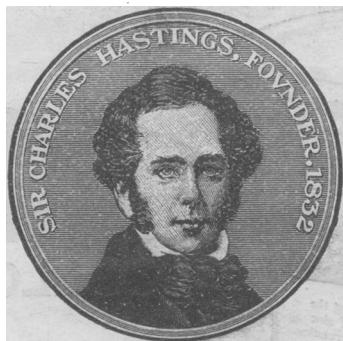


Medical The

British Medical Journal

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Vide *British Medical Journal*, March 15, 1930, pp. 488-9, and 495-6, and April 5, 1930, pp. 669-70.
The Lancet, March 15, 1930, pp. 573-4 and 587. *British Journal of Anaesthesia*, April & July, 1930.
Proceedings of the Royal Society of Medicine, May, 1930, pp. 919-928. *British Journal of Urology*,
June, 1930, pp. 129, 130 and 179.

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chemist, Mr. E. R. Dovey, who also assured us that all other poisons were absent, so far as chemical analysis could show.

As regards the rash, those produced by quinine, belladonna, iodides, etc., were carefully eliminated. Typhus fever was not considered in view of the previously mentioned findings—bearing in mind that the rash never appears on the face in typhus, whereas in the present case there was a marked diffuse haemorrhagic rash, and noting that the spleen was not enlarged, leucocytosis was absent, and marked leucopenia was present, with general anaemia.

The total red blood corpuscles numbered about 2,000,000 per c.mm. The white cell count was constantly about: polymorphs 26 per cent., lymphocytes 73 per cent., and mast cells 1 per cent. No eosinophils were seen at any time, and no malarial parasites were detected.

The possibility of mechanical purpura of pregnancy was excluded on the grounds that there was no evidence of circulatory obstruction at all. Neither the uterus nor the foetus showed anything abnormal.

Microscopical sections were made from various parts of every organ, but all that could be noticed was simple haemorrhagic infiltration of the various organs, and nothing more.

Since one of us is now in England, and can deal with any correspondence, we shall be grateful for any criticisms and suggestions which may throw further light upon these cases.

We wish to take this opportunity of thanking the members of the University and Government staff who so kindly regularly assist us in our investigations.

THE BASIC BLOOD PRESSURE IN RAYNAUD'S DISEASE.

BY

G. ARBOUR STEPHENS, M.D.,

CONSULTING CARDIOLOGIST, KING EDWARD VII WELSH NATIONAL MEMORIAL ASSOCIATION; SENIOR CONSULTING PHYSICIAN, CARDIGAN AND DISTRICT MEMORIAL HOSPITAL.

The basic blood pressure is that pressure exerted on the blood by the contractile walls independently of the additional pressure due to the systolic contraction of the heart. During estimations of the systolic pressure, when the inflated armlet prevents the systolic pressure from being transmitted beyond the point of application, the blood in the vessels beyond the armlet is under a basic pressure which can be estimated by my method described in the *Journal of February 8th* (p. 242).

After examining a large number of apparently healthy men I find that the normal basic blood pressure is about 50 mm. of mercury. When the second sphygmomanometer points to 70 mm. it is evident that the pressure is too high, and that the cells in the blood are being compressed to an extent which handicaps them seriously in their work. Variation of pressure on the blood disturbs the surface tension, osmotic effects, and metabolic reactions of its cells, and a permanently high figure has a serious action on the cellular actions, reactions, and interactions, with a consequently marked effect on the general nourishment of the body. Furthermore, if the pressure is very high the patency of the vasa vasorum is reduced, and the blood supply to the muscular fibres of the arterial walls is hindered to a serious extent. Under such circumstances it follows that these arterial muscular fibres are poorly nourished and their movements become sluggish. This, I suggest, is the state of things in a patient suffering from Raynaud's disease.

In cases of this disease which I have examined the systolic pressure is high, but the basal blood pressure is raised disproportionately, and I think most stress should be laid on the disproportion. In one severe case of a woman, aged 42, the systolic pressure was 200 mm. and the basal blood pressure 100 mm. This patient's nose and hands were badly affected, and her general health was so interfered with that she could not keep herself warm by the exertion involved in routine work.

