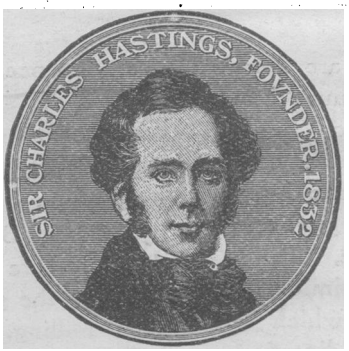
The

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION



Including an Epitome of Current Medical Literature.

WITH SUPPLEMENT.

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corpora lutea of the first post-partum oestrus to persist, and that these corpora lutea inhibit oestrus during the lactation interval. The theoretical explanation proposed is that the stimulus of sucking acts on the anterior lobe of the pituitary, and that the excess of pituitary secretion so produced causes the persistence of the corpora lutea.

The weakness of this theory is that there are many mammals in which lactation does not inhibit oestrus. In the ungulates—the cow, mare, and sow—according to Parkes, lactation has no effect on the recurrence of the oestrous cycle, and therefore presumably on ovulation. In the human species the occurrence of menstruation during lactation seems to be quite common, but not without exception. In cases where there is no succession of short oestrous cycles the question of the effect of lactation does not arise: for example, in the dog pregnancy lasts about two months, and is followed by lactation for about the same period, and there is no recurrence of oestrus during all this time; but oestrus is also absent for a similar period when no pregnancy or lactation occurs.

The case of the ferret, recently investigated experimentally by Hammond and Marshall, is in strong contrast to that of the dog, though both animals are carnivores. Oestrus in the female ferret is marked by a conspicuous feature—namely, great swelling of the labia of the vulva. Ovulation occurs only after copulation and, in the absence of this, oestrus continues till the end of the breeding season. The duration of pregnancy is forty-one or forty-two days, and the recurrence of oestrus after parturition depends entirely on lactation. When the young were killed immediately after birth oestrus began nine days later, but while lactation continued there were no signs of it. Moreover, during lactation the corpora lutea do not remain large, as in the rat, but rapidly atrophy, as in the rabbit, from which it would appear that the influence of lactation in suppressing oestrus does not act through the medium of the corpus luteum.

Another instructive contrast is afforded by the rat or mouse and the guinea-pig. Both genera are polyoestrous, the cycle in the rat occupying five to six days, in the guinea-pig about sixteen. In the guinea-pig there is no lactation interval; there is, as in mouse or rat, an immediate post-partum oestrus, followed by a second at the normal interval of sixteen days, during lactation. As the suppression of oestrus only occurs in the mouse when more than two young are suckled the absence of oestrus-suppression in the guinea-pig has been attributed to the smaller number and greater maturity at birth of the young in this animal.

According to the results of O'Donoghue[2] and Hartman[3] the difference between the marsupials *Dasyurus* and *Didelphys virginiana* is similar to that between the dog and the ferret. The former is monoestrous, and ostrus is absent not only during the period of lactation but during the corresponding period when there are no young in the pouch. In *Didelphys virginiana*, on the other hand, in the absence of pregnancy oestrus recurs every twenty-eight days, but is suppressed during the whole of lactation, the young remaining in the pouch about fifty days. But if the young are removed from the pouch and destroyed oestrus returns ten to fifteen days later.

It is not possible to discuss details at greater length in such an article as the present, but enough has been stated to prove that there is no general correlation between the stimulus of sucking and the suppression of oestrus, as is assumed by the theory of Crew and Mirskaia. This correlation occurs in the mouse and rat, in the ferret, the rabbit, and the Virginian opossum, but it is absent in cow, mare, goat, pig, and frequently, if not always, in the human species. It seems to me that the really significant correlation is between the suppression of oestrus and the condition of the newborn young. In those cases where oestrus is inhibited the young are naked, immature, and kept for the greater part of the time enclosed in a warm nest in close contact with the mother. In the other cases where oestrus occurs during lactation, as in the cow and the guinea-pig, the young are born covered with hair and able to run almost at once. If the inhibition of oestrus were due to the absorption of soluble substances by the mother from the bodies of the young, either from the mouths of the latter through the teats, or from skin to skin, the correlation between the nidicolous immature condition of the young and the suppression of oestrus during lactation would be explained, while on the theory of the stimulus of sucking, since this stimulus occurs in the cow as in the mouse, there is no reason for the difference between the two in respect of oestrus during lactation. The case of *Didelphys* is especially important, for here the young are born after a gestation of only thirteen days in an early foetal stage of development, and are transferred to the pouch, where they become permanently attached to the teats. The skin within the pouch is naked, vascular, and glandular, and removal of the young from it has the same effect with regard to oestrus as removal of the foetuses from the uterus in higher mammals. The stimulus of sucking maintains the process of lactation in all cases, whether in the cow or the opossum, and it has been shown in the opossum and in the rabbit that the stimulus determines secretion, not in the whole system, but in each gland individually; but it is improbable that it affects the occurrence of oestrus.

