

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

CEREBELLAR HAEMANGIOMA

The following recent case is of interest in association with Dr. W. T. Collier's article on Lindau's disease (*British Medical Journal*, July 25th, p. 144).

A man, aged 63, was found unconscious. At 6 a.m. I was called out to see him. I learned that he had always been in perfect health hitherto, and had never complained of anything. At 10 o'clock on the previous evening he complained of giddiness. He left the house to post a letter, and vomited on returning. He went to bed complaining of giddiness. At 6 a.m. he was found unconscious.

On examination the patient was comatose, respiration regular and deep, 24 per minute; no stertor. All tendon reflexes absent. No rigidity of limbs. Babinski's extensor response in both legs. Pupils pin-point, not reacting to light. Pulse 120, good volume. Blood pressure, 120/90. Retinae could not be examined, the pupils were too contracted. No incontinence of urine or faeces. Catheter specimen of urine contained an enormous amount of sugar. No acetone or aceto-acetic acid. The patient died at 5 p.m. on the same day.

A post-mortem examination revealed the presence of a cerebellar haemangioma in a lateral lobe. The wall was thickened, and it contained a lot of fresh blood. The pancreas and kidneys showed no cystic degeneration. The retinae were not examined.

This case is interesting in view of the absence of all previous history in spite of the presence of a thick-walled large cerebellar haemangioma. The presence of glycosuria led one to think of diabetic coma, but the absence of acetone and diacetic acid excluded that possibility.

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London, N.

L.R.C.P.

ACUTE OSTEOMYELITIS OF THE ILIUM

The article on this condition by Mr. A. Rendle Short, in the *Journal* of July 18th, prompts me to mention a case that passed through my hands. In view of the apparent rarity of the condition I think an account of the case is justifiable.

A boy, aged 19, was admitted to the Llwynypia Hospital on December 17th, 1930, as a case of septic arthritis of the left hip-joint. He had been ill at home for one month, complaining of constant pain in the hip. His doctor had thought the condition one of tuberculosis, and this was confirmed by the tuberculosis medical officer of the district. Treatment by rest and weight extension failed, however, to relieve the pain or reduce his temperature. Two days prior to admission haematuria developed, and the boy's condition changed for the worse.

On admission the patient was in a very toxic state, with immobility of the left leg and pain on active movements. There was no deformity, and rotary movements of the femur were painless. There was acute tenderness on pressure all along the crest of the ilium, with swelling and dilatation of the surface veins around. On exploration of the swollen area around the iliac crest with a 5 c.cm. syringe, yellow pus was found, examination of which showed staphylococci. Apart from the confirmation of the presence of blood in the urine, nothing else of importance was discovered on clinical examination.

The same evening an operation was performed. Through an inverted anchor-shaped incision the iliac crest was exposed and the gluteal muscles turned down. A large sub-periosteal abscess was opened while this was being done, and it was observed that the periosteum was thickened and showed evidence of new bone formation. The ilium was trephined and necrotic bone removed all round. The bone was very friable and came away easily. The wound was bipped and freely drained, and the leg was fixed on a double abduction

frame with extension. The boy was in a very shocked condition at first, but after two days his temperature fell to normal, and he made an uninterrupted recovery.

In June, 1931, an x-ray was taken and showed the hip-joint to be quite free from disease. A small superficial sinus still remains, but the patient is able to walk normally and has good movements in the left hip. It is noteworthy that the haematuria disappeared spontaneously twenty-four hours after the operation.

Commentary

The length of time before the diagnosis of osteomyelitis was made is to be noticed. The value of the "anvil" and the "rotation of the extended leg" tests in distinguishing between an intra-articular and an extra-articular lesion of the hip-joint was well exemplified in this case. The success of a somewhat radical operation in the presence of grave toxæmia is interesting in connexion with the question of treatment.

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British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

CALCUTTA BRANCH

SYPHILITIC DISEASES OF THE EYE

At a clinical meeting of the Calcutta Branch on July 10th, with Dr. KENDARNATH DAS in the chair, Lieut.-Colonel E. O'G. KIRWAN, I.M.S., read a paper on syphilitic diseases of the eye, in which he presented an analysis of cases treated at the Eye Infirmary of the Calcutta Medical College during 1930.

