

the younger the age at onset the more likely is the condition to be acute, as all our cases occurred in early childhood. Indeed, this constitutes one of the most striking points about this epidemic. Quincke stated that serous meningitis is mainly a disease of young adults, but that cases do occur in childhood. Of his six acute cases reported, three patients were 20 or more, one was 14, one $3\frac{1}{2}$, and one $1\frac{1}{2}$ years old. Another striking point of difference between the cases now under discussion and those described by Quincke is the shortness of the course. In our cases all meningeal symptoms cleared up in a few days after lumbar puncture. Quincke's acute cases lasted from four weeks to five months. Fever was marked in all but one of our patients, whereas it was absent or slight in Quincke's. Only one of the latter's—the youngest—suffered from broncho-pneumonia, whereas it was present in the majority of our patients.

Since Quincke's time the condition has been fairly well recognized, but little new has been added to our knowledge. A good modern description of the disease (now translated into English) is given by Ibrahim.³ The most important differences between the affection as described by him and the present series of cases are: (1) the frequency of otitis media as a point of origin; (2) the common occurrence of fatal cases (Ibrahim states that the more acute the onset the greater the mortality); (3) the formation of a fibrin clot in the fluid obtained by lumbar puncture; (4) the occasional growth of micro-organisms from the cerebro-spinal fluid (*B. influenzae*, *B. coli*, pneumococci, streptococci, or staphylococci); (5) the occurrence of tetany as a complication—of evil prognostic import.

The most recent account is that given by Schneider referred to above. The affection appears to be more or less endemic in Central Europe, with mild epidemic outbreaks. Although in previous German epidemics children were mostly affected, the youngest of Schneider's patients was 14 years old, the majority were middle-aged adults, and there was no marked preponderance of either sex. The cerebro-spinal fluid was sometimes opalescent, the cell count and protein both being increased. The author believes the disease to be an abortive form of cerebro-spinal meningitis.

It is interesting to note in this connexion that there was a mild epidemic of cerebro-spinal fever at the same time as the occurrence of our cases. However, in our opinion, the very frequent coincident broncho-pneumonia points rather to an influenzal infection being the cause—especially when it is remembered that there was also an influenza epidemic at the time. Lafora⁴ in 1922 expressed the opinion that influenza was a frequent cause of serous meningitis, and he reported a chronic case following influenza in a woman of 35, who was cured by repeated lumbar puncture. Indeed, it does not appear unreasonable to suppose that this form of meningitis may result from mild infections of various natures, influenza perhaps being the commonest; and we suggest that the name "meningitis minor" be applied to them to differentiate them from the infinitely graver suppurative or tuberculous forms. The name "serous meningitis," while it distinguishes them from the former, does not denote the profound way in which these mild cases differ from tuberculous meningitis. Dr. C. P. Symonds, in conversation with one of us (J. V. C. B.), pointed out the inaccuracy of the term "serous meningitis."

SUMMARY

1. Thirteen patients with symptoms of meningitis were admitted into hospital in six and a half weeks during the early spring of this year.

2. Eight of the thirteen had coincident broncho-pneumonia.

3. All the patients were young children; ten were boys.

4. The cerebro-spinal fluid was under pressure, clear, and sterile. The protein tended to be increased slightly, but usually there was no other abnormality.

5. Lumbar or cisternal puncture caused rapid and complete disappearance of the symptoms.

6. The condition may be an abortive form either of influenzal or cerebro-spinal meningitis. In the present cases it was probably the former.

7. The disease, while resembling that described by Quincke as serous meningitis, shows several important differences, particularly in its benign course. It is suggested that the name "meningitis minor" is preferable.

