

appearance of three cases more than two months previously were, with one possible exception, in persons who drank milk from one dealer who sold less than 3 per cent. of the city's total supply; that the cases were distributed widely enough to make it improbable for the milk supply to be a mere coincidence of geographic distribution. When to these facts we add that an actual paralytic case of the disease existed on the dairy farm from which most of the milk came; that this patient was milking the cows and handling the milk for a period of four days while in the acute stage of the disease, and as the time which elapsed between this period and the dates of onset of the subsequent cases were consistent with the generally accepted minimum and maximum incubation periods of poliomyelitis, the chain of circumstances is as complete as is found in the majority of milk-borne outbreaks of other diseases. While this outbreak points to transmission by milk, we are of opinion that this is not the usual mode of spread of poliomyelitis."

In such outbreaks as are characterized by indications of common source or mass infection, therefore, such a non-human mode of spread must be considered. The sudden outbreak of poliomyelitis in a Kent sea-coast town last year comes to mind in this connexion, and suggests the possibility of such a mode of spread. It would indeed be unfortunate if an uncritical acceptance of the hypothesis of a preceding "carrier epidemic" were to lead to any omission to investigate searchingly every possible means of transmission, non-human as well as human, of this dread disease. One of the most striking dangers of speculations of the kind is that they are apt to make us think that we possess an adequate explanation of phenomena which are, in fact, extremely obscure in their causation, and thus to lead to a slackening of that rigorous and exhaustive search by which alone knowledge is to be gained.

REFERENCES.

- 1 Aycock: *Journ. Amer. Assoc.*, 1926, 87, 75.
- 2 Aycock and Eaton: *Amer. Journ. of Hygiene*, 1925, 5, 724 and 733.
- 3 Burrows and Park: *Arch. Intern. Med.*, 1917, 20, 56.
- 4 Collier: *BRITISH MEDICAL JOURNAL*, 1927, i, 751.
- 5 Flexner and Amoss: *Journ. Exper. Med.*, 1919, 29, 379.
- 6 Knapp, Godfrey, and Aycock: *Journ. Amer. Med. Assoc.*, 1926, 87, 635.
- 7 Reece: *Proc. Roy. Soc. Med. Epidemiol. Sect.*, 1912, 5, 59.
- 8 Walsh: *Lancet*, 1927, i, 326.
- 9 Wickman: *Beiträge zur Kenntnis der Heine-Medinscher Krankheit*. S. Karger, Berlin, 1907.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TWO CASES OF INJURY TO THE CERVICAL VERTEBRAE.

THE two following cases of injury to the cervical vertebrae—one of them ending in death—seem worthy of record. There seems little doubt that in the first the nerve symptoms, though absolutely symmetrical in the upper limbs, did not result from cord injuries as the result of fracture of the sixth cervical vertebra, but from bilateral identical injury to the brachial plexus. All cords were involved, but mainly the inner, the injury to none being sufficient to abolish sensibility. The nature of the injury, the method of its production, and the complication of a fracture of the cervical vertebra make the case interesting and unusual.

CASE I.

A man, aged 58, whilst fishing fell from a bridge, a distance of about 12 feet, landing upon his head. He did not lose consciousness.

On admission to Bristol General Hospital on March 21st, 1927, he had a scalp wound extending for about 7 inches over the fronto-parietal region, with no skull injury. Neck movements he performed with care, but complained of no pain in that region. Both wrists were dropped, with complete loss of power. The thumbs were slightly abducted, and the fingers held flexed at the interphalangeal joints and extended at the metacarpo-phalangeal joints. His grip was extremely feeble, equally so on both sides. Shoulder and elbow movements were weak and sluggish. Anaesthesia was absent in both hands and arms, the patient being able to appreciate a touch with wool, but he complained of a tingling sensation passing from his wrists to his fingers.

Abdominal reflexes were present; the knee-jerks were normal and equal on both sides; the plantar reflexes were flexor. There was no loss of function or power in the lower limbs and there were no sensory changes.

The day following admission to hospital his temperature rose to 102° F., and his pulse from 64 to 98. He became dull, and towards evening he was slightly delirious. The paresis remained unchanged. He had not passed urine. The third day his mental apathy continued, and there was oedema of forehead and eyelids, extending down both sides of the neck and affecting most of the posterior triangles. He lay with his arms across his abdomen. He passed urine normally, and a normal motion of his bowel had taken place. X-ray examination showed an oblique fracture of

the body of the sixth cervical vertebra with a slight degree of compression.