My findings are increased in value as a result of the good work by Sir Thomas Lewis and Professor William

Kerr, to which reference was made in the *Journal* of July 20th, 1929 (p. 111), and of January 11th, 1930 (p. 82). These observers draw attention to the fact that undue cooling of the hand failed to bring on an attack, because, as they point out, "the minute vessels of the skin of these patients react, as do those of normal skin, to excessive cold by dilating."

I venture to suggest that what really happens is this: in Raynaud's disease the basal blood pressure is high, the blood cell reactions are hampered, and there is a hindrance to the entry of this blood to the vasa vasorum, with the result that the muscle fibres are badly supplied with nourishment and are therefore not able to react satisfactorily to ordinary stimuli. Excessive cold, however, is sufficiently stimulating to make even these sluggish muscular fibres react, and, as Lewis and Kerr state, "the occurrence of a full cyanotic tint is not observed." Their observations, it is interesting to note, have made them come to the same conclusion as I have—that there is an abnormality of the vessel, and also that the closure is not reflex.

I feel inclined to differ from them when they use the term "spasm," which seems to suggest a hypercontractility of the muscular fibres of the arterial wall. Such a hypercontractility is not what one would expect to find in a badly nourished muscle, but rather a sluggishness of the movements. As I pointed out in the *Practitioner* of May, 1929; "To suggest that the diseased muscular fibres of the auricle are capable of developing fresh centres of excitation seems contrary to the usual rule of dying matter, whereas on the other hand the diseased fibres forming the thin wall of the auricle lend themselves to be thrown *passively* into a state of tremor." In Raynaud's disease the greater the heat applied within reason, or the higher the temperature of the room, the sooner do the arterial muscular fibres move, with a consequent dilatation, because the general raising of the temperature has helped to reduce the basal blood pressure to such an extent as to allow a free entrance of blood into the vasa vasorum.

The value of a study of this sort is not so much in connexion with Raynaud's disease itself, since, save for the milder forms, it is a rare complaint, but rather because it helps to emphasize one or two important principles, the first being the importance of a proper blood supply to the muscular fibres of the arterial walls, and, secondly, the blood pressure taken over the arm is not necessarily the pressure on the blood in all parts of the body. The greater liability of the coronary arteries to disease is evidence of the fact that the blood supply of their muscular fibres is often inadequate; as a consequence there is a sluggishness of their movements which gives rise to many of the abnormal contractions of the heart. It is fairly obvious and easily understandable that, owing to the powerful contractions of the heart muscle, the pressure in the coronary arteries must be the highest of all.

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

THE SAUERBRUCH-HERRMANNSDORFER-GERSON DIET.

THIS subject is in the forefront of medical interest and discussion in Germany at the present time, and there are many large institutions in which a special kitchen has been provided for the nutrition of patients on these lines. The work of Sauerbruch and Herrmannsdorfer extends over a period of five years; that of Gerson has been still longer. It is advisable to point out that the claims made by Sauerbruch and Herrmannsdorfer refer to the treatment primarily and mainly of surgical tuberculosis—that is, of cases of lupus, and tuberculosis of the skin and bones, as well as of the lungs. Stated shortly, these claims are largely the results of observations made by Herrmannsdorfer as to the influence of diet in the healing of wounds, and of the special value of the salt-free diet, and a diet

rich in vitamins supplemented by special medicinal preparations, in influencing the reactions of the tissues in a manner favourable to a normal healing process.

Gerson is of opinion that the nutritional state of the tissues—the constitution—can be profoundly influenced by a dietetic regime in which the essential points are summarized as follows: (1) the withholding of common salt in the dietary with the administration of an almost chloride-free diet; (2) a high vitamin content in the dietary, into which fresh vegetables and fruits largely enter; and (3) the administration of special mineral salts—mineralogen—prepared from the vegetable kingdom, and an additional vitamin in the form of a special phosphorized cod-liver oil preparation.

The Dietary System.