How the hormones supposed to be absorbed on the theory I have suggested could affect the recurrence of oestrus, whether by acting on the corpora lutea or on the pituitary, is a matter for future investigation, but it may be mentioned that in most cases there is reason to believe that substances absorbed from the foetuses in the uterus determine the persistence of the corpora lutea. Considering the atrophy of the latter after abortion, it is a question whether it is the function of corpora lutea to maintain pregnancy, as frequently stated, or the effect of pregnancy to maintain the corpora lutea.

REFERENCES.

[1] Crew, F. A. E., and Mirskaia, L.: Lactation Interval in the Mouse, *Quart. Journ. Exper. Phys.*, June, 1930, vol. xx, No. 2.

[2] O'Donoghue: Growth Changes in Mammary Apparatus of *Dasyurus* and Relation of Corpora Lutea Thereto, *Quart. Journ. Micr. Sci.*, 1911, 57.

[3] Hartman, Carl: Oestrous Cycle in the Opossum, *Amer. Journ. Anat.*, 1923, vol. 32.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

FOREIGN BODY IN THE CAVERNOUS SINUS.

A CASE similar to the one here recorded was reported by J. F. L. King in the *British Medical Journal* of October 30th, 1926, where a woman fell on her face and struck her head against some wood outside her cottage door. Six pieces of wood were found in the cavernous sinus, and she died of meningitis, orbital abscess, and a cerebral abscess in the right temporal lobe. In the present case there was only septic meningitis.

A man, aged 40, was admitted into the General Hospital, Colombo, under the care of Dr. Lucian de Zilwa, with a history of fever of ten days' duration.

Some time ago he was walking in his garden when a coco-nut branch fell on his head, causing a small wound just above the inner canthus of his left eye. He was treated at the Victoria Memorial Eye Hospital, where the surgeon extracted a small piece of splinter and treated the external wound. In a few days he developed fever and headache, and later became very drowsy. He was then transferred to the General Hospital. Examination revealed a penetrating wound above the inner canthus of the left eye. He was semi-comatose, and did not answer any questions. There was bilateral proptosis; the pupils were dilated and inactive, the left being more dilated than the right. There was no paralysis. The lungs, heart, and abdomen were normal. Further examination could not be carried out as the patient died within two hours of admission.

Post-mortem Examination.—On opening the skull evidence was found of septic meningitis. There was a thin layer of pus over both hemispheres anteriorly—more marked on the left side. The left cavernous sinus was occupied by a thrombus, in which were embedded two pieces of splinter. One piece measured 1/2 inch by 1/5 inch; the other was smaller. Points of yellow material in the thrombus had been caused by suppuration. There was also a thrombus in the right cavernous sinus. Extravasations of blood and minute pieces of splinter were found along the floor of the left orbit. The eyeball was not damaged, nor were the orbital muscles. There was no fracture of the bones of the orbit.

The absence of damage to the eyeball was remarkable. The splinters must have been driven with considerable

force to have entered the cavernous sinus. The passage of the splinters was probably along the orbit through the sphenoidal fissure straight into the cavernous sinus.

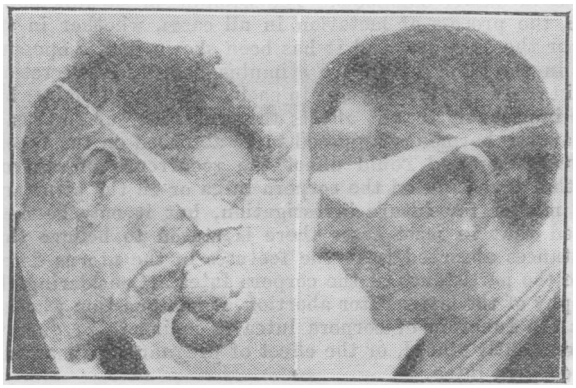
I must thank Dr. Lucian de Zilwa for permission to publish this case.