Lieut.-Colonel Kirwan said that of the total of 26,067 cases, 788 (3.02 per cent.) were syphilitic. The Wassermann reaction was positive in 740 cases; of the 318 negative cases 169 patients gave a history of previous syphilitic disease and treatment, and 131 showed the stigmata of congenital syphilis. In order of frequency came iritis, optic atrophy, interstitial keratitis, iridocyclitis, optic neuritis, cataract, choroiditis, chronic conjunctivitis, and ophthalmoplegia. Less frequent were primary glaucoma, gummata, vitreous opacities, primary sore on the conjunctiva, and retrobulbar neuritis. Primary syphilitic conditions of the eye were very rare, only two cases occurring in the figures. Interstitial keratitis was extremely important, since it caused so much unnecessary blindness, and its recognition should always be possible by the general practitioner. It involved the deep layers of the cornea, which were rendered opaque from the inflammation. Infiltration began at the centre or periphery; the corneal surface became like ground glass, but there was no break in the epithelium. Vascularization was effected by the scleral branches of the anterior ciliary arteries, the new vessels being arranged in tufts without the branching seen in pannus. The attack was often precipitated by injury, and this had an important medico-legal bearing in workmen's compensation cases. Both eyes were likely to be attacked, sometimes simultaneously, sometimes at different times; early and energetic treatment would avert the otherwise inevitable involvement of the other eye. Cavill and Darby had reported such success in 18 per cent. of cases, and it was now held that such treatment would ameliorate and hasten the treatment of involvement of the second eye while dealing with the first. In India the cases were usually seen late, and therefore both eyes were involved. This observation should disprove the commonly held

opinion that anti-syphilitic treatment was of little use in interstitial keratitis.

Iritis and irido-cyclitis were common complications of syphilis; Colonel Maynard had stated that 1 to 4 per cent. of syphilitic patients in India had iritis. The nodules seen on the iris were not gummatous, and were not tertiary manifestations. Iritis associated with a positive Wassermann reaction was not necessarily syphilitic; septic teeth infections were very common sources of focal affections of the eye. Cyclitis often accompanied syphilitic iritis. Optic atrophy due to syphilis was a frequent occurrence; treatment, if early and energetic, might prevent blindness, which was otherwise the end-result of optic atrophy. Cataract due to syphilis was common in juvenile cases; no operative intervention was justifiable when the Wassermann reaction was positive. Iritis was almost certain to occur. An exception might be made in secondary glaucoma. Pseudoplasmas were commonly due to the chronic inflammation of syphilis. Chronic conjunctivitis, one of the most interesting of syphilitic complications, was usually, however, a tarsitis, and was commonly diagnosed as trachoma; trachoma occurred very rarely in Bengal. The routine treatment of all syphilitic ocular conditions in the Eye Infirmary consisted of weekly intramuscular injections of metallic bismuth and sulfarsenol. Syphilitic optic neuritis might apparently get worse with treatment, and in such cases the arsenic should be stopped. The course of treatment was twelve weekly injections of bismuth and sulfarsenol, followed by a course of potassium iodide. The Wassermann test was performed three months from the day of the last injection. If the reaction was positive, another course of injections was commenced. Early and energetic treatment in all ocular manifestations of syphilis was essential, though the prognosis in optic atrophy and interstitial keratitis in the adult was bad.

Lieut.-Colonel HARNETT, I.M.S., emphasized the necessity of considering syphilis as a possible causal agent in eye conditions; the Wassermann test should be performed in every case where syphilis might be the cause. As regards interstitial keratitis there were still some who held that general treatment was of little avail. With regard to treatment he himself found it necessary to intermit the injections every three weeks, especially in the case of arsenic. Dr. S. K. MUKHERJEE stated that in his experience arsenic and bismuth injections had proved superior to mercury treatment in interstitial keratitis. The time required for treatment was much shorter, and there was less likelihood of the other eye becoming affected. In India, however, the latter complication was unfortunately common. This disease was common in girls about puberty, and in males about 6 years of age and after the "teens." He advised intravenous injections in acute cases of eye syphilis, although as a hospital routine it was difficult to carry out.