From this day he commenced to improve. The weakness and stiffness in his arms gradually disappeared; he became able to move the wrists, but his grip was still feeble. There were no abnormal urinary or bowel symptoms, nor at any time evidence of any affection of the lower limbs. After six weeks in hospital he was discharged as a walking patient, wearing a neck plaster; the only remaining symptom was a rather weak hand-grip.

CASE II.

A youth, aged 21, fell from a roof on to the back of his neck; he was very dazed but not unconscious. On examination in the out-patient department he was found to have a small cut on the back of the head. He was quite conscious, and complained of pain in the neck and down the right arm. Movements were free, and there were no sensory changes. He refused to remain in hospital.

The following day he walked to the out-patient department, but, his symptoms having become worse, he was admitted to hospital. The pain in his neck and arm was still present, but he now held his head stiffly, and turned towards the left. Paresis of the right arm was marked, but no sensory changes could be elicited. That same evening he suddenly collapsed and died. *Post-mortem* examination revealed a fracture of the posterior arch of the atlas, with some oedema and minute haemorrhages in the cord.

I am indebted to Professor E. W. Hey Groves and to Mr. Duncan Wood for permission to publish these cases.

JOHN J. ROBB, M.C., M.B., F.R.C.S.Ed.,
Surgical Registrar, Bristol General Hospital.

CARCINOMA A COMPLICATION OF PILES.

IT is not unusual to see piles the result of carcinoma, but the following case illustrates the reverse condition:

A lady, aged 62, had been operated on for piles fifteen years previously, but the symptoms recurred about nine months ago. The clinical features were characteristic of external and internal piles, which became inflamed and prolapsed at intervals. A slight amount of blood and a little mucoid discharge were noted. In addition to the prolapsed internal haemorrhoids several external piles were present, but one was larger and firmer than the others. It seemed to be an organized thrombosed pile with considerable inflammatory thickening and slight ulceration of the surface. The inguinal glands were not enlarged.

At operation the possibility of this pile being malignant was considered and its excision with a fairly wide margin of skin and mucosa was carried out in conjunction with the operation for the prolapse. The base was not adherent to the external sphincter.

On section the usual structure of an organized thrombosed pile was seen, but in addition the surface skin showed definite malignant changes—squamous-celled carcinoma with cell nests, downgrowths of epithelium, and round-celled infiltration. Subsequently bilateral inguinal adenectomy was performed, but the glands showed no sign of invasion.

I examined the patient six months after the first operation and found no sign of recurrence.

This case illustrates the importance of submitting to microscopical examination all tissues removed at operation. Without it this condition could not have been diagnosed. More recently I met with a case in which there was advanced leucoplakia of the skin overlying an external pile—presumably a pre-cancerous condition.

I am indebted to Mr. K. W. Monsarrat, surgeon to the Northern Hospital, Liverpool, for permission to publish these notes.

PHILIP HAWE, M.B., Ch.B., F.R.C.S.,
Surgeon Assistant and Registrar, Northern Hospital,
Liverpool.

LONG UMBILICAL CORD COILED ROUND NECK.

THE following case of an unusually long cord coiled six times round the neck appears worthy of record:

A multipara, aged 29, was delivered of a full-term female child, weighing 5½ lb., in University College Maternity Hospital on July 7th, 1927. Vaginal examination, ten minutes previous to the delivery, showed the head in a deflexed attitude, the anterior fontanelle being well down. The position was right occipito-anterior. After the head was born one loop of cord was pulled over it, before the rest of the child was rather precipitously delivered. There were then five more coils round the neck. The length of the cord was 58 inches (147 cm.). The insertion of the cord was central, and the placenta and membranes were complete. No signs of foetal distress were apparent before delivery, and the child commenced breathing quite normally when born.

The average length of cord is given as about 50 cm., and the limits are from a few millimetres to 198 cm. The source of this much quoted figure is Hyrtl's book *Die Blutgefäße der menschlichen Nachgeburt* (1870). De Lee (1913) states that cords over 100 cm. in length are very

rare. McCaffrey (1927) has collected five cases in the literature in which there were more than four coils round the neck; the highest number was observed by Gray, who in one case found as many as nine. McCaffrey himself found three cases, in a series of 3,000, with four coils. His statistics go to show that coils are more frequent in multiparae and in right-sided positions.