CYRIL F. FERNANDO, M.D., M.R.C.P.Lond.,
Assistant Pathologist, General Hospital, Colombo.

TREATMENT OF RHINOPHYMA.

THE remarkable improvement in a case of rhinophyma as the result of surgical intervention seems worthy of record.

A man, aged 47, had suffered from rhinophyma for ten years, but had not had medical advice because a friend had informed him that if anything was done he would bleed to death. He



was, however, recently persuaded to consult me, and I took him into hospital for an operation. Anaesthesia was induced with open ether; chloroform was then given with a Junker's apparatus.

Removal of the growth was effected with a scalpel, and presented no difficulty, the only neighbourhood requiring care being that around the nostrils, where the growth had invaded the nares, and new nostrils had to be fashioned. Haemorrhage, though free, was very easily controlled by swab pressure and a few forceps. The wound was dressed with acriflavine emulsion on gauze, and had quite healed in ten days, when the patient was discharged.

The most striking feature of the case was the change in the patient's morale. From having been afraid to go about, he is now a very happy, cheerful, and grateful fellow.

I am indebted to my partner Dr. R. H. Blair for the photographs of the condition "before" and "after."

Camborne. R. SHEARSMITH COLDREY, M.B., B.S.

A CASE OF SOMNIFAINE POISONING.

THE following case should be of interest to all who are accustomed to prescribe somnifaine in cases of insomnia, and to those who intend employing the drug.

At 7.30 p.m. on April 29th, I was called to see a man, aged 73, who had been found by the police lying unconscious in an open field, and had now been brought to a suitable place for treatment. A perfectly new 12 c.cm. bottle labelled "Somnifaine" was found empty beside him.

On examination his pulse was regular and normal in rate and tension, breathing quiet and normal, and eyelids closed. His pupils were slightly dilated, and the conjunctival reflexes were present. Any attempt at moving his arms or legs was feebly resisted. Strychnine 1/15 grain was injected hypodermically, and I left him in the charge of a nurse, stating that there was no cause for alarm.

Four hours after the injection the nurse reported that he muttered a few words, but relapsed into sleep again. Forty-eight hours after my first examination the man awoke slightly confused and very hungry, but otherwise none the worse for his protracted sleep. He admitted drinking all the somnifaine (12 c.cm.) at one go, but asked to be spared further questions "as it was a painful subject."

Somnifaine is supplied as a liquid hypnotic in 12 c.cm. bottles, and the label bears in small red lettering the word "poison," in accordance with Part I of the Regulations. "1 c.cm. contains 0.1 gram diethyl-barbituric acid and 0.1 gram allyl-isopropyl-barbituric acid in the form of salts of diethylamine." A medium dose is 25 drops, and I find by measurement that the man took eight times the medium dose.

N. C. HYPHER, B.A., B.Sc.,
Slough. M.R.C.S., L.R.C.P.

Reviews.

CLINICAL RADIOLOGY OF THE ALIMENTARY TRACT.

THE first volume of the series of works on the clinical radiology of the gastro-intestinal tract, edited by Pierre Duval, J.-Ch. Roux, and Henri Béclère, was published in 1927, and dealt with affections of the stomach and duodenum. This work has recently been followed by two volumes which together form an atlas of the clinical radiology of the oesophagus, intestine, liver, and other accessory intestinal glands; the authors are Professor J. GATELLIER and MM. F. MOUTIER and P. PORCHER, all of the faculty of medicine of Paris.

The arrangement adopted by the authors is very convenient for the reader; in the text they give a full account of the methods used and of the disorders illustrated in the radiograms, and to each photograph they append an explanatory drawing with a brief description. The first volume opens with a study of the oesophagus. Among the radiograms are some showing slight variations from the normal, including unusual contractions; the appearances of compression from without: stenosis, cancer, diverticula, and fistulae; and a mega-oesophagus which held two to three pints of fluid. In the chapter on the jejunum and ileum, a part of the gut that often receives but scant attention, there is a good picture of an obstructing gall-stone in a loop of small intestine lying in the left iliac fossa.