REFERENCES

- ¹ Quincke, H.: *Über Meningitis Serosa, Sammlung Klin. Vorträge*, Leipzig, May, 1893, lxvii, 655.
- ² Schneider, H.: *Wien. klin. Woch.*, March 13th, 1931, 350.
- ³ Ibrahim, J.: *Feer's Pediatrics*, translated by Sedgewick and Scherer, p. 474. Lippincott, 1922.
- ⁴ Lafora, G. R.: *Siglo Med.*, May, 1922, 540, 572.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

POISONING FROM MOTOR CAR EXHAUST FUMES

In the last year two cases of poisoning from exhaust fumes have been observed. The cases were so very similar that a description of one only is thought necessary.

A removal agent came to see me one day in despair. He had seen two doctors in a month, and neither could help him. I was equally stumped by his symptoms, but hit upon the diagnosis by chance.

Since 1919, when he left the Army, in which he was a transport officer, this man had been employed by a firm of removal contractors, and worked twelve to fifteen hours a day. He had never had a holiday. His job is to go from Leeds to any town in England to arrange a removal. This he does by car.

Till the early part of last year he had no complaint, and enjoyed his work. In February he found himself much more easily tired than usual. His eyesight worried him at night. He gave the following example, which shows at the same time what a strenuous day's work he was in the habit of doing. One day he went to the office at 9 a.m., read his letters, and dictated replies. At 11 o'clock he motored to Manchester, arranged for a removal, and motored back, arriving at 5 p.m. After two hours in the office he had a meal, and set out by road for Newcastle-on-Tyne. He felt sleepy, and his eyes were heavy as he drove—"a most unusual state of affairs"—but he arrived there at 11 p.m., completed his business, and set off for home. In the early hours he noticed that the lights of approaching traffic seemed to flicker and flash. A little later he caught himself on the verge of falling asleep—a feeling he had never experienced before. He wisely pulled up, and slept for half an hour. He started again, but had great difficulty in driving, because he could not place lights correctly on the road. He would see the light of a house, but it would be so unsteady that he could not determine on which side of the road the house lay. Several times he stopped, overpowered with sleep, but eventually he reached home. A few hours in bed restored him to a feeling of comparative freshness, but when he got into his car the feeling of helplessness overcame him. The climax arrived one day when he stopped at a robot. For ten minutes he tried to decide when the light was green and when red. He could see the change in colour, but he could not remember which colour stood for safety and which for danger. He thereupon hired a chauffeur, but he got no better. He was under medical treatment, and was having more rest than usual.

When I saw him he had a pulse rate of 54, a blood pressure of 108/92. His tendon-jerks were scarcely perceptible. His eye light reflex was almost absent, the pupil being small. There was no colour-blindness. His speech was staccato and rapid, the words falling over one another. His hair was falling rapidly. He sweated easily. His tongue was dirty, but he had no symptoms of digestive trouble. He was very nervous, and could not sit still a moment. There was no apparent loss in weight.

After three days in bed, on thyroid and injections of Fraisse's neurosthenic ampoules (he had gone to bed with a diagnosis of neurasthenia due to overwork), he was much better. He insisted on returning to work on the fourth day. On the fifth day his symptoms began to recur. I happened to meet him in the street, and in a conversation about his car he mentioned how long he had had it. This period coincided with the length of time his symptoms had been observed. On inquiry, it was discovered that fumes from the engine were noticed in the car on long runs, and that he always had the windows shut, or nearly so. He was advised to have the floor boards sealed against gases and a new exhaust washer put in place. His symptoms disappeared in about ten days, and he has had no recurrence.

The similarity of the second case was so marked that it seems worth while publishing these symptoms in the hope that they may prove of help to others. The other man was a motor salesman. The inability to focus and place lights at night, the fatigue, and the inability to recognize colours were described in the same order. His car had leaking floor boards, and was of the same make as the first car mentioned. The new models of this type have improved floor boards and improved design for removing exhaust gases.

Leeds. R. A. MURRAY SCOTT, M.A., M.B., B.Chir.