This case, too, is an interesting example of primary deflexion of the head caused by multiplicity of loops of cord round the neck. Fortunately the small size of the head prevented this from obstructing the normal course of the labour.

I am indebted to Professor F. J. Browne, Director of the Obstetric Unit of the Hospital, for permission to publish the facts of the case.

S. ZUCKERMAN, M.A.

University College Maternity Hospital, London.

PYREXIA WITHOUT VISCERAL SIGNS.

ATTENTION was called recently by the lay press to the occurrence of a pyrexical illness without involvement of the chest or obvious physical signs.

Late on the evening of August 6th I was called to a public school boy, aged 18, who complained of feeling unwell and of headache and feverishness (his temperature was 102°). The bowels had

been open that day; the tongue was very slightly furred, the skin was clammy and moist. There was no abdominal tenderness, and nothing abnormal was detectable in the chest. The respirations were 22; the pulse 102.

He was given two grains of calomel and was directed to take a saline draught in the morning. The effect was good. The tongue cleared up, and for the remainder of the time

was moist and rather unusually red. On August 7th he still complained of headache and of feeling generally "rotten," and also of occasional very slight joint pains. He was given a simple diaphoretic mixture, and was tepid-sponged twice a day. The chest never showed any signs at all; slight tenderness behind the ear, the site of old mastoid trouble, was complained of on August 14th and 15th, but passed away. From August 10th onwards he had a sialoglycine mixture (10 grains) and salol (5 grains), both thrice a day; the course of the disease is shown in the temperature chart. The pulse was dicrotic on August 13th. Convalescence was uneventful.

I am rather inclined to view the case as a slight manifestation of intestinal influenza.

Bickley, Kent.

CHARLES A. H. FRANKLIN, M.D.

INVERSION OF THE UTERUS.

As inversion of the uterus, though not rare, is still an uncommon accident (Dr. T. W. Eden states that it is only met with in from 1 to 180,000 to 1 in 200,000 labours) it seems worth while to record the following case.

On July 5th, 1927, I received a form from a midwife to attend a multipara, aged 38 years, for "retained placenta." On arrival I was given a history of normal labour as far as the end of the second stage, when an average female child was delivered. During the third stage the placenta had come away incomplete and the patient had collapsed. Further portions of the placenta and membranes had then come away, but the midwife, feeling a mass in the vagina and observing the state of the patient, decided to obtain medical assistance.

I found the patient with well marked symptoms of shock and almost pulseless. Haemorrhage was only slight. She was conscious, and complained of faintness, but there was no pain. A hypodermic injection of 1 c.c.m. adrenaline was immediately given, and brandy and saline by the mouth. On bimanual examination a firm mass was felt low down filling the vagina, and abdominally the absence of the hard fundus and body of the uterus, and in its place the inversion ring, made the diagnosis of almost complete inversion of the uterus apparent.

Under ether anaesthesia an unsuccessful attempt was made to reduce the displacement. The patient was then admitted to the Barry Accident and Surgical Hospital, where she died later in the day from shock. No strenuous efforts were made to expel the placenta, and the cord was of average length, so the condition would appear to have been spontaneous, probably due to atony of the wall of the fundus uteri.

Barry, Glam. J. C. FOTHERINGHAM, M.B., Ch.B.Glasg.

Reviews.

THE PROBLEM OF PLAGUE IN SOUTH AFRICA.

A considerable amount of attention has been directed late to the subject of plague in South Africa (BRITISH MEDICAL JOURNAL, February 26th and May 14th, 1927), and, indeed, it is a question of importance, not only for South Africa itself, but for all countries having commercial transactions with it, for the effects of plague, commercially or medically, are always felt beyond the confines of the country where it happens at the time to prevail.

A recent publication¹ (No. XX) of the South African Institute for Medical Research comes most opportunely to bring the whole question again before the medical world. This work is the result of the joint efforts of Dr. MITCHELL, the chief health officer for the Union of South Africa, Dr. HARVEY PIRIE, bacteriologist of the Research Division, and Dr. INGRAM, medical entomologist to the Institute. The work forms a complete and up-to-date exposition of the problem from the two aspects of the history of the disease in the country and the reasons for its prevalence. It is divided into eight sections, for all of which, except the first and last, Dr. Harvey Pirie is responsible.