Lieut.-Colonel KIRWAN, in reply, stated that the newer school of ophthalmologists were all practically agreed that the treatment of interstitial keratitis on general lines was beneficial; some cases, however, were undoubtedly refractory. Mercury, he considered, had a place in the treatment of ocular syphilis, but in hospital practice it had been given up, mainly owing to the large amount of dental defects in the patients. He agreed that intravenous injections were useful in certain cases—iritis, for instance. Examinations of the cerebro-spinal fluid might be made more frequently, but experience had shown that in eye cases the reactions did not differ much in the great majority of cases from those of the blood.

EARLY USE OF FORCEPS IN ENGLAND

Dr. KEDARNATH DAS read a paper on the use of midwifery forceps in England two hundred years ago, and

showed copies of two books published in London in 1710 and 1735 by Drs. Giffard and Chapman respectively. He read numerous extracts from these books. It was evident, he said, that the forceps or extractors were in fairly frequent use in England at this period. Giffard's book contained a description of 225 deliveries, in thirty-five of which forceps were used. Chapman stated that he "could produce many other instances in which forceps were used in this town." Their application was restricted to "low" cases, and they were employed in malpresentations of the head mainly, and in delay or obstruction of the head in the passage. Fairly sound descriptions of how to apply the instrument were given in these books; apparently they were inserted in the antero-posterior and not the lateral plane. Chapman advised loose forceps, the handle being left unscrewed. He had realized the benefit of this method from having lost the screw on one occasion, and being unable to find it. Giffard described how in one case, having failed with forceps, he completed delivery by version. The use of forceps was by no means generally approved by the profession of those times, and Chapman in his preface submitted a vigorous defence of the instrument against its detractors, whose adverse opinion was based on ignorance or misuse. He predicted that in a short time they would be extensively used by every country practitioner, and that the crotchet and blunt hook would disappear.

Dr. J. M. DAS said that at the present time Caesarean section held the field, and it appeared that shortly there would be no need for forceps, for the child would never pass through the ordinary passages. It would be interesting to speculate on the midwifery of 200 years hence.

Lieut.-Colonel HARNETT, from the chair, thanked Dr. Kedarnath Das for his very interesting historical paper, and congratulated him on having been able to amass such a valuable collection of books and instruments. The paper was specially noteworthy when it was remembered that in those early days it was considered hardly respectable to practise midwifery; hence the debt that the science of medicine owed to men like Giffard and Chapman.

MEDICAL CONGRESSES, 1931

The following congresses and conferences on medical and allied subjects have been announced for the remainder of the year. Particulars are given below in the following order: date, name of organizing body, place of meeting, name of person to whom inquiries should be addressed. More detailed information about these meetings is given from time to time, as it becomes available, in the news columns of the *British Medical Journal*.

September 21.—Royal Institution (Faraday Centenary). London. Secretary of Royal Institution, 21, Albemarle Street, W.1.

September 21-23.—German Pharmaceutical Society. Vienna.

September 21-23.—German Association for Occupational Hygiene. Nuremberg. Secretary of Association, Platz der Republik 49, Frankfurt.

September 23-25.—Society for the Study of Metabolism and Diseases of Digestion. Vienna. Professor von den Velden, Bambergerstrasse 49, Berlin, W.30.

September 23-30.—British Association's Centenary Meeting. London. Secretary of Association, Burlington House, Piccadilly, W.1.

September.—Pan-Russian Congress of Gynaecologists and Obstetricians. Moscow.

October 1-3.—German Society for Urology. Vienna.

October 14-18.—International Congress of Comparative Pathology. Paris. Dr. Grollet, 7, Rue Gustave Nadaud, Paris, XXVIe.

