologist; the latter sees the patients first, and it is only some of the cases which he thinks wise to hand on to a colleague. It appears that ophthalmologists are often profoundly dissatisfied with the results of external excision, and it may be mentioned that attempts to cure an epiphora persisting after this operation by excision of the lacrymal gland have been considered disappointing. Intranasal drainage does at least hold out a hope of curing epiphora—a hope which is often fulfilled. As regards complaints other than epiphora—blepharitis, conjunctivitis, mucocoele, or recurrent empyema of the sac—if the drainage is permanent, the prospect is at least as good as after the external procedure. If, then, the ophthalmologists refer these cases to us *faute de mieux*, it may be argued that West's operation is indicated in any case for which external operation had been considered advisable.

This generalization is subject to certain exceptions or reservations, which amount to *contraindications*. In the case of an acute empyema it is advisable to wait. There are also cases in which the persistence of an epiphora is less serious than the risk of putting the eye into communication with a neighbouring septic focus; for instance, when subsequent operation on a cataract is intended. But Silex operated on cataract after West's operation in two cases, both of which healed without complications. If an obstruction exists in the puncta or lacrymal ducts, these must be slit or dilated by the ophthalmologist before West's operation is considered. Certain contraindications are obviously temporary and surmountable. A high deviation of the septum towards the affected side precludes access; in such cases a limited submucous resection is required, and a fortnight or more later West's operation is performed. It may be necessary to remove the bulbous anterior end of a middle turbinate either at an earlier session or as part of the dacryocystostomy. A sinusitis will sometimes require previous attention; in particular, it may be necessary to open and drain ethmoidal cells. And, quite apart from this and in the absence of any sinusitis, a cell in the ethmoidal bulla may be an anatomical obstruction and have to be punched out before the window can be cut. Should a frontal sinusitis require preliminary attention, the internal operation may be found most suitable.

#### Technique.

The most important point is to remove sufficient bone, otherwise granulations will block the opening. As regards the mucous membrane, the manner of its treatment is less important. A small opening is not likely to close if the opening in the bone is generous. If the mucosal window is smaller than the bony, the edges of the soft tissue may be everted round the free edges of the bone. This small manoeuvre is deliberately aimed at by some operators. In shape the bone removed is roughly oblong, with rounded corners, and comprises a flimsy piece of the lacrymal bone and a tough piece of the nasal process of the superior maxilla. In making the four cuts—two horizontal and two vertical—to separate the bone, the gouge tends repeatedly

to slip off the bone without getting a purchase. To obviate this, which is due to the fact that in the narrow cavity the gouge necessarily lies almost parallel with the bone, West's set of instruments include some gouges curved back on themselves. To these I have added another, turned back at a still sharper curve; and I find I use this gouge more often than all the other six in the set put together. In traumatic cases of stenosis of the sac or duct, which were not uncommon in the war, the nasal process of the maxilla has often suffered fracture which has joined only by fibrous union. The fragment then rocks when struck with the chisel, and it is increasingly difficult to get a grip with the cutting edge; unless the bone be firmly supported by external counter-pressure a serious dislocation is probable.

If the services of an oculist to pass a canaliculus probe are not available at the operation, the less practised rhinologist may more easily make a false passage; this applies especially to old strictured and fibrosed canaliculi and tough fibrous sacs. Sometimes a small subcutaneous or subconjunctival haemorrhage shows itself as a black eye; this disappears within a week. If insufficient bone has been removed the opening will close. The mucous membrane of the septum may be abraded during the operation; in such cases, if it also happens that it has been necessary to remove the anterior end of the middle turbinal, an adhesion may form. I have never seen such an adhesion cause any trouble. One cause of disappointment, often anticipated, feared and discussed, is absent. There is not any macroscopic escape of nasal mucus into the eye, even on raising the intranasal pressure. The patient does not "blow his nose into his eye" in any case which I have ever seen or received an authentic report of.

In my series of 25 cases the percentage results in those I have been able to trace is 63 per cent. complete cures, that is, not lacrymating even in a keen wind; 25 per cent. failures, that is, still lacrymating intermittently even when indoors; and 12 per cent. partly cured, that is, having slight epiphora only when out in a keen wind. The longest duration of a perfect cure which I am able to show is six years. I think the results obtained by most operators in this country are sufficiently encouraging to justify a greater amount of attention being given to the West type of operation.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CASE OF BROMOFORM POISONING, WITH RECOVERY.