Section I is the most interesting to the generality of people outside South Africa, for it gives a most interesting account of the distribution and prevalence of plague in the Union from the time of its first recorded appearance at the beginning of 1899 (when it was imported from Madagascar to Lourenço Marques and by Delagoa Bay) down to June, 1926. The author of this section, by virtue of his position, put forward in May, 1924, a scheme for a comprehensive investigation involving the organization of a mobile laboratory and a special research staff for work in the field. The results of these investigations are recorded in the remaining sections of the book. Section II contains notes on the various rodents associated with the disease in South Africa, describing their distinctive characters, their ranges of activity, and sketching briefly their habits. Sixteen species of wild rodents are described, of which eight have been found naturally infected. It is the great variety of these that constitutes one of the main difficulties in dealing with the problem. The incidence amongst the human population would doubtless be much more severe than it actually is were it not for the fortunate fact that the species of fleas found on veld rodents very rarely occur on domestic rodents.

In the succeeding section is recorded a series of tests carried out with the view of determining the comparative susceptibilities of the various species of rodents to plague. This is an important piece of work, performed with the care and skill which we have come to expect from the staff of the Research Institute. All proved to be highly susceptible, except the Namaqua gerbil (Desmodillus auricularis), a fact which may be of great importance in delaying the spread of plague in the northern and western parts of the Cape Province. The various species of Karroo rats, formerly believed to be relatively immune, proved to be as highly susceptible as the rest; the difference in their habits and their ectoparasites is the reason of their diminished liability to plague. The common gerbil (Tatera lobengulæ) and the yellow mongoose (Cynictis penicillata) occupy the two extremes: the former constituting the chief reservoir of plague on the veld, the latter being extraordinarily resistant to infection.

The question of plague on the veld and its persistence is next taken up, and it is shown that the disease may die down and become for a time quiescent among the rodents, and that certain fleas could infect as long as four months after leaving an infected host. A bacillus, the "Tiger River bacillus," so named from the place of its discovery, and scientifically denominated by the author *Listeria hepatolytica* (which may be identical with *Bacterium monocytogenes* discovered previously by E. G.

¹ The Plague Problem in South Africa: Historical, Bacteriological, and Entomological Studies. By J. Alexander Mitchell, M.B., Ch.B.Glasg., D.P.H.Cantab., J. H. Harvey Pirie, B.Sc., M.D.Edin., F.R.C.P.Ed., F.R.S.E., and A. Ingram, M.D.Edin. Publications of the South African Institute for Medical Research, No. XX. Johannesburg: South African Institute for Medical Research. 1927. (72 x 10½, pp. 85-256; 11 plates.)

THE LUNACY LAW AND MENTAL DISORDERS
COMMITTEE.

SIR.—In your leading article of August 6th (p. 221) you surmise that the non-acceptance of this committee's Memorandum by the recent Representative Meeting seems "to have been due in the main to a feeling that members had not had sufficient time" to consider the document. What motive determined the attitude of the silent members of the meeting no one, of course, can pretend to know, but those who criticized the Memorandum in speech produced reasons for their opposition other than the one which you present. That a Memorandum on so important a topic was submitted in so hurried a fashion might well excite comment; but the opposition also found place for serious criticism within the four corners of the document itself.—I am, etc.,

London, W.1, Aug. 20th.

C. O. HAWTHORNE.

THERAPEUTIC ABORTION.

SIR.—In view of biochemical investigations and clinical observations published during recent years it is surprising to find that Dr. H. S. Davidson (as reported in the BRITISH MEDICAL JOURNAL of August 20th, p. 308) still advocates the practice of therapeutic abortion in certain cases of hyperemesis gravidarum.

Surely it has been conclusively demonstrated that the ill effects of pregnancy vomiting are essentially due to starvation (carbohydrate depletion) and, in the more severe degrees, to dehydration. These two factors adequately account not only for the usual ketosis and associated biochemical deviations from the normal, but also for the jaundice, oliguria, and albuminuria which may characterize cases that have been allowed to pass from bad to worse. Obviously we must further take into consideration the effects of physical strain and increased abdominal pressure; but it is entirely unnecessary to assume the influence of a mysterious "pregnancy toxin," and for that reason to destroy and remove the embryo.