The essentials in the diet system are as follows: (1) the all but complete exclusion of sodium chloride (Herrmannsdorfer), salt being entirely excluded in the Gerson regime, and a halogen-free vegetable kitchen salt preparation—eugusal—being used as an effective substitute; (2) fresh uncooked vegetables and fruits bulk largely in the diet, either in the form of vegetable extracts prepared by pressing uncooked vegetables, such as carrots, beet, spinach, turnips, or in the form of salads, with fruit juices similarly prepared by pressing and straining; (3) marked restriction in the amount of fresh meat foods, 600 grams weekly being allowed in Herrmannsdorfer's system, while Gerson allows meat once or twice weekly; (4) one pint or more of fresh uncooked milk daily, sour milk, eggs (especially yolks), oatmeal, wholemeal bread, and farinaceous foods in restricted amounts; and (5) various spices are used to increase the flavour of the dishes. The regime also includes two medicinal preparations: ¹ mineralogen, a special blend of mineral salts of vegetable origin, and a phosphoric acid cod-liver oil preparation, both being administered three times daily.

If care is taken, an entirely adequate, palatable, daily dietary can be prepared. At the conclusion of the treatment the patients get back gradually to a more conventional regime, which, however, still comprises the greater use of fresh vegetables and fruits and a judicious restriction of meat foods.

CHALMERS WATSON, M.D., F.R.C.P.Ed.,
Senior Physician, Royal Infirmary, Edinburgh.

MENINGITIS IN A BREAST-FED BABY.

THE interesting feature of the case recorded below is the source of infection. The child had been entirely breast-fed, and had been perfectly well since birth. The father and mother and eight other children are all well, and apparently free from infection. The only history of tuberculosis that could be obtained was that the former occupant of the house had died of phthisis on June 29th, 1926, but as this was three years before the birth of the baby it is unlikely that it is of any significance.

John R., aged 9 months, was admitted as a case of bronchitis. Temperature was 100° F., respiration 40, and pulse 120. There were scattered moist sounds over the posterior aspect of the chest. He was pale and rather listless, but he took his feeds well, and on the morning of the third day his temperature had returned to normal. It rose again that evening to 100°, and he took his feeds rather unwillingly. The next morning he was drowsy, but there were no definite symptoms; the chest had improved; the abdomen was full and soft, and not tender on palpation; there was no head retraction, and no vomiting had occurred.

On the following day he was very drowsy. Examination revealed that he had a hemiparesis of the left side; the left side of the face was immobile when he cried, and his arm and leg were flaccid. The eyes were examined, but there was no papilloedema, the discs being paler than normal. On the sixth day he had three convulsions, and a lumbar puncture was performed; 16 c.c.m. of an opalescent fluid was obtained and examined by the pathologist to the hospital. He reported that the cellular content was almost entirely polymorph in character, and only a few lymphocytes were seen. Despite the unusual cell count, ten tubercle bacilli were found, all in one small group.

I would like to thank Dr. Armstrong for his permission to publish this case, and for his kind assistance.

Liverpool Children's Hospital.

D. M. ALCOCK.

¹ Pharma. Max Loebinger and Co., Charlottenburg, Berlin.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

DORSET AND WEST HANTS BRANCH.

The Problem of the Care of the Neurotic Patient.

IN a paper read at a meeting of the Dorset and West Hants Branch, on July 2nd, Dr. J. A. PRIDHAM pleaded for a more scientific and rational investigation and treatment of patients suffering from neurosis or psychosis, partly for the sake of the patient, and partly for the credit of the medical profession.

Dr. Pridham remarked that these patients wandered from doctor to doctor and to every variety of unregistered practitioner, spending fortunes on patent remedies. With each doctor they might acquire a new diagnosis and treatment; they might also be subjected to unnecessary operations and to other useless procedures, and not unnaturally they turned way in disgust from the orthodox physician. It might easily happen that some quack or some patent remedy relieved the particular trouble; this "cure" was then proclaimed abroad, and the credit of the profession suffered accordingly, the fact that new symptoms shortly appeared not affecting the position. Such patients had frequently been labelled as suffering from organic disease, and in this way certain methods of treatment, orthodox or not, had gained spurious reputations. The power of suggestion strongly affected this type of individual, and any form of treatment might produce good results if it utilized this power. The public should not be blamed for resorting to persons outside the orthodox ranks, since so many doctors would have nothing to do with a patient when once a diagnosis of neurosis had been made. In too many cases the patient realized that he was regarded as a malingerer, or despised as a poor sort of creature.