The authors state that the right colon is normally a mobile organ, though the mobility may vary in degree, and show how volvulus of the caecum may arise from inversion, rotation, or transposition. Among the illustrations of abnormal positions of the caecum are some showing its penetration into diaphragmatic and scrotal hernias, and a skiagram of a case of congenital abnormality in which the right colon is seen to be situated entirely in the left side of the chest, the caecum being at the level of the apex of the left lung. A full account is given of redundancy of the sigmoid, the characteristic of which is regarded as length, whereas the distinguishing feature of megacolon is increased diameter.

In the second volume the authors discuss and illustrate the radiographic evidence of colitis. Their statement that there is no individual x-ray feature characteristic of this condition will not, we believe, meet with general acceptance, for many radiologists can recognize with certainty the disordered segmentation of colitis. The signs of colitis they classify as static and kinetic, the latter including abnormalities of filling, spasm, and disorders of emptying. The authors point out that spasm should be taken to indicate disease only when it is constant in different postures. Acceleration of the rate of passage occurs frequently, material arriving at the sigmoid flexure in nine hours and being evacuated within twenty-four. Static signs are short sigmoid segmentations, inhibition, a lessened diameter of the lumen, variable spasms, and areas of gas. The appearances resulting from adhesions are dismissed shortly, but the investigator in this field soon learns that the signs of fixation are only presumptive, not certain. The authors point out specially that a low position of the bowel is no evidence of immobility.

In discussing cancer of the colon the authors state that they find the barium meal valuable in establishing the state of the lumen—this is, the canalization. The enema is given with the patient in the prone position, on the assumption that the flexures are thus more readily passed; in some cases atropine is given to make the filling easier. Arrest of the head of the meal, they point out, is of little diagnostic importance unless it coincides with evidence of a tumour.

Nearly one hundred pages of text and pictures are devoted to the radiology of the accessory glands—namely, the salivary glands, the liver, the gall-bladder, the spleen,

[1] *Radiologie Clinique du Tube Digestif* (Clinical Radiology of the Alimentary Canal). Publiée sous la direction de P. Duval, J.-Ch. Roux, et H. Béclère. II. *Oesophage, intestin, foie et glandes annexes.* Par J. Gatellier, F. Moutier, et P. Porcher. Clinique Thérapeutique Chirurgicale de la Faculté de Médecine de Paris. Fasciculs I et II. Paris: Masson et Cie. 1930. (Roy. 4to, pp. 389; 416 radiographs, 407 figures. Foreign edition, 330 fr. the 2 volumes, bound.)

circle of admirers. Always keenly interested in literature, and a ready speaker with good command of language, experience in the war stimulated him to address a larger audience than could be approached by mouth, and in his books *Adventure of Death* and *Adventure of Life* he put before the public studies which immediately made a strong appeal. He followed up these productions with a series of novels dealing with Scottish characters, and the beauty of expression, humour, and clear, brave idealism in them at once commanded success. As editor of the *Liverpool Medical Journal* he did yeoman service, and he filled with distinction many important posts in the Liverpool Medical Institution, and only his untimely death deprived him of the very highest of these. He was a member of the British Medical Association, secretary of the Section of Dermatology at the Annual Meeting in Liverpool in 1912, and vice-president of this Section at the Annual Meeting in Nottingham in 1926.

Always a keen churchman, the Scotch Church in Liverpool owes much to him; an ardent Scot, the St. Andrews and Burns Clubs will miss sorely his support and presence. He was charitable by nature, supporting many benevolent funds, and helping many acquaintances out of personal difficulties. He was a successful doctor, a dermatologist of great repute, a highly esteemed citizen, and a prominent speaker and writer. He was in the best sense of the term a doctor of the old school—a physician respected and beloved by patients, students, fellow doctors, and all who knew him.

A. D. F.

THE LATE PROFESSOR MacILWAINE.