The aims of treatment are perfectly definite, and merely involve the introduction of carbohydrates and fluids into the patient's system by one means or another. Admittedly this is not always easy, but in the vast majority of cases these objects are attainable by simple measures of suggestion and persuasion, and even artificial feeding is very rarely indicated.

To terminate the pregnancy represents a complete confession of failure.—I am, etc.,

London, W.1, Aug. 21st.

FRANK COOK.

CLINICAL VARIATIONS IN DISEASE FROM THE
HISTORICAL POINT OF VIEW.

SIR.—Sir Humphry Rolleston, in his magisterial address on this subject, when discussing the question of encephalitis lethargica (BRITISH MEDICAL JOURNAL, August 6th, p. 208) mentions Tricot-Royer's interesting discovery of a contemporary poem relating an epidemic of hiccup in Flanders in 1413.

The importance of this lies in the fact that epidemiologists have always admitted the prevalence of "influenza" of the "knock-out" type in France and Italy in January and February, 1414. Those who see in epidemic hiccup a *forme fruste* of encephalitis lethargica must then at least agree that the geographical and temporal relation between epidemics of hiccup and of influenza recently noted did also obtain in 1414—five hundred years ago.

The point is further stressed when we realize that the epidemic of influenza mentioned by Hirsch as having occurred in 1411 was none other than the epidemic that did occur in 1414. As I have shown in *Influenza: Essays by Several Authors* (p. 71), Pasquier—the sole authority given by Hirsch for the 1411 affair—was evidently misled by the error of someone who transcribed part of the account given of the 1414 epidemic in the *Journal d'un Bourgeois de Paris*.—I am, etc.,

London, W.1, Aug. 21st.

F. G. CROOKSHANK.

RESISTANCE TO TUBERCULOSIS.

SIR.—In your summarized report (April 2nd, p. 624) of a paper of mine on "Tuberculous lesions found in 800 Australian necropsies," read at the Australasian Medical Congress in Dunedin, New Zealand, in February, an error has crept in, owing to the line "No tuberculous foci detected" being mistaken for the words "Number of (No. of) tuberculous foci detected." The correct figures are as follows: In 800 records the results were: No tuberculous foci detected, 527 (66 per cent.); slight lesions present, possibly tuberculous, 43; tuberculous lesions present, 230 (28.7 per cent).

The account as printed reads: Number of tuberculous foci detected 527, instead of no tuberculous foci detected. If this remains uncorrected it may give a very erroneous idea of the prevalence of tuberculous lesions in Australia.—I am, etc.,

J. B. CLELAND.

Department of Pathology, The University of Adelaide,
Adelaide, July 12th.

BRITISH DOCTORS IN MADEIRA.

SIR.—I practised in Portugal from 1920 to 1922, and during that time had only cordial relations with my Portuguese confreres. I therefore feel that it is for me to correct the biased evidence which has apparently been given before the General Medical Council by someone, acting on behalf of the British Embassy, who is either hopelessly incompetent to give this information or has made intentionally incorrect statements.

On looking up the regulations in the Year Book of the Faculty of Medicine of Oporto, published in 1920, I see that the fees payable on taking the examination for the degree of Doctor of Medicine amount to 300 escudos, not 3,000 as you state, equivalent to between £3 and £4, not £300 as you state. The escudo is at present worth 2½d.

Fees charged by English doctors are out of all proportion to those charged by Portuguese, and I can well understand the indignation of the latter, who have to work hard for a mere pittance, and who see English doctors practising in their midst among wealthy patients and making what to them appear to be fabulous incomes. These English doctors are, of course, looked upon as unqualified, and cannot give death certificates. Until I took my degree in 1922 in Oporto I, too, was unable to give death certificates, and had to get a Portuguese doctor to cover me.

If the General Medical Council wishes to legalize the position of English doctors in Madeira, the equitable way would be for the Council to seek reciprocity with the Portuguese Government in the matter of registering medical qualifications.—I am, etc.,

ST. GEORGE B. DELISLE GRAY,

Hove, Aug. 22nd.

M.D.Oporto, M.B., B.S.Lond.