DEATH FOLLOWING SODIUM TETRA- IODOPHENOLPHTHALEIN

Sodium tetraiodophenolphthalein for cholecystography only occasionally gives rise to untoward symptoms, and rarely has fatal results, provided its contraindications are observed. Among these is heart disease, but the difficulty is, with the means ordinarily at the physician's disposal, to detect unsuspected myocardial degeneration such as fatty infiltration.

I was asked, on August 11th, by the East Middlesex coroner (Dr. George Cohen) to do a post-mortem examination—soon after death—in the case of a woman, aged 60, who collapsed and died after the fifth of a series of capsules, each of 0.5 gram, of sodium tetraiodophenolphthalein, taken at half-hourly intervals for cholecystography. Externally the whole surface of the body (moderately well nourished) had an icteric tinge, but especially the conjunctivae. Internally, there were evidences of fairly grave anaemia; greenish discoloration of the liver; chronic cholecystitis; no bile; six stones, the colour, size, and appearance of peppercorns, in the gall-bladder, one in the cystic duct, and two in the common duct; and chronic pancreatitis.

On lifting the heart, without undue force, from the pericardium, the dissector's thumb penetrated the wall, so advanced was its degeneration: a fatty infiltration involving even the chordae tendineae. Kidneys, pale, showed fairly advanced interstitial changes. The stomach (which had been washed out) was undamaged, but the first six feet of small intestine showed a well-defined hyperaemia of varying degrees of severity, and its mucosa was smeared with the drug. The hyperaemia is of interest in view of the griping complained of in the severe reactions occasionally seen and yielding to adrenaline.

London, W.

TEMPLE GREY, M.B., Ch.M.

Reviews

BRIGHT'S DISEASE

The beautifully illustrated monograph by Professor THOMAS ADDIS and Dr. JEAN OLIVER on *The Renal Lesion in Bright's Disease*¹ is the result of ten years' work, and, like Bright's original account in 1827 and Volhard and Fahr's volume in 1914, it is designed to correlate the clinical manifestations with the morbid changes in the kidneys. The attractions of functional tests of renal efficiency have recently tended to concentrate attention somewhat too exclusively in one direction, and Professor Addis out of his full clinical experience submits this attitude to a critical and penetrating analysis. The bearing of efficiency tests on prognosis is disappointing, for the same abnormalities of function are present in transient lesions as in those that are lasting, progressive, and fatal; the tests do not indicate the nature of the morbid change which has affected the functioning tissue, and it is the nature of the lesion, not its extent, that determines the patient's fate. The warning is thrown out that the clinical tests now in vogue have no more lasting value than the quite provisional hypotheses on which they are based, and that the hopes entertained as to their value "were from the first unwarranted because our conceptions as to the physiology of the kidney are quite naturally as childish and incomplete as is our knowledge of its structure." But it must not be supposed that Professor Addis neglects in the least their use and any information that can be obtained from laboratory investigation, for the clinical notes on seventy-two patients with various forms of Bright's disease, on whom necropsies were eventually obtained, show that the blood urea concentration, the volume of urine, rate of protein excretion, specific gravity, and a full examination of the sediment were regularly investigated. Their limitations, however, are insisted on; thus the diagnosis of renal disease by urinary examination depends on a quantitative, not on a qualitative, basis. Formerly it was generally supposed that casts and red blood corpuscles were evidence of definite morbid change in the kidneys; but examination of the urine of seventy-four healthy medical students gave the quite unexpected information that the twelve hours' urine contained on an average 1,040 casts, 65,750 red blood cells, 322,500 white cells and epithelial cells, and protein between 10 and 30 mg. A protein excretion of more than 30 mg. and a rate of cast excretion above 5,000 per twelve hours were regarded as pathological.