Dr. Pridham recalled that, when a student at hospital, he attended one afternoon the out-patient department of a certain physician who was justly believed to be clever and competent. An old woman came haltingly up the room, and the students were asked to observe her peculiar crippling gait, which the physician pointed out was not characteristic of any known disease, and was in fact hysterical. The patient was dismissed, and we were left with the impression that she was not a sick person needing relief, but someone to be laughed at, and anyway quite outside the scope of medicine. Yet this old woman had travelled hopefully to the hospital, expecting to be cured of what was to her a serious disability. The speaker expressed the view that this unreasonable attitude of mind was the result of the reaction of medicine from the centuries of ignorance and of the blind acceptance of unsound theories. With the renaissance of science, theories had to be based on observations of fact. The scientific physician learned that he must found his study of disease on the facts of anatomy, physiology, and pathology. He was far too occupied with these studies to be able or willing to be interested in maladies that revealed no trace of organic origin; in fact, he did not regard them as maladies at all, but rather as a peculiar form of amusement of the patient. This opinion was often only slightly veiled, and it was hardly surprising that the patient thought little of the orthodox healer. This mental attitude still persisted among a large number of doctors. Another source of error was the battle which still raged between the somatists or mechanists and the psychologists. The former maintained that all disorders, including the neuroses, were due to organic disease, known or unknown. It could be admitted that a sound mind was unlikely to exist in an imperfect body, for the imperfection of the body might prevent the normal development of the mind, or it might prevent the mind from functioning naturally. But the opposite argument also held good—namely, that a diseased mind might harm a sound body. A ship might be commanded by a capable captain, but if it was badly constructed the most capable captain might be unable to prevent disaster; on the other hand, a good ship commanded by a fool might go on the rocks.

should not be in the proximity of a lift-shaft or staircase-well, or near an intake or outlet of a general duct-ventilating system. In no circumstances should it communicate with a general duct-ventilating system. Preferably the store should be an isolated single-story building with independent access. Failing that, the store may be placed on the roof of a building or, if that is not feasible, in one of the higher stories in as isolated a position as possible.

The walls, floor, and ceiling of the storeroom should be fireproof and of robust construction. The door should be fireproof and of a self-closing, closely fitting type. If the storeroom forms part of a main building, a useful further precaution is a fireproof vestibule with a second fireproof door. The store should be provided with a direct vent to the outer air, preferably on the side remote from the most adjacent building. Such a vent should not normally be less than a square foot in effective area, a figure which may require to be exceeded for large stores. The vent may be protected against weather, etc., by thin, unwired glass, or other equally frail device.

The store may well be equipped with steel cabinets. If it is designed to carry unusually large stocks of films (exceeding, say, one ton), it should be divided into completely isolated fireproof compartments, each with its own vent and fireproof door. The temperature of the store should be maintained at a moderate figure. If the roof is exposed to the sun suitable thermal lagging may be necessary in hot climates. It seems certain that good quality celluloid does not ignite spontaneously at any temperature attained under ordinary room conditions. The store should be equipped with an automatic water sprinkler device. If windows are provided in a film store they are best situated in a north wall, though other considerations may be more important. Any windows immediately above the windows or vent of the storeroom should be provided with wired glass.

MENTAL TREATMENT ACT, 1930.

THE Board of Control, with the approval of the Minister of Health, has appointed a committee with the following terms of reference :

To consider and advise what principles should be observed in the approval by the Board of Control of medical practitioners for the purposes of Sections 1 (3) and 5 (3) of the Mental Treatment Act.

The committee is constituted as follows :

Sir John Rose Bradford, P.R.C.P. (chairman).
Sir Hubert Bond, Commissioner of the Board of Control.
R. G. Gordon, M.D., F.R.C.P., British Medical Association.
G. W. B. James, M.D., D.P.M., Royal Society of Medicine.
A. Rotherham, M.B., Commissioner of the Board of Control.
J. S. B. Stopford, M.D., General Medical Council.
R. Worth, M.B., Royal Medico-Psychological Association.

With Mr. H. C. Bleakley of the Board of Control as secretary.

ROYAL MEDICAL BENEVOLENT FUND.

At a recent meeting of the committee thirty-four grants were made, amounting to £515. Subscriptions and donations are very urgently needed in order that the activities of the Fund may be continued and applicants given the help they need. Cheques should be forwarded to the Honorary Treasurer, Royal Medical Benevolent Fund, 11, Chandos Street, Cavendish Square, W.1. The following are particulars of a few of the cases helped.