** Dr. Delisle Gray will find the full text of the correspondence between the Privy Council and the General Medical Council in the minutes of the Executive Committee of the latter body of July 25th, 1927. The fee for the degree of Doctor is there given as escudos 3,000, but the error of stating this to be equivalent to £300 was ours.

Universities and Colleges.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—G. C. Rhys-Jones, E. H. Waller, J. L. M. Wood.

MEDICINE.—L. J. Lawrie, B. Rosenzvit, S. B. S. Smith, V. R. Smith.

FORENSIC MEDICINE.—K. E. Clarke, W. H. Collins, F. W. Crossley-Holland, T. C. Laudsdale, J. Miller, V. R. Smith.

MIDWIFERY.—L. Ashkenza, T. M. Beattie, A. F. J. D'Arcy, J. Miller, N. S. J. Roberts, J. L. M. Wood.

The diploma of the Society has been granted to Messrs. L. Ashkenza, T. M. Beattie, W. H. Collins, T. C. Laudsdale, L. J. Lawrie, S. B. S. Smith, E. H. Waller.

three daughters. A colleague writes: Dr. Greenwood was one of the few survivors of the old type of general practitioner. His chief aim in life was his professional work, and he succeeded in building up a very large general practice in and around Stamford. His colleagues had a very high opinion of his skill, and he was often called in consultation with his professional brethren for miles around Stamford. His principal amusement was racing, and he scarcely ever missed seeing the Epsom classic; in fact, it was his one holiday in the year. He belonged to the Badminton Club. In politics he was a strong Conservative, and a vice-president of the Stamford and Rutland Conservative Association. His death has caused a great gap in the medical world of South Lincolnshire and Rutland which it will not be easy to fill.

DR. HORACE CLULOW NIXON, who died on July 15th, at the age of 50, was born in Staffordshire, and received his medical education at Edinburgh, Dublin, and St. Bartholomew's Hospital. He graduated M.B., Ch.B.Ed. in 1900, and proceeded M.D. four years later. After holding the post of house-physician at the North Staffordshire Infirmary and Eye Hospital, and senior house-surgeon at Huddersfield Infirmary, he practised for some years in Harrogate. During the war he held a commission as temporary surgeon in the Royal Navy, and was later medical officer in charge of out-patients at Edmonton Military Hospital. After the war he became medical superintendent of the Ministry of Pensions Hospital at Harrogate; when it was closed he commenced practice in Bath, and held the appointments of physician to the Royal Mineral Water Hospital and medical officer in charge of the physiotherapy department of the Royal United Hospital. He was a member of the British Medical Association, of the Bath Clinical Society, of the Bristol Medico-Chirurgical Society, and of the Three Arts Club at Harrogate. He composed many songs and pianoforte music, which were published under the name of Horace Clulow.

DR. EDWARD COLBY SHARPIN, who died at his residence in Bedford on August 4th, was the eldest son of the late Mr. Henry Wilson Sharpin, F.R.C.S., and was born in Bedford in 1859. He received his medical education at St. Bartholomew's Hospital; he obtained the diploma of M.R.C.S.Eng. in 1882, and in the following year the L.R.C.P.Ed. and L.M. After holding the post of house-surgeon at the Lincoln County Hospital he joined his cousin in practice in Bedford, and was appointed surgeon and, later, consulting surgeon to the Bedford County Hospital, consulting surgeon to the Bedford Central Provident Dispensary, and senior physician and referee to the Royal Home for Incurables at Leamington. He was a member of the British Medical Association, and served on the South Midland Branch Council, 1896-7. Apart from his practice Dr. Sharpin took great interest in gardening; he exhibited successfully in many parts of England and won the Royal Botanic Society's silver medal for carnations and pincetes. He was also a keen sportsman and a good shot. For some years he was a member of the Bedford Town Council.

THE following well known foreign medical men have recently died: Dr. HENRY KOPLIK of New York, aged 68, attending paediatrician to Mount Sinai Hospital, who discovered the buccal spots of measles, to which his name is attached; Dr. ABRAHAM ZINGHER, professor of clinical pediatrics at the New York Polyclinic, who played a prominent part in immunization of children against diphtheria and scarlet fever, died from accidental asphyxiation in a laboratory, at the age of 43; Professor M. GROSSMANN, a Viennese otologist, aged 78; Professor GUSTAV FRITSCH of Berlin, who collaborated with Hitzig in the experimental physiology of the brain, aged 89; Professor P. KUBINY, a Budapest gynaecologist, of apoplexy during an operation, aged 57; Professor WERMEL, director of the physiatric institute at Moscow; Dr. VAUTRIN, professor of clinical surgery at the Nancy Faculty of Medicine; Dr. ROBERT

PICQUÉ, professor of anatomy at the Bordeaux faculty of medicine and a pioneer in the surgery of aviation, aged 50, in an aeroplane accident; Dr. OTTONE BARBACCI, professor of morbid anatomy and director of the medical faculty at Sienna, aged 66; and Dr. ERASENO DE PAOLI, professor of Surgery at Perugia.