The clinical and pathological records of the seventy-two cases, each with plates of the microscopical appearances, are contributed jointly by the two authors, who otherwise are separately responsible for the remaining ten chapters on the clinical and pathological aspects of the subject. The authors write from their own points of view, but they reach the same conclusions. The confusing nomenclature of renal disease has much to answer for; instead of the use of the term "nephritis," which connotes inflammation of some sort, the non-committal eponymic Bright's disease is employed, and is divided into three main groups—haemorrhagic, degenerative, and arterio-sclerotic. Every student of Bright's disease is tempted to construct a classification; thus Miss Dorothy S. Russell suggested a new one in 1929. There is a great virtue in simplicity, and in this and other respects Addis and Oliver's groups closely resemble those of Volhard and Fahr, whose nephrosis corresponds to the degenerative

¹ *The Renal Lesion in Bright's Disease*. By Thomas Addis and Jean Oliver. New York: P. B. Hoeber, Inc. 1931. (Pp. xi+628; 170 plates, 2 in colour, 21 figures, 1 folding table. 16 dollars.)

He acted successively as assistant medical superintendent of the Cumberland and Westmorland Asylum, medical superintendent of Derby Mental Hospital, and medical superintendent of New Saughtonhall Mental Hospital, near Edinburgh. Along with Dr. W. A. Macnaughton, lately M.O.H. Kincardineshire, he founded the Caledonian Medical Society, which recently celebrated its jubilee, and of which he was for a time president and also acted as secretary. He took a deep interest in the work of this society, which exists as a bond of union between medical men of Scottish birth or associations, and he was mainly responsible for making the arrangements in connexion with its annual meetings. The society publishes quarterly the *Caledonian Medical Journal*, and in that periodical Dr. Macphail also took a great interest. Dr. Macphail was the author of contributions to medical literature dealing with mental diseases, such as "Clinical observations on the blood of the insane," which was a prize essay of the Medico-Psychological Association; "A case of Addison's disease associated with insanity," in the *Journal of Mental Science* (1885); and "The mental equation in bodily disease," in the *Quarterly Journal of Medicine* (1897).

A funeral service was held in St. Cuthbert's Parish Church, Edinburgh, on September 16th, and the interment took place at Lasswade Churchyard, attended by a large number of members of the medical profession.

Universities and Colleges

UNIVERSITY OF LONDON

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

A course of twenty lectures on the history and practice of medical industrial psychology will be given during October, November, and December by Millais Culpin, M.D., F.R.C.S., professor of medical industrial psychology in the University of London; Eric Farmer, M.A., lecturer on medical industrial psychology; Major Greenwood, D.Sc., F.R.C.P., F.R.S., professor of epidemiology and vital statistics; and May Smith, M.A., D.Sc., lecturer on medical industrial psychology. At the first of the series, on October 1st, which will be Professor Culpin's inaugural lecture, the chair will be taken by Air Vice-Marshal Sir David Munro, K.C.B. This course is designed to meet the requirements of students for the Academic Diploma in Psychology of the University of London, and also of students for the degree of Ph.D. in medicine (non-clinical subjects). The lectures will be given on each occasion at 5 p.m., at the London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C.1. The fee for the complete course, in the case of persons not members of the School's D.P.H. class, will be £2 2s. Admission to the introductory lecture will be free.

The Services

HONORARY PHYSICIAN TO THE KING

Colonel L. D. Bailey, M.C., T.D., Assistant Director Medical Services, 47th (2nd London) Division, T.A., has been appointed Honorary Physician to the King vice Colonel J. G. Martin, T.D. (ret.).

EFFICIENCY DECORATION

The King has conferred the Efficiency Decoration upon Major John Samuel Hudson, R.A.M.C. (T.A.), under the terms of the Royal Warrant dated September 23rd, 1930.

TERRITORIAL DECORATION

The Territorial Decoration has been conferred upon Lieut.-Colonel Josiah Walker, M.C., R.A.M.C. (T.A.), under the terms of the Royal Warrant of October 13th, 1920.