PROSTATECTOMY OR DRAINAGE

SIR,—It would be helpful if Sir James Barr (June 27th, p. 1138) would advise as to how progressive enlargement of the prostate gland can be avoided by suitable treatment. Unfortunately, most of us are confronted with *un fait accompli*. We are then faced with the grave responsibility, especially in the case of the aged, of deciding whether prostatectomy or catheter life should be recommended—the former entailing real immediate risk to life, the latter deferred risk attended by much additional discomfort or even misery. It would be interesting to know the experience of surgeons who have in such cases resorted to suprapubic drainage. Is it possible with a suprapubic catheter in permanent use, with or without a waterproof receptacle, to obviate leakage?—I am, etc.,

Bromley, Sept. 3rd. ERNEST F. NEVE, M.D., F.R.C.S.Ed.

Obituary

By the death of Mr. HERBERT JOHN ROBSON, Leeds loses one of its oldest practitioners, and his passing will leave a gap in professional and in family circles. Mr. Robson was a student of the Leeds School of Medicine before its union with the Yorkshire College, and took his first qualification, that of Licentiate of the Royal College of Physicians of Edinburgh, in 1883. He at once entered on general practice, and soon became partner with his distinguished brother, Sir Arthur Mayo Robson, whose partnership with the late Mr. William Hall had about that time come to an end. When Sir Arthur, then Mr. Mayo Robson, gave up his general practice and devoted himself with such conspicuous success to surgery, adding thereby to the lustre of the Leeds School, Mr. Robson was for a good many years associated with Dr. McGregor Young. Some two years after he obtained his first qualification Mr. Robson became a Member of the Royal College of Surgeons of England. In 1904 he joined the Volunteer Medical Staff Corps, of which Professor de Burgh Birch, ably assisted by Mr. Matthew J. Oliver, the demonstrator of anatomy, was the originator and for many years the life and soul. He soon got his commission as lieutenant, and held the rank of captain in the R.A.M.C. at the outbreak of the great war. He served throughout the war in various capacities, being medical officer in No. 2 and No. 30 General Hospitals in France and senior medical officer to No. 1 Camp at Calais, as well as doing duty in different field hospitals. As a family practitioner Mr. Robson's reputation was deservedly a high one. The writer of these lines can call to mind many occasions on which he met him in consultation, and he was always struck by the meticulous care with which he marshalled the points in the case under discussion, by his kindness of heart, and by his conscientious desire to do the best for his patient.

Dr. ALBERT EDWARD BRINDLEY, who died recently at Nottingham at the age of 68, had been medical officer of health for Derby for twenty-two years. He received his medical education at Owens College, Manchester, where he graduated M.B., Ch.B. in 1889. Three years later he graduated M.B.London, proceeding M.D. in 1894. In 1898 he obtained the D.P.H. Among the numerous posts he had held were those of examiner and joint lecturer in public health in the University of Manchester, Fellow of the Society of Medical Officers of Health, and member of the Manchester Pathological Society. His work in Derby was on pioneer lines. When he assumed office there the death rate was 11.1 per cent. With only one assistant in a town of 100,000 inhabitants he set to work energetically, and such activities as the treatment of tuberculosis were actually being organized in Derby long before regulations in this respect were drafted elsewhere. His previous experience as medical officer of health for the county borough of Bury, and as medical

superintendent of the Nightingale Hospital and the Ainsworth Small-pox Hospital, had given him progressive and practical ideas which he was able to put into effect at Derby. He retired less than a year ago under the age-limit scheme, and soon afterwards his health, which had been impaired for some time, broke down. He was a member of the British Medical Association and of the local Rotary Club, and was very popular in Derby and its vicinity.

Dr. WILLIAM CHARLES FREDERICK HARLAND, who died on August 29th, was born in 1876, and received his medical education at St. Bartholomew's Hospital. He obtained the diplomas of M.R.C.S., L.R.C.P. in 1903, and graduated M.B., B.S.Lond. three years later. After holding resident posts at the Metropolitan Hospital and the Evelina Hospital for Children he was appointed house-physician to the Royal Infirmary, Hull. He was elected assistant physician to that institution in 1919; and had been physician to the Victoria Hospital for Children, Hull, for the last twenty years. Dr. Harland held a commission during the war in the R.A.M.C., and was subsequently medical referee to the Ministry of Health and the Ministry of Pensions. His great popularity in the city generally was manifested at his funeral; Hull city policemen acted as bearers. He was a member of the British Medical Association.