THE following case seems of interest, both because it shows how easily bromoform poisoning may occur, and on account of the interesting phenomena displayed during treatment:

L. T., a weakly child of 13 months, suffering from whooping-cough, received the usual dose of a mixture containing bromoform at 7 a.m., shortly after having had her morning meal. She appeared to fall asleep, but nothing untoward was noticed by the nurse until 8.10 a.m., when it was found that she could not be roused. On my arrival I found the child unconscious and unresponsive to any stimulation, but of a good colour and with respiration well maintained, although a little rapid, and pulse good. The pupils were contracted and would not respond to light; the corneal reflex was absent. Drug poisoning was at once suspected, and upon inquiry it was found that the bottle containing the bromoform mixture, which was being administered to all the children suffering from whooping-cough, had been emptied at the morning administration, so that bromoform poisoning then seemed certain. Strychnine sulph.  $\frac{1}{10}$  gr. was given hypodermically, followed by black coffee 3 oz. by the rectum, brandy 20 minims hypodermically, and amyl nitrite to inhale. There was an instant response to amyl nitrite and to the injection of brandy: the pupils momentarily dilated and the child moved its arms, but unfortunately a spasm of whooping-cough succeeded, leading, after a few expiratory efforts, to cessation of respiration and cyanosis. Artificial respiration restored the breathing after about 30 seconds. As it was impossible to say how much bromoform the child had received, it was difficult to gauge her prospects of recovery, but as the pulse remained good and there was no respiratory difficulty (apart from the spasms due to whooping-cough) it seemed best to adopt a waiting policy. The patient remained in the same condition, which closely resembled a good level surgical anaesthesia with chloroform, until about 12.30 p.m., when the corneal reflex was found to be brisk, and she gradually came round. By about 2 p.m. she was bright and active. There was no vomiting.

The mixture that was being given to all the children in the ward was labelled prominently in several places on the bottle: "Shake the Bottle." It was dispensed as follows:

Bromoform 30 minims; tinct. senecae 3½ drachms; syrup. aurant. 1 fluid ounce. Shake well and add water gradually, rubbing up in a mortar, to 3 fluid ounces. Sig.: 1 drachm to be given to babies up to 12 months, 2 drachms to those over 12 months, every four hours. Each drachm should contain 12 minims of bromoform.

This mixture has been used for some time with excellent results, and no untoward symptoms have been noted. But this case shows that persons having to administer this medicine (which, dispensed as above, is in poor emulsion) should be specially cautioned to shake the bottle immediately before pouring out the dose; they should be told also either to discard the last few doses entirely or to return them to the dispenser. The alcohol content of the mixture is not sufficient to take up the bromoform completely.

I am indebted to Dr. E. C. Hadley, Medical Superintendent, for permission to publish this case.

WILLIAM B. WATSON, L.R.C.P. and S. Edin.,  
Assistant Medical Officer, North Evington Infirmary,  
Leic. ster.

#### SPONTANEOUS EXTRUSION OF FIBROID.

THE discussion on puerperal sepsis, at the recent annual meeting of the British Medical Association, has been of more than ordinary value to the general practitioner in his daily work. Mr. Bonney evidently looks upon autogenous infection as being more common than heterogenous. The following case is one in which infection of the uterus—probably autogenous—was responsible for the natural cure of a fibroid.

Mrs. X., four months pregnant, and who had distinct thyroid enlargement of three years' standing, gave a history of old chronic pelvic inflammatory trouble. She crossed the Irish Sea on July 31st, was violently sea-sick, but soon recovered. On August 4th I was called to see her and found threatened abortion. She was moved to hospital on the same day. On August 6th a four months fetus was expelled. As the placenta was adherent and could not be expressed, it was removed piecemeal under an anaesthetic with a blunt curette. For ten days she made good progress, but thereafter began to complain of pain in the left iliac region. The temperature rose to 100° F.

On August 23rd, after consultation with Dr. Pantin, she was again anaesthetized and an intrauterine examination made. Several small fragments of placenta were removed; a fibroid the size of a cricket ball was found in the posterior wall of the uterus. Following the operation a rigor occurred, and the temperature rapidly rose to 106° F. From August 24th to 27th inclusive she was seriously ill, showing symptoms of septicæmia. On August 28th, at 3 a.m., she was seized suddenly with uterine pains, and a large fibroid—not polypoid—was passed by the vagina, followed by a considerable quantity of pus. The temperature became normal next day. She then made an uninterrupted recovery.