PROFESSOR E. B. C. MAYRS (Belfast) writes:

Professor MacIlwaine's tenure of the chair of materia medica and therapeutics at the Queen's University of Belfast corresponded to a time of transition between the older teaching and the new. Soon after his appointment he visited a number of well-known universities in England and America, and made a study of their methods of teaching. He became convinced that the best foundation for the art of treatment is a thorough training in pharmacology; and he recognized the unwisdom of trying to teach advanced therapeutics to students who have as yet little clinical experience. Broad-minded, far-seeing, and free from personal ambitions, he was well fitted for the task of organizing his department to fulfil modern requirements—a task which, in spite of failing health, he carried to a successful issue.

EDMUND HENRY HOWLETT, C.B.E., F.R.C.S., who died on September 8th, was the son of General Sir Arthur Howlett, K.C.B. He received his medical education at King's College Hospital, and was house-surgeon there from 1877 to 1888, the following year being appointed assistant demonstrator of anatomy, London Hospital Medical College. He left London to take the post of resident surgical officer at the Manchester Royal Infirmary, after which, in the early eighties, he settled in Hull, where he was then the only F.R.C.S. He was appointed honorary assistant surgeon at the Hull Royal Infirmary as soon as a vacancy was made by the death of Dr. King, and in 1897 became full surgeon, retaining this position until 1914, when, in accordance with the age limit fixed by Royal Charter, he became consulting surgeon. On the discovery of *x* rays he took up their study with enthusiasm, all his spare time for several years being devoted to experimental research, in which he displayed unparalleled perseverance and patience. He was appointed radiologist to the Hull Royal Infirmary, and held this post until eight years ago, when he was succeeded by Dr. J. E. Bannen. He was a member of the board of management of the Infirmary for twenty-two years, and for a long period was chairman of the standing medical committee. For many years he was medical officer to the G.P.O. and to H.M. Prison at Hull, and at his funeral four of the warders acted as bearers. In his younger days he was an enthusiastic football player and athlete; in middle life his only relaxation seemed to be the study of *x* rays, with an occasional day's shooting; but during the past ten or fifteen years he developed his latent artistic talents and produced some excellent work in portraiture and seascape. A man of the highest integrity his character may be well summed up by saying that he was "a fine old English gentleman." He leaves a widow and two sons.

DR. WILLIAM BURTON MARSHALL, who died on August 29th, after an illness of more than a year, was born in 1881, and received his medical education at Cambridge and Liverpool. He obtained the diplomas M.R.C.S., L.R.C.P. in 1906, and graduated B.Ch. in 1908 and M.B. in 1912. After acting as house-surgeon in the gynaecological wards of Liverpool Royal Infirmary, and clinical assistant at Hoylake Lodge Asylum, he commenced general practice in Norwich in partnership with Dr. Parkinson Bush. Soon afterwards he was appointed honorary anaesthetist to the Norfolk and Norwich Eye Infirmary, and for many years he was physician to the Jenny Lind (Children's) Infirmary. He took great interest in the working of the national insurance scheme, and was for several years chairman of the Norwich Panel Committee. He was a member of the British Medical Association, and served on the Norfolk Branch Council. During the war he was at first attached to the 1st Eastern General Hospital, Cambridge; he later acted as adjutant in a hospital at Wimereux, and attained the rank of major R.A.M.C.T. He leaves a widow and two children. A colleague writes: The death of Dr. Burton Marshall will be felt as a great personal loss, not only by his relatives and friends, but also by all his colleagues and patients. He had a most lovable disposition, and was a charming companion. A well-read man, he was a fluent speaker and a versatile conversationist, full of wit, and quick at repartee.

The death took place suddenly at Nairn, on September 8th, of Dr. ROBERT MACKENZIE. Dr. Mackenzie was a native of Edinburgh, where he graduated M.B., C.M. in 1883, proceeding to the M.D. degree in 1887. He was also a Fellow of the Royal Society of Edinburgh. For a few years after graduation he practised in Edinburgh, and afterwards went to Nairn, where, at the time of his death, he had been in practice for some thirty years. The death was very sudden, and occurred on the Nairn Golf Course.

Medical News.

THE annual dinner of past and present students of University College Hospital will be held on Friday, October 17th, at 7 for 7.30 p.m., at the Hotel Victoria, Northumberland Avenue, W.C. Mr. Herbert Tilley will be in the chair. Tickets (12s. 6d.) should be obtained from the dinner secretary, University College Hospital Medical School, Gower Street, W.C.