The following well-known medical men have recently died: Dr. MAURICE DE FLEURY, a Paris psychiatrist, member of the Académie de Médecine and Commander of the Legion of Honour, aged 71; Dr. VEDEL, professor of clinical medicine at the Montpellier Faculty of Medicine and Officer of the Legion of Honour; Dr. EUGÈNE DERRIEN, professor of biological chemistry at Montpellier, corresponding member of the Académie de Médecine, aged 52; Dr. BRODISLAS SEWICKI, honorary professor of the Warsaw Faculty of Medicine; Professor HEINRICH FRENKEL-HEIDEN, a Berlin neurologist and author of a work on treatment of tabetic ataxia by exercises, aged 72; Dr. ERICH EBSTEIN of Leipzig, a writer on the history of medicine, aged 51; Dr. PAUL SCHIEFFERDECKER, honorary professor of anatomy and anthropology at Bonn University, aged 83; Dr. EDMOND CHAUMIER of Tours, director of the vaccine institute at Plessy-les-Tours, corresponding member of the Académie de Médecine, and an eminent archaeologist; Dr. EDWARD CAMPBELL DAVIS, emeritus professor of obstetrics and gynaecology at Emory University School of Medicine, Atlanta, Georgia, aged 63; and Dr. RALPH WALDO LOBENSTINE, a New York gynaecologist, aged 56.

Universities and Colleges

UNIVERSITY OF LONDON

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL

The following lectures in pathology will be given on Tuesdays, at 5.15 p.m., in No. 1 Lecture Theatre of the Medical School, University Street, Gower Street, W.C.1:—October 13th and 20th: Professor J. C. G. Ledingham, F.R.S., Resistance to infection, natural and induced; October 27th and November 3rd: Professor C. R. Harington, F.R.S., The chemistry and functions of the thyroid gland; November 10th and 17th: Dr. Harriette Chick, Vitamins and disease; November 24th, December 1st and 8th: Dr. R. T. Grant, The pathology of endocarditis. Admission free to medical students and graduates.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL

As a result of the annual examination, the following have been awarded entrance scholarships and exhibitions: J. A. Lewis, the William Brown Senior Exhibition of £120; Morvyn Williams, the William Brown Junior Exhibition of £80; F. R. Berridge, an Anne Selina Fernee Scholarship of £80; R. D. Holloway, an Anne Selina Fernee Scholarship of £80; A. N. F. Critchley, an Anne Selina Fernee Exhibition of £60; R. A. Binning, an Anne Selina Fernee Exhibition of £60; C. E. Elliott, the Devitt-Pendlebury Scholarship of £50; and S. Ginsburg, an Entrance Exhibition of £40.

The Services

DEATHS IN THE SERVICES

Surgeon Captain Robert Francis MacMahon, R.N. (ret.), died at Sherborne on June 27th. He was educated in Dublin, in the school of the Irish College of Surgeons, and after taking the L.R.C.P. and S.I. in 1901, served as a civil surgeon in the South African war. He entered the Navy as surgeon in November, 1902, became staff surgeon in 1910, and fleet surgeon in March, 1918, retiring, with a step of honorary rank, on July 30th, 1928. He served afloat throughout the late war. In March, 1914, he was appointed to a battleship, H.M.S. *Hindustan*; in August, 1915, to H.M.S. *Vindex*, a seaplane carrier attached to the Harwich force; and in March, 1918, to H.M.S. *St. George*, a destroyer depot ship. Since the war he had served in the cruisers *Antrim*, *Yarmouth*, and *Castor*, and in the battleships *Revenge* and *Malaya*, and from October, 1926, till his retirement, was in charge of the Royal Marine Infirmary at Chatham.