NORTH PERSIAN FORCES MEMORIAL MEDAL

The North Persian Forces Memorial Medal for 1930 has been awarded to Dr. T. F. Anderson, Colonial Medical Services, for his paper on "A report on an investigation of health conditions on farms in the Trans-Nzoia, with special reference to malaria,"

published in the *Kenya and East African Medical Journal* for January, 1930. The medal is awarded annually for the best paper on tropical medicine or hygiene published in any journal during the preceding twelve months by a medical officer of under twelve years' service of the Royal Navy, Royal Army Medical Corps, Royal Air Force, Indian Medical Service, or the Colonial Medical Service, provided that the Memorial Committee consider that any paper published has attained a standard of merit justifying the award.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

In the House of Commons this week the Chancellor of the Exchequer (Mr. SNOWDEN) explained that it was necessary to make sterling currency temporarily inconvertible. A Bill for this purpose was passed forthwith by both Houses, and became law. Later in the week the House of Commons discussed the Finance Bill on second reading and the Economy Bill in committee. A proposal that the latter Bill should be withdrawn, owing to the departure from the gold standard, was made from the Opposition side, but was not entertained by the Government. Mr. MACDONALD announced, however, that the "cuts" in the salaries of teachers, police, and the defence services would be limited to 10 per cent.

National Economy Bill

During a discussion, on September 18th, of a Government resolution authorizing the payment or diversion of money under the National Economy Bill, Mr. CHAMBERLAIN (Minister of Health) said that in the case of doctors and chemists the Government proposed to reduce their remuneration by approximately one-ninth. He would like to pay a tribute of admiration and gratitude to the doctors and the chemists for the spirit in which they received this cut. They said at once that, treating this deduction not as a readjustment of their remuneration on its merits but simply as a call made upon them to contribute to the national need, on that basis they would readily pay their share. That was a very fine example, and the Government was grateful to them. The result of that action would be that in a full year there would be forthcoming £850,000 by way of deduction from the doctors' remuneration, and £120,000 by way of deduction from the chemists' remuneration, and those sums would be appropriations-in-aid of the Exchequer payments in the cost of administration of national health insurance.

Mr. PETHICK LAWRENCE, speaking for the Labour Opposition, said they also should tender to the doctors and chemists their thanks for these sacrifices.

Dr. FREMANTLE said there were 15,000 panel practitioners, practically all of whom were represented in the British Medical Association. Their spokesmen had discussed the position frankly with the Minister of Health. They had shown that, in the ordinary course of events, their contract with the State was binding, and any proposed alteration should have been submitted to a court of arbitration. The representatives of the profession took the line that, in accepting a cut of 11½ per cent., they made a contribution to the financial position in the present emergency without prejudice to the necessity of a revision of the rates of pay in the ordinary way. When that time came much would be said about the increased demands made on panel doctors for services for which a capitation rate of 9s. was fixed some few years ago. He went on to point out that, under the new Finance Bill, panel practitioners would also have to pay additional income tax and an extra petrol tax. This had brought no change in their attitude. They recognized they must suffer with the rest of the community. He reminded the House that the panel doctor lived on a very small margin, and that he was not a whole-time employee of the State. The chemists took the same patriotic line.

Mr. CAMPBELL STEPHEN said a ballot of medical men would show they were as indignant as any other section of the community.

Mr. LLEWELLYN JONES said the cut in the fee to be paid to medical men was more than 11½ per cent., and reduced the fee per panel patient nearly to the figure arrived at by agreement in January, 1913. At least 30 per cent. of the payments received by medical men represented the expenses

of their practices, so the real cut was 18 or even 20 per cent. He trusted it would not mean detriment to the medical service of the country.

The resolution was carried by 219 to 155. Subsequently the House arranged to discuss the economies in national health insurance on September 25th.

Economy by Local Authorities

Mr. CHAMBERLAIN, when answering questions by Dr. Marion Phillips and Mr. Thomas Lewis on September 17th, said his circular urging local authorities to seek economies did not supersede the circular of December, 1930, urging them to extend work for saving maternal and infant life. It would be for each local authority to consider whether further development of maternity services was required at present. The maternity scheme which was considered by the Committee on National Expenditure could not in any event come into effect for a considerable period.