M.R.C.S., aged 80, with wife aged 70. Has been in practice for over fifty years, but latterly, owing to increasing deafness, there was a falling off of patients. The daughter, aged 40, looks after her aged parents. The three live on a total income of £184 a year; £150 of this is contributed by the son, who is a bank cashier at a salary of £425, and has to keep himself in lodgings. Voted £40.

Widow, aged 51, of L.S.A. Her husband, who died in July, was helped by the Fund during the last two years of his life. He was also in receipt of £104 a year from another charity as he was unfit for work and in receipt of the old age pension. The widow has been left with nothing. The allowance of £104 has been discontinued as the widow is not eligible for this help, and the pension has been stopped. The widow has obtained a post as companion at a salary of £1 a week without food. Voted £26.

Widow, aged 63, of M.D. Husband died in 1929, leaving his widow quite destitute, her only support being her daughter, who is earning 49s. a week. Voted £26. Epson College has also given a pension.

The Royal Medical Benevolent Fund Guild still receives many applications for clothing, especially for coats and skirts for ladies and girls holding secretarial posts, and suits for working boys. The Guild appeals for second-hand clothes and household articles. The gifts should be sent to the Secretary of the Guild, Tavistock House (North), Tavistock Square, W.C.1.

Ireland.

Coombe Lying-in Hospital, Dublin.

In the report for 1929 of the Coombe Lying-in Hospital, Dublin, to which a brief reference was made in the *Journal* of May 24th (p. 970), there is an interesting analysis of abnormal cases, with the treatment employed and the results. The total admissions during the year reached 1,204, with 1,080 deliveries; maternal deaths numbered only 11, and of these 10 were emergency cases. The one fatal case in which there had been previous booking of the patient was that of a woman, aged 27, who suffered from mitral stenosis, and who was admitted at the twenty-fourth week of gestation on account of profound anaemia, dyspnoea, and oedema. She improved considerably on liver extract, iron, and digitalis, but left hospital contrary to advice, and was admitted again a few weeks later in a dying condition. Puerperal sepsis was responsible for only one death among the eleven; it developed three days after bleeding from a lateral placenta praevia and delivery of a stillborn infant. In spite of glycerin drainage and a course of kharsulphan, subinvolution was marked, and the patient died on the twelfth day. Other deaths were due to accidental haemorrhage, ~~ecclampsia~~, ruptured uterus, shock following Caesarean section, and such extraneous conditions as cerebral haemorrhage, intestinal obstruction, and ruptured splenic artery. The members of the hospital staff are of the opinion that pelvic contraction is unduly emphasized in the training of medical students, while the signs of disproportion and their interpretation receive insufficient attention. They consider, furthermore, that unnecessary operations can only be avoided by a properly conducted trial labour. During the year there were three examples of pelvic delivery following previous Caesarean section. The first patient had a history of a stillborn child, followed by the spontaneous delivery of a living child at her second pregnancy, and Caesarean section at her third; labour was induced at the thirty-eighth week of the fourth pregnancy, and she was delivered of a living child weighing 6½ lb. The second patient had a history of three stillbirths, followed by Caesarean section for delivery of a child weighing 9½ lb.; in her fifth pregnancy labour was induced after the thirty-eighth week, with delivery of a 7½ lb. child. In the third case Caesarean section had been performed in a previous labour for posterior asynclitism; during the second pregnancy there was no evidence of disproportion, and she was delivered of a 7½ lb. baby at term. The three cases give an indication of the value of individual consideration, not only of every case, but of every pregnancy of the same case. Forceps delivery was used in forty-eight labours, and it is interesting to note that among these there were only two deaths, both occurring in patients brought in as emergencies with accidental haemorrhage. Morbidity followed the use of forceps in six patients, but with recovery in every case; gonococcal infection was present in one of them, and suspected in another. Stillborn children were obtained in four cases, and five died at or soon after birth. Breech presentations occurred in 21 cases, not including twins; of these, six babies were stillborn and two macerated. Of the six stillborn, one was anencephalic, one had a prolapsed cord on admission, and the third case was sent in after repeated vaginal examinations, and was followed by morbidity in the mother after delivery. Perforation of the aftercoming head was necessary in three instances. An interesting case of chorea gravidarum was only seen at the onset of labour, and improved rapidly with recovery in ten days. The patient was treated for three days with 10 c.c.m. of serum daily from patients in labour. In extern maternity work 1,432 deliveries were attended with only two maternal deaths. In the gynaecological department 304 operations were performed; x-ray and radium treatment were given in 16 cases and palliative treatment in 41. Three deaths occurred, one following Caesarean section for labour obstructed by round-celled sarcoma of the vagina; the other two deaths were due to peritonitis.