Lieut.-Colonel Rustomjee Hormusjee Cama, Madras Medical Service (ret.), died in India on June 25th, aged 74. He was born on April 15th, 1857, and was educated at the Grant Medical College, Bombay, where he took the diploma of L.M.S. in 1879, and later in the same year took the M.R.C.S. and the L.R.C.P. Ed. Entering the I.M.S. as surgeon on March 31st, 1880, he became lieutenant-colonel after twenty years' service, and retired on July 13th, 1910. He served in the Burma campaign in 1885, when he took part in the occupation of Mandalai and Bhamo, and received the frontier medal with a clasp; and in the Chin-Lushai campaign on the North-East Frontier of India in 1889-90, receiving a clasp.

Medical News

Lord Ponsonby will present the prizes and deliver the inaugural address, at 3 p.m. on Thursday, October 1st, in the board room of St. George's Hospital. The annual dinner of St. George's Hospital Medical School will take place at the Hyde Park Hotel, Knightsbridge, at 7.15 for 7.45 p.m. on the same day.

The ninety-seventh winter session of the Middlesex Hospital Medical School will open on Thursday, October 1st. Professor James McIntosh, M.D., director of the Bland-Sutton Institute of Pathology, will deliver the introductory address in the Queen's Hall, Langham Place, at 3 p.m., and Sir John Bland-Sutton, Bt., consulting surgeon to the hospital, will distribute the prizes. The wards of the new west wing, the new nurses' home, and the medical school and research departments, will be open for inspection. The annual dinner will be held at the Savoy Hotel on the same evening at 7.30 o'clock.

The Society for the Study of Inebriety announces that the fourteenth Norman Kerr Memorial Lecture will be delivered by Viscount Brentford on Tuesday, October 13th, at 4 p.m., in the Friends House, Euston Road, N.W. His subject is "How the alcohol question concerns the duties of the Home Office."

The Harben Lectures will be delivered at the Royal Institute of Public Health (37, Russell Square, W.C.) by Dame Louise McIlroy, on "Recent researches in the prevention of maternal, foetal, and neo-natal mortality." The first, on October 5th, will deal with the ante-natal period, the second, on October 6th, with the intra-natal period; and the third, on October 7th, with the post-natal period. The lecturer will describe the methods employed, and the results of the research work carried out, in the Obstetrical Unit of the Royal Free Hospital, during the last ten years. The lectures begin at 4 p.m.; no ticket of admission is needed.

A course of nine lectures in tropical hygiene nursing arranged by the County of London Branch of the British Red Cross Society will be given on Monday, Wednesday, and Friday afternoons at 9, Chesham Street, S.W.1, commencing on Monday, September 28th, at 5.30 o'clock. The fees for the course are 5s. to members of Red Cross and Voluntary Aid Detachments and 7s. 6d. for non-members, or 1s. per lecture.

The opening meeting of the new session of the West London Medico-Chirurgical Society will be held on Friday, October 2nd.

A programme of post-graduate demonstrations has been drawn up by University College Hospital Medical School for the benefit of old students. On Thursday and Friday, October 15th and 16th, there will be demonstrations from 10 a.m. to 3 p.m. On Friday at 4.15 p.m., the annual general meeting of the Old Students' Club will be held in the Medical Society's Rooms in the Medical School, followed at 7.30 p.m. by the annual dinner at the Hotel Victoria. The annual general meeting of the U.C.H. Women's Medical Association will be held on Friday, at 4.15 p.m., in the Women Students' Common Room at the Medical School, and the annual dinner at the Piccadilly Hotel at 7.45. The laboratories of the Institute of Medical Sciences, University College, will be open throughout these two days for inspection by old students.