In this case an abscess probably formed in the uterine wall. The gradual process of suppuration must have loosened (or sloughed) the tumour from its bed and so rendered it capable of extrusion from the uterine cavity as a foreign body. Focal infection in the uterus may have accounted for the goitre, and it will be interesting to note if the acute sepsis from which the patient has suffered is followed by any improvement in this condition.

Dr. J. Squires has drawn attention in the *American Journal of the Medical Sciences* (September, 1920) to cases in which considerable improvement in Graves's disease followed severe focal infection.

G. C. GELL, M.R.C.S., L.R.C.P.

Ramsey, Isle of Man.

THE League of Red Cross Societies, whose head quarters are at Geneva, has compiled a list of children who, early in 1918 (their parents having become alarmed for their safety), were sent from their homes in Moscow and Petrograd to the Ural Mountains. Subsequently the Government failed to transmit the sums contributed by the parents towards the children's support, and towards the end of the year the American Red Cross undertook the care of over a thousand of these children. Military and political considerations in Russia have necessitated several removals, and now 800 are being brought to Bordeaux, where they will be accommodated in barracks. Publicity is sought in order that the parents may be discovered.

## Rebielus.

### VAN GEHUCHTEN'S "NEUROLOGY."

PROFESSOR VAN GEHUCHTEN, of the University of Louvain, was engaged in preparing for the press a systematic course of lectures in neurology when his work was rudely interrupted by the war. The first portion of the book, including text and illustrations, had already gone to press, the remainder was in manuscript.

With the help of Sir Clifford Allbutt and Sir William Osler, van Gehuchten found congenial work in Cambridge, but he had barely resumed his researches when his life was cut short in December, 1914, by cardiac failure following laparotomy for volvulus. What had happened to his book was not then known, but fortunately both the printed matter and the remainder of the text have been recovered, although the collections he had made during long years of study were destroyed when his house was burnt down by the Germans. The book was to have made its appearance in 1915, and, as has been said, the first two-thirds had been revised by the author; the last third has now been prepared for the press by his son, Dr. Paul van Gehuchten.<sup>1</sup>

Professor van Gehuchten intended this clinical volume on diseases of the nervous system to be complementary to the course of anatomy of the nervous system; it was written not so much for neurological specialists as for students preparing for the degree of Doctor of Medicine and for practitioners. He classified disease of the nervous system into two great groups—organic and functional. For the former he adopted an anatomical subdivision according as the disease affects the peripheral nerves, the muscles, or any part of the central nervous system, including the meninges. The functional diseases he terms neuroses.

The author's profound knowledge of the anatomy of the nervous system gives a special value to the work. Before dealing with the clinical signs and symptoms of disease of a particular part of the nervous system, he gives a clear exposition of the normal anatomy and physiology; he then discusses the physiology, pathology and etiology, and finally the symptomatology, diagnosis, prognosis and treatment. The systematic and lucid exposition of the various organic and functional diseases of the nervous system under these several headings, the description of typical clinical cases, and the excellent plan the author followed of emphasizing salient facts by italics, makes the work especially intelligible and readable for students and practitioners.

The omission of a bibliography is quite excusable, but we are of opinion that students preparing for the degree of Doctor of Medicine, and practitioners also, should know a little about the evolution of our knowledge of this department of medical science and the association of certain diseases with the names of some of the great neurologists. Throughout the work a large number of admirable diagrams are given of the anatomical relations bearing on the disease under discussion; they cannot fail to be most helpful to the student in grasping the clinical consequences of organic lesions. These diagrams have the merit of simplicity combined with scientific accuracy. There are in addition a large number of excellent photographs of patients, illustrating the objective clinical phenomena of nervous disease, together with photographs and microphotographs of the pathological anatomy.