Medical News

The annual dinner of past and present students of University College Hospital will be held at the Hotel Victoria, Northumberland Avenue, W.C., on Friday, October 16th, at 7.30 p.m., with Dr. H. J. Shirley in the chair. The annual dinner of past and present women students of the hospital will be held at the Piccadilly Hotel on the same evening at 7.45 o'clock.

The annual prize distribution at Charing Cross Hospital Medical School will be held in the council room of the hospital on Friday, October 2nd. The chair will be taken by Mr. George Verity at 4.15 p.m. and the prizes will be presented by Sir George Newman. On Saturday and Sunday, October 3rd and 4th, a week-end post-graduate course, restricted to past students of the hospital, will be held. On Saturday, October 3rd, the annual dinner of past and present students will be held at the Royal Adelaide Gallery, King William Street, W.C., at 8 p.m., under the presidency of Dr. J. M. H. MacLeod.

The inaugural address at the Westminster Hospital Medical School will be given by Sir Henry Hadow, in the board room of the hospital, on Thursday, October 1st, at 3 p.m., with Lieut.-Colonel H. C. Bulkeley in the chair.

The new session at the London (Royal Free Hospital) School of Medicine for Women will open on Thursday, October 1st, at 3 p.m., when the Right Hon. Sir John Simon will present the prizes and deliver an address.

Lord Dawson of Penn, President of the Royal College of Physicians, will open the new sanatorium at Epsom College on the afternoon of Saturday, October 3rd. Guests will assemble in a marquee at 2.45, and at 3 o'clock Lord Dawson will give an address, which will be followed by inspection of the sanatorium and tea in Big School.

At the meeting of the St. Pancras Division to be held in the British Medical Association's House, Tavistock Square, on Tuesday, October 13th, at 9 p.m., Lord Moynihan will give an address entitled "Ancient medicine and surgery."

Professor Arthur Hall will deliver the Schorstein Lecture on "Chronic epidemic encephalitis," at the London Hospital Medical College, on Thursday, October 15th, at 4.15 p.m.

The second winter session of the Hampstead General and North-West London Hospital Post-Graduate School, Haverstock Hill, N.W.3, will open on Wednesday, October 7th, at 4 p.m., when Sir William Willcox will discuss diabetes, its causation and treatment, with special reference to toxic causes. The course will be continued on successive Wednesdays at 4 p.m., terminating on December 16th.

The annual dinner of the Surgical Instrument Manufacturers' Association will be held at the Holborn Restaurant on Friday, October 9th, when the principal guests will be Mr. T. P. Dunhill, Mr. A. R. Melhuish, and Mr. L. Ferris-Scott.

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.

A new course of post-graduate lectures and demonstrations by the honorary staff of the Manchester Royal Infirmary will open on September 29th, when Dr. W. R. Douglas will lecture on surgery of the common bile duct. The lectures will be continued on succeeding Tuesdays until December 15th, with the exception of November 10th, when Professor W. Blair Bell (Liverpool) will deliver the Manchester Lloyd Roberts Lecture at St. Mary's Hospitals, Whitworth Street, Manchester, at 4.15 p.m. Demonstrations will be given on Fridays, from October 2nd onwards. The lectures and demonstrations will begin at 4.15 p.m.

A post-graduate course for former students will be held at the London Hospital Medical College from October 14th to 17th inclusive. It includes four morning sessions and three afternoon sessions, and an evening demonstration of methods of anaesthesia. The annual old students' dinner will be held on Thursday, October 15th, at the Trocadero, at 7.30 for 8 p.m. Luncheons can be obtained in the College dining hall, and tea will be provided in the committee room.