Colonel JOHN SOUTHEY BOSTOCK, C.B.E., late R.A.M.C., Commandant of the Royal Army Medical College, Millbank, died suddenly at The Priory, Burford, Oxon., on August 12th, aged 55. He was born on June 5th, 1875, the eldest son of Dr. E. I. Bostock, whose six sons all served in the war, three of them being killed. John Bostock was educated at Lancing and at Edinburgh University, where he graduated M.B., Ch.B. in 1900. Entering the R.A.M.C. as lieutenant on January 29th, 1901, he became major in 1912, brevet lieutenant-colonel in 1915, and brevet colonel on January 1st, 1918. He served throughout the war of 1914, having accompanied the original Expeditionary Force, and sharing in the retreat from Mons. He was mentioned in dispatches in the *London Gazette* of June 23rd, 1915. At a later date towards the end of the war he was in command of the great war hospital at Eastbourne, and was then Director of Medical Services at the Ministry of Pensions from 1919 to 1923, when he was appointed principal medical officer at Hong-Kong. Six months ago he succeeded Major-General Douglas, V.C., as commandant of the R.A.M.C. College, Millbank. He was awarded the C.B.E. in 1923. In 1909 he married Olivia Emslie, daughter of Mr. Enslie J. Horniman of Chelsea, and had two sons and one daughter. He was throughout his service a most popular officer, alike among his contemporaries and with those who were junior to him. A junior R.A.M.C. officer who had served under him contributes the following appreciation: "John Bostock," for that was how he was known among us all, was a man with exceptional charm. Wherever he went he created an atmosphere of geniality and friendship. Whether as depot commandant in relation to recruit or as senior officer to senior officer, "John Bostock" could always make his personality felt. Almost at the zenith of his career he has been called away. His selection for the post of commandant of the R.A.M.C. College was considered a really happy one; here was the ideal man for the position. He could make the newcomer welcome as no other man could, and could represent the Corps to its distinguished visitors with a natural warmth and elegance. There must be few among his brother officers who do not feel the loss, not only as a really personal one, but also to the Corps as a whole.

Universities and Colleges.

UNIVERSITY OF LONDON.

DR. E. GRAHAM LITTLE, M.P., has been re-elected chairman of the Council for External Students of the University of London for 1930-31.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.

THE undermentioned scholarships have been awarded for 1930:

University Scholarship (£100): H. F. Moseley. Hector Mackenzie Exhibition (£25): I. H. Gesset. Entrance Scholarship in Arts (£50): R. R. McSwiny and A. J. Belsey. Entrance Scholarships in Science (£150 and £30): (1) G. W. Hearn; (2) W. E. Hadden and J. I. Lesh. William Tite Scholarship (£25): L. E. Jones.

Medical News.

THE second annual dinner of the Chartered Society of Massage and Medical Gymnastics will be held at the Midland Hotel, Manchester, on Friday, October 3rd, at 7.30 p.m. Further information may be obtained from the secretary of the society, Tavistock House (North), Tavistock Square, London, W.C.1.

NOTICES of the triennial dinner of the Manchester Royal Infirmary Old Residents' Club on October 25th have recently been circulated. Any old residents at the Infirmary who have not received them are asked to communicate with the secretary of the club at the Royal Infirmary, Manchester.

AN introductory course on psychological medicine for the general practitioner will be given at the Tavistock Square Clinic for Functional Nervous Disorders, 51, Tavistock Square, W.C.1, on Wednesday afternoons, beginning on October 1st, and continuing until December 17th. Dr. E. Graham Howe and Dr. H. Crichton Miller will each deliver twelve lectures, and the fee for either series is £1 11s. 6d.; the fee for taking both series is two guineas. Tickets for the course can be obtained by application to the honorary lecture secretary at the clinic.