The Fellowship of Medicine and Post-Graduate Medical Association announces the following courses: medicine, surgery, and specialties at the Metropolitan Hospital, Kingsland Road, E., from September 28th to October 10th, occupying the whole of each day; fee £3 3s., or £2 2s. for one week only. A similar course at the Prince of Wales's Hospital, Tottenham, from October 12th to 24th; fee £5 5s., or £3 3s. for one week. A course of lectures for the M.R.C.P. in the evenings, at 8.30, at the Medical Society of London, 11, Chandos Street, Cavendish Square, on Mondays and Wednesdays, beginning October 5th; fee £6 6s. for eighteen lectures, or 10s. 6d. per lecture, payable at the lecture room. Two special eye demonstrations will also be given, fee 10s. 6d. each; early application for these is essential. Diseases of the throat, nose, and ear at the Central London Throat, Nose and Ear Hospital, Gray's Inn Road, occupying the whole of each day, from October 5th to October 31st, and including a clinical course, fee £5 5s.; a pathology class, fee £5 5s. (limited); a peroral endoscopy class, fee £6 6s. (limited); and an operative class, fee £7 7s. (limited). Tropical medicine at the Hospital for Tropical Diseases, 25, Gordon Street, from October 5th to 24th, occupying the whole of each day; fee £8 8s. A course in diseases of the skin will be given at St. John's Hospital, Leicester Square, from October 12th to November 7th. Gynaecology will be the subject of a course at the Chelsea Hospital for Women, October 12th to 24th, fee £5 5s., and paediatrics at the Hospital for Sick Children from October 19th to 31st, fee £5 5s. As the latter course will not be held unless ten post-graduates enter for it, early application is desirable. A course in cardiology will be held at the National Heart Hospital from October 12th to 24th, fee £7 7s. Copies of syllabuses of all courses may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1, also syllabuses of the series of free lectures and demonstrations for October, November, and December.

An illustrated talk on recent discoveries at Westminster Abbey will be given in aid of the King Edward's Hospital Fund for London on Tuesday, October 27th, at 5.30 p.m., in the Great Hall of Westminster School, by Mr. Lawrence E. Tanner, Assistant Keeper of the Muniments of Westminster Abbey. He will describe, with the aid of lantern slides, recent discoveries made at the Abbey. Tickets (5s. reserved, and 2s. 6d. unreserved) may be obtained from the secretary, King Edward's Hospital Fund for London, 7, Walbrook, London, E.C.4.

The new radiological pavilion and nurses' home extension at the North Middlesex County Hospital, Edmonton, will be opened on the afternoon of Tuesday, September 29th, by Alderman and Mrs. G. Marlow Reed.

The second centenary of the French Academy of Surgery will be celebrated at the Académie de Médecine on October 7th in the presence of the President of the Republic.

Owing to the economic crisis, the International Psycho-analytic Union has postponed to next year its congress, which was to have been held from September 7th to the 11th.

For the second year in succession the Library Association, at its annual conference, gave a session to the discussion of patients' libraries. The large hall in the Cheltenham Town Hall was filled with a keen audience of 500 persons. The chairman, Lieut.-Colonel J. M. Mitchell, emphasized the very great potential importance of hospital libraries to hospitals and to public libraries. In the past the British Red Cross and Order of St. John Hospital Library had rendered—and continued to render—a great service, but he considered that public libraries had not played their part. To-day, with co-operation between hospital and library authorities, it would be possible to go a long way towards giving hospital patients the privileges of books. Dean Inge then addressed the audience, and referred to this age as "a reading age." Those, therefore, who found themselves in hospitals were even more likely to long for books and to be benefited by them than in former years. Moreover, he laid stress on the need for a sympathetic choice of books, both with regard to the individual and to his disease. It was decided that the Red Cross Hospital Library should continue, for the present, to supply a library service for the London hospitals (voluntary and council), for mental hospitals, infectious institutions, and sanatoriums, and for ex-service men's institutions; and it is hoped that as soon as possible, public and county libraries will, where the co-operation of the hospital authorities is secured, provide the service for their respective non-infectious hospitals. Correspondence on the subject from doctors and public health officers will be welcomed by the organizing secretary, British Red Cross and Order of St. John Hospital Library, 48, Queen's Gardens, Lancaster Gate, W.2.