The author did not live long enough after the sack of Louvain to see the prominent part the psycho-neuroses played in the Great War and its aftermath. Hence he does not discuss many of the important problems raised by the war regarding the causation and treatment of war psycho-neuroses. The grouping of cases of psycho-neuroses according to the views of Janet, Freud, Dejerine, and Babinski would doubtless have been compared, together with the respective values of treatment by psycho-analyses and persuasion. It would, moreover, have been interesting to have known the view Professor van Gehuchten would have taken regarding the theory of reflex contracture of Babinski that has led to so much discussion. Again, his opinion regarding the importance and significance of

<sup>1</sup> *Les Maladies Nerveuses. Cours Professé à l'Université de Louvain. Par A. van Gehuchten, Professeur Ordinaire. Louvain: Librairie Universitaire. 1920. (Imp. 8vo, pp. 645; 402 figures.)*

men and friends at his funeral in the Necropolis testified to the esteem in which he was held by those who knew him best.

MR. WILLOUGHBY FURNER of Hove died on October 19th, aged 72, after a long illness. He received his medical education at St. Bartholomew's Hospital, where he was senior scholar in 1871, and won the Foster and Treasurer's prizes. He became M.R.C.S. and L.S.A. in 1871 and F.R.C.S.Eng. two years later, graduating M.D.Durh. in 1891. He had filled the offices of demonstrator of anatomy and operative surgery, house-surgeon and house-physician at St. Bartholomew's Hospital, and prosecutor at the Royal College of Surgeons of England. He was an ex-president of the Brighton and Sussex Medico-Chirurgical Society, and consulting surgeon to the Sussex County Hospital. During the war he was medical officer and administrator of the auxiliary hospital in Third Avenue, Hove, and in recognition of his services he received the decoration of O.B.E.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

THE third M.B. examination will be held from December 14th to 23rd; the M.Ch. examination from December 16th to 18th. The names of candidates for the former should be sent to the Registry by November 23rd, and those for the latter by November 25th.

The following medical degrees were conferred at a congregation held on October 29th:

M.D.—R. Hodson, V. H. M. Coates.  
M.B., B.Ch.—E. F. S. Gordon.  
M.B.—W. F. R. Castle, C. Grantham-Hill.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary comitia of the Royal College of Physicians of London was held on Thursday, October 28th, at 5 p.m., the President, Sir Norman Moore, in the chair.

The minutes of the Censors' Board were read and confirmed. The following candidates, having passed the required examinations, were admitted as Members:

William Tregonwell Collier, M.B.Oxf.; Abel Evans, M.B.Lond.; George Secretan Haynes, M.D.Camb.; Wm. Henry McKinstry, M.D.Glasg.; Fredk. John Nattrass, M.D.Durh.; Richard Henry Norman, M.D.Lond.; Alfred Alexander Webster Petrie, M.D.Lond.; Oliver Long Robinson, L.R.C.P.; Graham Selby Wilson, M.D.Lond.

Licences to practise physic were granted to the following ninety candidates, who had passed the required examinations:

F. F. Abdullah, S. T. Barrett, \*Ivy C. Beach, A. Bearblock, F. Blake, J. P. Bonfield, A. B. Bratton, T. A. Brown, C. G. Bryan, C. H. B. Icock, \*Joan K. S. Cave, G. H. A. P. Clavier, \*Florence R. Clulow, S. Cohen, \*Beatrice L. Collins, \*Elsie E. Cowperthwaite, E. J. Crisp, A. Duffy, F. H. Edwards, A. M. El Kirdany, W. C. Elson, \*Edith M. Evans, H. Evers, E. C. Faraker, A. J. Fenn, J. O'F. Fletcher, J. H. France, \*Dorothy B. Gere, \*Madeline Giles, F. R. Hall, C. K. J. Hamilton, G. E. Hayward, \*Hiam, J. T. S. Hoey, \*Florence J. Humphreys, \*Teresa J. Iyer, F. James, T. T. Jones, W. R. Jones, \*Margaret H. Kingsford, \*Doris G. Knowles, R. T. Lee, A. Leigh, G. M. Lewis, I. Lewis, R. A. McCabe, F. S. Maclean, R. A. Madgwick, M. Maize's, T. I. Makar, G. E. Morgan, T. S. Nelson, \*Eva J. Newton, \*Sybil M. Nuttall, T. D. Overend, H. A. A. Pargeter, C. L. Pasricha, R. M. Patterson, A. S. Pearson, \*Winifred C. Piggott, A. D. Porter, \*Mary C. Pridaux, \*Norah K. Priestley, C. M. Probert, A. M. Ramzy, B. N. Rau, J. J. Redelinghuys, W. Remington, J. S. Robinson, W. G. Rose, E. T. Saravanamuttu, F. V. Squires, P. Steinberg, A. Sudki, S. C. Swinburne, G. W. Theobald, C. J. Thomas, C. Jon-Aloi Tjon-A-Man, F. A. van Collier, A. R. Walker, \*Nellie Wall, K. T. K. Wallington, R. Weaver, A. D. Whitelaw, \*Octavia M. Wilberforce, V. Wilkinson, E. F. Wilson, \*Grace E. Winn, F. B. Yonge, J. E. Zeitlin.