THE Fellowship of Medicine announces that from September 1st to 13th there will be an all-day clinical course at the Queen's Hospital for Children. An all-day revision course at the Westminster Hospital from September 15th to 27th will comprise instruction in all departments of medicine, surgery, and the specialties; visits will be paid to two mental institutions connected with the hospital. There will be a further revision course at the Metropolitan Hospital (especially designed for panel practitioners) from September 29th to October 11th; a course in diseases of the throat, nose, and ear at the Central London Throat, Nose and Ear Hospital from October 6th to November 1st; one in tropical medicine at the Tropical Diseases Hospital from October 7th to 30th; and one in gynaecology at the Chelsea Hospital from October 13th to 25th. Evening courses will also be arranged in that month for the M.R.C.P. and the final Fellowship examinations. Full particulars of the post-graduate work arranged by the Fellowship of Medicine, and the 1931 list of special courses, may be obtained from the secretary, 1, Wimpole Street, W.1.

A POST-GRADUATE course in diseases of the heart and blood vessels will be held from October 13th to 25th, at the Broussais Hospital, 96, Rue Didot, Paris, under the direction of Dr. C. Laubry. Clinical and radiological demonstrations will be arranged as well as formal lectures, and a certificate will be issued at the end of the course. The fee for the course is 150 francs. Further information may be obtained from Dr. Y. Mevel at the hospital.

THE German Neurological Society will hold its annual meeting at Dresden on September 18th, when the principal subject for discussion will be the theory and practice of the problem of resistance in nervous diseases, introduced by Drs. Boeke of Utrecht, Spatz of Munich, Foerster of Breslau, and Goldstein of Berlin.

IT is announced that the fourth Congress of the World League for Sexual Reform on a Scientific Basis has been postponed for three days, and will now be held in Vienna from September 16th to 23rd. The subjects for discussion include: sexual difficulties of the young, of adults, and of mentally abnormal persons; the internal secretions; the relation of sexual abnormalities to the administration of justice; birth control; and the rights of children. Further information may be obtained from the secretary of the congress at the Congress Bureau, Postfach 63, Vienna 1/15.

THE second Congress of the Federation of the Latin Medical Press will be held at Brussels from September 28th to 30th in connexion with the centenary celebration of Belgian independence. Topics of discussion include the medical journal and contemporary medical journalism, the rights of editors, the production of a dictionary of medical terms, and the part played by the medical press in diffusing important scientific and professional views. Further information may be obtained from Dr. R. Beckers, general secretary of the conference, 36, Rue Archimède, Brussels.

THE thirty-ninth French Congress of Surgery will be held in Paris under the presidency of Dr. Maurice Auvray, surgeon to the Hôpital Laennec, from October 6th to 11th, when the following subjects will be discussed: chronic pancreatitis, introduced by Pierre Brocq of Paris and Miginine of Toulouse; traumatic spondylitis (Kümmel-Verneuil disease), introduced by Frélich of Nancy and Albert Mouchet of Paris; and preparation of patients for operation, introduced by Lombret of Lille and Sauvè of Paris. Further information can be obtained from the general secretary, Rue de Seine 12, Paris, VI^e.

AN address entitled "Diet and dental disease: What we have learned from animal experiments," delivered by Mrs. Edward Mellanby as the Fourth Stephen Paget Memorial Lecture before the Research Defence Society on June 3rd, is published in full in the current issue of *The Fight against Disease*, the quarterly journal of the society. An abstract of this address appeared in the *British Medical Journal* of June 14th (p. 110).

THE sixth annual report of the National Institute for the Deaf, which was presented to the annual meeting of the society last May, has now been printed, and may be obtained from the offices of the institute, 2, Bloomsbury Street, W.C.1. A reference to the annual meeting appeared in our columns on June 7th (p. 1070).

DR. THEODOR AXENFELD, professor of ophthalmology at Freiburg, and Hofrat Ernst Fuchs, professor of ophthalmology at Vienna, have been elected honorary members of the Japanese Ophthalmological Society.

THE following appointments have recently been made in French faculties of medicine: M. Maillard, professor of biological and medical chemistry; M. Wunschendorff, professor of pharmacological chemistry and toxicology at Algiers; and M. Leulier, professor of pharmacy and pharmacology at Lille.