At the close of the second International Hospital Congress in Vienna in June, representatives of the forty-one countries participating agreed to organize an International Hospital Association, with a view to the exchange of opinions on all sides of hospital work, and co-operation in promoting necessary improvements. Membership comprises national hospital associations and individuals directly or indirectly interested in their work; it will entitle them to receive *Nosokomeion*, the official organ of the association, and to participate in international hospital congresses. Ten permanent committees have been set up to establish standards of different kinds for hospitals throughout the world. Further information may be obtained from the general secretary of the International Hospitals Association, Dr. E. H. L. Corwin (2 E, 103rd Street, New York), or from the British representative on the executive committee, Dr. J. Parlange Kinloch, Edinburgh.

At the sixth International Medical Congress on Industrial Accidents and Diseases, held in Geneva in July last, the council approved the request of representatives of sixteen countries for the formation of a special section for life assurance medicine. The countries represented were Austria, Belgium, Czechoslovakia, Denmark, France, Germany, Great Britain, Holland, Hungary, Italy, Luxembourg, Norway, Poland, Spain, Sweden, and Switzerland. A sectional executive committee consisting of Dr. Hörnig (Berlin), Dr. Otto May (London), Dr. Goffin (Brussels), Dr. Coert (The Hague), Professor Romanelli (Rome), Professor Bergstrand (Stockholm), and Dr. Kaufman (Zurich) was elected, with Dr. Hörnig as chairman and Dr. Kaufman as honorary secretary.

Messrs. J. and A. Churchill announce for early publication: *Recent Advances in Materia Medica*, by Dr. J. H. Burn, director of the Pharmaceutical Society's pharmacological laboratory; *Medical Emergencies*, by Dr. C. E. Newman; *Clinical Lectures in Psychological Medicine*, by Dr. Henry Yellowlees; *Diseases of the Kidney*, by Mr. W. Girling Ball and Dr. Geoffrey Evans; and *Surgical Pathology*, by Messrs. C. F. W. Illingworth and B. M. Dick.

Messrs. Longmans announce for publication this month a new edition of Sir Frank Colyer's *Dental Surgery and Pathology*, revised and partly rewritten by Dr. Evelyn Sprawson.

The issue of *Deutsche medizinische Wochenschrift* for September 4th contains a sympathetic obituary notice of the late Professor W. E. Dixon by the co-editor and well-known pharmacologist, Dr. P. Wolff, who emphasizes the loss to the British Medical Association caused by his death.

An International Federation of Societies of Tropical Medicine and Hygiene has been constituted, under the presidency of Professor C. Achard, by the association of leading authorities on tropical medicine from twenty countries. At the invitation of the editorial committee of the *Revue pratique des Maladies des Pays Chauds*, various societies will exchange views on different subjects in order to bring into being a legal constitution for the International Federation.

The third Rumanian medical congress was held at Costanza from June 13th to 15th, when the following subjects were discussed: inoculation against tuberculosis, introduced by Dr. Cantacuzène; endemo-epidemic malaria, by Dr. Zotta; health legislation, by Dr. Gane; tuberculosis of the hip, by Dr. Balacesco.

The Minister of Health has appointed Captain D. W. Gunston, M.C., M.P., to be his parliamentary private secretary (unpaid).

A cholera epidemic has recently broken out in Mesopotamia and has caused the loss of thirty lives.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

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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

Tonsils and Adenoid Operations

"DENTAL SURGEON" inquires for statistics showing the need for operation for tonsils and adenoids in children at the period between their third and fourth birthday anniversaries, and also between their fourth and fifth.

Persistent Morning Cough

"H. V. D." writes: A girl of 9 years wakes up every morning with an irritable hard cough, which persists off and on until after breakfast. Her mother states that the usual time for the cough to start is between 5 and 6 a.m., and if it does not wake her she coughs off and on until she does wake up. She is apparently free from cough all day after the morning bout is over. The cough is hard, and there is no sputum. The chest has been x-rayed, with negative results. There is no sign of adenoids or nasal catarrh. Threadworms were suspected, but nothing found. I should be grateful for any suggestions with regard to the cause of this morning cough, which has now persisted regularly every morning without fail for over a year; also any suggestions for treatment would be welcomed.