\* Under the Medical Act, 1876.

Diplomas in Tropical Medicine and Hygiene were granted, jointly with the Royal College of Surgeons, to the following thirteen candidates:

R. G. G. Croly, H. R. Dive, M.C., Saad el Din Ahmed El Daab, J. Fanstone, R. B. Hawes, R. Jamison, T. J. Lane, M. D. Mackenzie, G. A. S. Madgwick, F. N. Moos, Elizabeth J. O'Driscoll, E. S. Phipson, D.S.O., F. E. Reynolds.

Diplomas in Ophthalmic Medicine and Surgery were granted, jointly with the Royal College of Surgeons, to the following ten candidates:

H. R. Bickerton, A. G. East, N. B. B. Fleming, V. B. Gokhale, G. F. Haycraft, S. K. Mukerjee, R. P. Ratnakar, A. W. S. Sichel, W. H. Simpson, J. H. Vaidya.

Communications were received from: (1) The Secretary of the Royal College of Surgeons, reporting proceedings of the Council of that College on July 29th and October 14th respectively. (2) Dr. Reginald Vaughan Solly, asking that the Membership resigned by him in January last may now be restored to him. This was granted. (3) The Secretary of the Federation of Medical and Allied Societies, inviting the College

to a conference on November 5th upon certain clauses of a Parliamentary bill proposing the establishment of municipal hospitals. (4) The Central Midwives Board, inviting suggestions towards the revision of their rules.

A New Testament was received from the late Board of Censors for administering the oath to Censors, to replace the copy now in use.

Dr. J. A. Ormerod was re-elected a member of the Committee of Management.

The following report, dated October 5th, was received from the Committee of Management:

That paragraph (c) of the Regulations for the Preliminary Examination in General Education be amended by the addition of the words "or some other language approved by the Committee of Management," so that the paragraph will read as follows:

(c) One of the following languages—namely, Greek, Latin, French, Russian, German, Italian, Dutch, or Spanish, or some other language approved by the Committee of Management.

(The examination must include Grammar, translation into English from unprescribed books, and translation from English.)

After the usual formal College business had been transacted, the President dismissed the Comitia.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

#### Report of Council.

THE Calendar for 1920 contains the usual information relating to the history, constitution and personnel of the College, together with the regulations for diplomas, prizes and studentships, and the annual report of the proceedings of Council.

The Council's report gives a record of the work of the College and its various departments from August 1st, 1919, to July 31st, 1920. Three special preliminary examinations for the Fellowship were held for candidates whose studies had been interrupted by the war, and who had done commendable surgical work in connexion with His Majesty's Forces during the war. Of 125 candidates thus admitted, 90 were successful. Another special examination will be held this month. It was also decided, on account of the delay in demobilization of officers in the army in the East, to hold a special examination in May, 1921; applications for admission to this will only be considered from those who have been prevented from returning to this country by reason of the exigencies of service in the East. During the twelve months under review, 301 diplomas of membership were issued, including 44 to women. Sixty men and two women were admitted to the Fellowship. The Licence in Dental Surgery was granted to 82 men and 5 women. The Diplomas in Public Health and in Tropical Medicine, granted jointly with the Royal College of Physicians, were issued respectively to 54 men and 5 women, and to 13 men. No dissertations were received for the Jacksonian Prize of 1919. The subject for 1921 is "The pathology, diagnosis, and treatment of tuberculous disease of the spinal column, with its complications."