THE formal opening of the new session at Charing Cross Hospital Medical School will take place on Saturday, October 4th, in the hospital, at 4.30 p.m.; Dr. J. M. H. MacLeod will present the prizes. At 8 p.m. that day the annual dinner of past and present students will be held at Gatti's Restaurant, with Mr. E. B. Waggett in the chair. There will be a special post-graduate course on October 4th and 5th; the programme includes clinical lectures on such subjects as minor operations in general practice, disorders of the menopause, common skin diseases, ante-natal supervision, and the diagnosis and treatment of glycosuria, renal pain, and gastric disorders.

THE presentation of medals and prizes in the University of Birmingham Faculty of Medicine will take place on Monday, October 6th, at 5 p.m., in the Medical Lecture Theatre, Edmund Street. An address to students will be given by Emeritus Professor Priestley Smith, LL.D., F.R.C.S. Tea at 4.15 in the University Club.

AT the London (Royal Free Hospital) School of Medicine for Women on Wednesday, October 1st, at 3 p.m., the prizes for the session 1929–30 will be presented, and an address will be delivered by Miss M. M. Chadburn, M.D., B.S.

THE introductory address at the University of Durham College of Medicine, Newcastle-upon-Tyne, will be given by the Bishop of Durham, visitor of the University, in the examination hall of the college, on Thursday, October 9th, at 4.15 p.m. The title of the address is "The genesis of the physician's ideal."

THE prize distribution at the Royal Dental Hospital of London, School of Dental Surgery, will be held on Thursday, October 2nd, at 8 p.m., at Leicester Square, W.C.2. Sir John Rose Bradford, P.R.C.P., will preside and give an address to the students and their friends.

DR. R. LANGDALE-KELHAM, of Roehampton Hospital, will lecture at the London (Royal Free Hospital) School of Medicine for Women on Monday, October 6th, at 5 p.m., on "Artificial limbs." The lecture is open to all graduates and clinical students of the school.

THE inaugural address at Westminster Hospital Medical School will be given in the board room of the hospital by the Rev. Dr. J. Scott Lidgett, Vice-Chancellor of the University of London, on Wednesday, October 1st, at 3 p.m., under the chairmanship of Mr. Walter G. Spencer. The annual dinner of past and present students will be held at Grosvenor House, Park Lane, on the evening of the same day at 7.30, with Dr. S. Ernest Dore in the chair.

A COURSE of ten lectures on "Contraception and allied questions" will be delivered in the lecture hall of the Royal Institute of Public Health on Thursdays at 4 p.m., from October 9th to December 11th inclusive. The lecturers include Dr. C. Killick Millard, Dr. C. P. Blacker, Dr. Maude E. Kerslake, Mr. Harold Chapple, Dr. F. J. McCann, the Rev. Dr. A. Herbert Gray, Dr. Marie C. Stopes, and Mr. Alfred Goodman. Admission is free, but is restricted to members of the medical profession and to senior medical students. Particulars of the lectures may be obtained from the secretary of the institute, 37, Russell Square, London, W.C.1.

THE course of nine lectures and demonstrations on tropical hygiene and medicine for prospective settlers, arranged by the County of London Branch of the British Red Cross Society, will begin on October 1st. Particulars may be obtained from the secretary of that branch, 27, Grosvenor Place, S.W.1.

A COURSE of lectures on the prevention of accidents, disorders, and disease will be delivered at the Royal Institute of Public Health (37, Russell Square, W.C.1) on Wednesdays at 4 o'clock, from October 15th to December 17th. The lectures are intended primarily for the fellows and members of the Institute, but others interested in medico-sociological problems are invited to attend.

THE annual general meeting of the Medical Defence Union will be held at the offices (49, Bedford Square, W.C.) on Thursday next, October 2nd, at 4.30 p.m.

THE psychological section of the Medical Women's Federation will hold its annual conference on Saturday, October 18th, at The Lawn, Lincoln.

THE annual general meeting of the Medical Sickness, Annuity, and Life Assurance Society will be held at the First Avenue Hotel, High Holborn, W.C.1, on Wednesday, October 8th, at 4.30 p.m.