Medical News.

THE third revised report of the recommendations of the X-Ray and Radium Protection Committee has been issued by the National Physical Laboratory. Some slight alterations in detail have been made, but in the main the requirements for efficient protection remain unaltered. Although some may think the conditions onerous, and the protection overdone, it is at any rate wise to err on the side of safety, especially in view of the large number of x-ray and radium deaths and injuries. The danger of ultra-violet therapy and the precautions to be observed are also dealt with. No hospital authorities, medical or lay, can afford to overlook the advice contained in the report, and this applies not only to buildings and apparatus, but also to the suggestions as regards the working staff. Copies can be obtained on application to the Secretary, British Institute of Radiology, 32, Welbeck Street, London, W.1.

IN connexion with the meeting in December, at Cairo, of the congress entitled the Journées Médicales d'Egypte, of which a preliminary notice appeared in our issue of April 30th (p. 820), it is now stated that promises of support have been received from the University of Egypt and the Society of Egyptian Medicine. The arrangements, it was found, had gone too far to make it convenient to combine this congress with another proposed to be held late in 1928 in commemoration of the centenary of the Kasr-el-Aini Hospital in Cairo.

A SUM of £30,000 is required to repair damage by earthquake to the hospital of the Order of St. John at Jerusalem and to bring the accommodation and equipment up to present requirements. It may be recalled that reference to the extension of this hospital appeared in our issue of April 23rd, 1927 (p. 771).

THE Fellowship of Medicine announces that a fortnight's course will start on September 12th at the Queen's Hospital for Children, including lectures, operations, and demonstrations, and on the same date a three weeks' course will begin at the Royal Westminster Ophthalmic Hospital. For a fortnight from September 19th the Royal National Orthopaedic Hospital will hold a special all-day course, with lecture-demonstrations in the mornings and operations and out-patient work in the afternoons. During the same period there will be another all-day course in medicine, surgery, and the specialties at the Westminster Hospital. During October courses will be given in ante-natal treatment at the Royal Free Hospital; cardiology at the National Hospital for Diseases of the Heart; diseases of children at the Victoria Hospital and Paddington Green Hospital; diseases of the throat, nose, and ear at the Central London Throat, Nose, and Ear Hospital; electrotherapy at the Royal Free Hospital; gynaecology at the Chelsea Hospital; ophthalmology at the Royal Eye Hospital; tropical medicine at the London School of Hygiene and Tropical Medicine; and neurology at the National Hospital, Queen Square. The Fellowship of Medicine has also arranged a series of lectures on practical hints on medicine, surgery, and the allied specialties. The first of the series will be delivered on October 17th by Sir Humphry Rolleston, who will be followed on succeeding Mondays until Christmas by other physicians and by surgeons. There will also be a series of weekly clinical demonstrations in medicine, in surgery, and in ophthalmology given at various hospitals, free to medical practitioners. Copies of the syllabuses for all these courses may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

A. E. DEAN AND CO., Holborn, London, have issued a new catalogue of apparatus required for deep-seated radiation by means of x-rays. Special attention is drawn to the "Isometric Group," two sets of which have been supplied to the General Infirmary, Leeds, and have stood the test of time. The catalogue is well illustrated and the letterpress gives good descriptions of the main and accessory apparatus. The part dealing with the different methods of measuring dosage should be useful.

THE German Paediatric Society will hold its thirty-eighth annual meeting at Budapest from September 11th to 15th, under the presidency of Professor Schlossmann of Düsseldorf.

DR. EMIL DE GRÓSZ of Budapest has published a sympathetic address on Lister and Semmelweis in the Hungarian journal *Olvasrész* for June 25th, illustrated with portraits and accompanied by an abstract in English.