## The Services.

### INTERNATIONAL CONGRESS OF MILITARY MEDICINE AND PHARMACY.

AN International Congress of Military Medicine and Pharmacy has been organized by the Service de Santé of the first Belgian Army, and will take place at Brussels in June, 1921. All medical men or pharmacists who belong or have belonged to the armies of the allied or of neutral countries are invited to take part. The object of the congress is to gather together representatives of military and naval medicine from these nations, so that the experience gained by each during the war may be correlated and the lessons learnt may be communicated and compared. Discussions will take place on the treatment of fractures of the limbs; on campaigns against venereal disease and tuberculosis in the forces; on the chemistry and physiology of poison gas, the sequelae of gas poisoning, and the significance of these in the assessment of incapacitation; and on the general organization of army medical services. Those proposing to attend the congress are asked to write to the honorary general secretary, Dr. Jules Voncken, Hôpital Militaire de Liège, to whom the title of intended communications, together with a brief abstract, should be sent not later than April 1st, 1921.

### ADMIRALTY FEES FOR CIVIL PRACTITIONERS.

THE scale of fees authorized by the Admiralty for civilian medical practitioners attending naval ratings who are taken ill whilst on leave has been amended. The revised scale comes into force as from June 1st, 1920. The fee for each visit, including cost of drugs and weekly medical certificate, is increased from 2s. 6d. to 3s. 9d. for distances under one mile; the fee for a night visit (between 10 p.m. and 7 a.m.) is 5s. 3d. For visits beyond one mile the fee by day is 4s. 9d. and by night 7s. 3d.; beyond two miles, 5s. 9d. and 9s. 3d.; beyond three miles, 6s. 9d. and 11s. 3d.; and over four miles but under five, 7s. 9d. and 13s. 3d. For each mile above five there is an additional fee of 1s. by day and 2s. by night. In very exceptional circumstances the commanding officer, if he considers the fee under the above scale inadequate, may refer the case to the Admiralty, with a view to payment at a higher rate.

# Medical News.

THE Duke of York will declare open the new premises of the London School of Tropical Medicine and the Hospital for Tropical Diseases, Endsleigh Gardens, on Thursday, November 11th, at 2.30 p.m. His Royal Highness will be received by Lord Milner and the Marquess of Milford Haven, President of the Seamen's Hospital Society.

DR. J. BRINDLEY JAMES has been elected president of the Society of Members of the Royal College of Surgeons of England for the eighth time.

THE Post-Graduate College and Past and Present West London Hospital Dinner will be held at the Café Royal, Regent Street, on Saturday, November 13th, 1920, at 7.15 for 7.45 p.m. The chair will be taken by Mr. H. J. Banks-Davis.

DR. B. A. RICHMOND, lately Secretary of the London Panel Committee, and now one of the Regional Medical Officers to the Ministry of Health, was on October 26th presented with a silver tea service by past and present members of the London Panel Committee. A large number attended the presentation, which was made by Dr. H. J. Cardale, Chairman of the London Panel Committee, and supported by Dr. Lauriston E. Shaw, the Treasurer. Dr. Richmond expressed his thanks and pleasure at receiving such a testimonial to his services as Secretary of the London Panel Committee for over six years.

THE second annual dinner of the Queen's University of Belfast Services Club will be held in Thompson's Restaurant, Belfast, on armistice night, November 11th, at 6.45 p.m. Colonel Thomas Sinclair, C.B., F.R.C.S., will preside.

THE half-yearly dinner of the Aberdeen University Club, London, will take place on Thursday, November 18th, at 7.30 p.m., at the Criterion Restaurant, Piccadilly, under the chairmanship of Sir Francis Ogilvie. Dr. Milligan, 11, Upper Brook Street, W.1, will be glad to hear from any graduate desirous of being present.

A POST-GRADUATE LECTURE will be delivered by Dr. Ralph Vincent on practical points in difficult cases of infant feeding and management at The Infants Hospital, Vincent Square, Westminster, on Tuesday, November 16th, at 5 p.m. Admission to the lecture is limited to members of the medical profession.

ON the occasion of his retirement from medical practice to take up the post of Regional Medical Officer under the Ministry of Health, Dr. John Orton of Coventry was entertained to dinner by the panel practitioners of Coventry and Warwickshire on October 26th at Coventry. Dr. Latimer Green presided, and on behalf of his brother practitioners presented Dr. Orton with two easy chairs and Mrs. Orton with a pendant, as a mark of esteem and in recognition of Dr. Orton's valuable services as chairman of both the Coventry and Warwickshire Panel Committees since the inception of the Insurance Act in 1913.