THE Fellowship of Medicine announces that there will be a special post-graduate course in medicine, surgery, and the special departments at the Metropolitan Hospital from September 29th to October 11th, occupying the whole of each day from 10.30 a.m. to 5.30 p.m. There will be daily pathological demonstrations. A course in diseases of the ear, nose, and throat, to be held at the Central London Throat, Nose and Ear Hospital, Gray's Inn Road, from October 6th to 31st, will comprise clinical, operative, and pathology classes; the clinical part may be taken alone or in conjunction with one or more of the other classes. There will be a course in gynaecology at the Chelsea Hospital for Women, Arthur Street, from October 13th to 24th, consisting of lectures and demonstrations in the operating theatre. An evening course of seventeen lectures suitable for, though not restricted to, candidates for the M.R.C.P. examination will begin on October 7th, and continue on Tuesdays and Fridays, at 8.30 p.m., at the Medical Society's lecture room, Chandos Street, Cavendish Square. At the same place a course of evening demonstrations for the F.R.C.S. (final) will be given one day a week for six weeks at 8.30 p.m., including demonstrations in clinical surgery and pathology. Four demonstrators will attend each evening, and will provide two cases each. The demonstrations will begin on Wednesday, October 8th. Particulars and syllabuses of all courses may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE London School of Hygiene and Tropical Medicine announces a course of special psychological lectures by Dr. Millais Culpin, consultant to the Industrial Health Research Board, on Mondays and Wednesdays at 3 p.m. from September 29th to October 15th inclusive. The subjects of the lectures are: importance of psychological aspects of illness; the history of medical views on psychology; nomenclature and classification; the incidence of psychological symptoms; the occupational neuroses; and theories of psychopathology. These lectures are free to members of the Public Health Service and others interested in public health work.

A POST-GRADUATE course on diseases of the nervous system will be held at the National Hospital, Queen Square, W.C.1, from October 6th to November 28th. It will consist of thirty-two clinical lectures and demonstrations at 3.30 p.m. each week-day except Wednesday and Saturday, instruction in the out-patient department at 2 p.m. on each week-day except Saturday, and eight pathological lectures and demonstrations on Mondays at 12 noon. The fee for the course will be £6 6s. A course of ten lectures on the anatomy and physiology of the nervous system will be arranged on Wednesdays and Fridays at noon if there are sufficient applicants; fee £2 2s. Twelve clinical demonstrations on methods of examination of the nervous system will be given on Tuesdays and Thursdays at 12 noon; fee £2 2s.

HEALTH WEEK in 1930 will be celebrated from October 5th to 11th, and up to the present 124 towns have undertaken to emphasize self-help in health as being the responsibility of the individual citizen. A leaflet giving particulars of the steps that may be taken to this end is obtainable from the secretary of the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.1. It deals with the formation of local committees, construction of a programme, suggestions for lectures, and the various sources from which assistance can be obtained.

A CONFERENCE of the National Smoke Abatement Society is being held this week-end in Leicester from September 26th to 28th. The subjects dealt with include atmospheric pollution as affecting visibility and therefore aviation, and fuel research and smoke abatement. Among the speakers are Dr. R. Veitch Clark, medical officer of health for Manchester, and Dr. C. Killick Millard, medical officer of health for Leicester, while the president of the conference is Dr. H. A. Des Voeux.

THE August issue of the *Journal of the Cancer Research Committee of the University of Sydney* contains an account of the first conference of cancer organizations in Australia, which was held at Canberra on March 20th and 21st. Reports were received from different parts of Australia, and resolutions with reference to the establishment and conducting of radium clinics were approved. Dr. E. H. Molesworth read a paper on the relative value of the various methods of treating cancer; this is published in full in the issue just received.

Letters, Notes, and Answers.

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

NASAL CATARRH AND HARRISON'S SULCUS.

"H. A. F. G." asks for information regarding the title and date of appearance of an article on the subject of the prevalence of rhinitis in the newly born. It was stated that in the experience of the writer half the children born became infected with rhinitis within a very few days of birth. The author of that article also advanced the view that Harrison's sulcus in rachitic children was due to the effect of nasal obstruction tending to create a negative pressure in the thorax, and thus inducing moulding of the ribs over the liver. Our correspondent thinks the article in question appeared not more than six or seven years ago