THE work of Dr. F. H. Haynes of Leamington, who has recently completed fifty years' service at the Warneford Hospital, was accorded public recognition on October 16th, when, at a meeting of subscribers held in the council chamber of the Town Hall, he was presented with his portrait in oils. The portrait is to be hung in the board room of the hospital, and a replica was given to Mrs. Haynes.

THE Registrar-General's weekly returns show that during the thirteen weeks, July 31st to October 23rd, 1920, the number of cases of scarlet fever in the Metropolitan Asylums Board and London fever hospitals at the end of each week were as follows: 1,956, 2,027, 2,106, 2,150, 2,266, 2,402, 2,633, 2,953, 3,305, 3,717, 4,121, 4,534, 4,859. During the same succession of weeks the number of cases of diphtheria in hospital were 1,481, 1,469, 1,413, 1,362, 1,391, 1,404, 1,484, 1,591, 1,700, 1,778, 1,884, 1,975, 2,113. It is noted that the figures relating to cases of infectious fever in hospital do not refer to London exclusively.

THE twenty-sixth congress of the Italian Medical Society will be opened in the Polyclinic, Rome, on the morning of Tuesday, November 9th.

THE celebration of the golden wedding of Dr. W. G. Stevens, who for thirty-five years has been medical officer of health for Renfrew, was made the occasion of a presentation to him, by the provost, magistrates, councillors, and officials of the burgh, of a gold and enamel box. In making the presentation Provost Ferguson referred with appreciation to the energy and perseverance shown by Dr. Stevens as a pioneer in accomplishing much-needed reforms.

THE dinner of the Epsomian Club will be held at the Trocadero Restaurant, Piccadilly Circus, on Thursday, December 9th, at 7 p.m., under the chairmanship of Dr. H. A. Kidd. The annual meeting of the club will be held at 6.30 p.m.

PROFESSOR ROGET's third and last Chadwick Lecture, delivered on October 29th, treated of the work mapped out for the Public Health Department of the League of Red Cross Societies in the civil community. The lecturer referred again to the Cannes Conference, held in conjunction with the Convention of Red Cross Societies in Geneva last spring, and also to the Medical Advisory Board of the League, which met for the first time in July. He described how the work to be undertaken had been divided into seven sections: a section concerned with social diseases, considering more particularly venereal complaints; a section for the prevention of malaria, another for the prevention of tuberculosis, a fourth on preventive medicine, a fifth on child welfare, a sixth on nursing, and the seventh, the educational section, comprising propaganda work, publications and statistics.

THE winter exhibition at the Royal Academy is of more than ordinary interest. By the generosity of the King of Spain and many Spanish gentlemen, supported by King George and a number of English collectors, nearly five hundred pictures have been brought together illustrating the history of Spanish painting from the fourteenth century to the present time. An annotated catalogue of the paintings down to 1823, the date of Goya's death, has been prepared by Don F. J. S. Canton. Of Goya himself there are twenty-four examples, and his early period, illustrated by such pictures as "Carting an Ashlar Stone," will be a surprise to those who know him only in his later, of which there are several striking examples here, including the gruesome but brilliantly lighted "Pest House." There are ten pictures by Velasquez, one of them—a painting of a buffoon—rather a surprise, if, indeed, it be by Velasquez. The visitor will also become better acquainted with El Greco, Coello, Zurbarán, Ribera, and Ribalta. Many, however, will find their most vivid memory to be that of the portrait of Philip II, painted a few months before his death. It is the work of Pantoja, an artist little known in this country. Of the modern pictures it will be enough to say that Spain appears to have experienced the influence of every movement which has swept through the schools of France.

## 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, *Atiology*, Westrand, London; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra*, Westrand, London; telephone, 2630, 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.

"E. T." asks advice in the treatment of an obstinate case of muco-membranous colitis in a woman of 45.

"D. M." writes: Does any institution exist in this country for dealing with young inebriates, in which institution provision is made for regular daily work either outdoor or indoor?

\* A list of institutions for the care and treatment of inebriate cases will be found on p. 454 of the 1920 issue of the *Medical Directory*, also on p. 461 of the 1920 issue of the *Medical Annual*. Before the war a useful list of homes for inebriates was issued by the Friends' Temperance Society, at 15, Devonshire Street, Bishopsgate, E.C.2. The management of inebriate cases has been a feature of the work of the Salvation Army and the Church of England Temperance Society. During the war some of the institutions for dealing with inebriates closed, and have not been reopened. Doubtless particulars regarding approved institutions could be