Under the auspices of the Tavistock Square Clinic for Functional Nervous Disorders, a course of eight lectures on "Nerves—ancient and modern" will be given at the Friends House, Euston Road, N.W. (opposite Euston Station), on Mondays, beginning October 12th, at 6 p.m., by Professor Millais Culpin. Fees for the course, £1 1s. Tickets must be obtained in advance from the honorary lecture secretary, 51, Tavistock Square, W.C.1.

A course in venereal diseases will be held at the municipal clinic of the Salford Public Health Department, consisting of fifteen lectures and demonstrations in modern methods in diagnosis and treatment; fee, £1 1s. The first lecture will take place on October 8th, at 7 p.m. This course of lectures qualifies for the University certificate, for which there is a fee of £2 2s., payable in advance to the bursar at the University. Those who intend to take the course are requested to send their names to the venereal diseases officer not later than October 1st, so that the necessary arrangements can be made.

The fifth Spanish Congress of Paediatrics will be held at Granada from October 19th to 23rd, under the presidency of Professor Suñer Ordoñez.

Mr. E. D. Simon, M.P., has been appointed Parliamentary Secretary to the Ministry of Health.

The Faraday Centenary Number of the *Times*, published on September 21st, contains a series of illustrated articles reviewing Faraday's life and work, and surveying the practical application in industry of his researches and discoveries. The story of his career is told by Commander Rollo Appleyard, and a psychological study is contributed by Professor Wilhelm Ostwald. Lord Rutherford discusses Faraday's methods under the heading of "Prince of experimenters," while Sir William Bragg recounts the early deductions that led up to the epoch-making experiment on August 29th, 1831. In another article Sir William shows how the foundation of the Royal Institution provided Faraday with the means for expressing his genius. Sir J. J. Thomson writes on the link between Faraday and Maxwell, and the achievements of Faraday's successors are outlined by Professor W. M. Thornton. The modern applications of Faraday's researches are dealt with by a distinguished list of authorities, including the Marchese Marconi, who traces the science of wireless communication to its source in Faraday's laboratory.

In connexion with the centenary meeting of the British Association and the Faraday celebrations of the Royal Institution, a reception was held at the National Physical Laboratory, Teddington, by the director, Sir Joseph Petavel, on the afternoon of Thursday, September 24th, when the scientific work of the laboratory was demonstrated.

The National Council for Mental Hygiene has arranged the following series of lecture-discussions to be held in the Lecture Room of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Thursdays at 5.15 p.m.: October 22nd, prevention and treatment of nervous breakdown, Dr. Helen Boyle; October 29th, sex education, Dr. Israel Feldman; November 12th, crime and punishment, Dr. Letitia Fairfield; November 19th, the mind of a child, Dr. William Moodie; November 26th, marriage and parenthood, Dr. Doris Odlum; December 10th, psycho-analysis, Dr. Ernest Jones. Tickets, price 1s. 6d. each, or 7s. 6d. for the course, may be had from the secretary, National Council for Mental Hygiene, 78, Chandos House, Palmer Street, S.W.1, or at the doors.

Under the auspices of the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy, a course of post-graduate lectures on maternity and child welfare will be given at the Infants Hospital, Vincent Square, Westminster, on Mondays, from October 5th to December 7th, from 6.30 to 7.30 p.m. This course, which is arranged for health visitors, nurses, midwives, superintendents of infant welfare centres, and others interested, is part of the preparation for the post-graduate certificate of the National Association, and deals with such subjects as the psychology and education of the expectant mother, nutrition in infants and pre-school children, the teaching of mothercraft, and child guidance. The fee for the course is 7s. 6d., and further information is obtainable from Miss M. E. Richards, at the offices of the National Association, 117, Piccadilly, W.1. The National Society of Day Nurseries has arranged for a course of elementary lectures on infant care, to be given at Carnegie House, 117, Piccadilly, on Thursdays, from October 8th to December 10th, from 7.30 to 8.30 p.m. The course is intended for crèche nurses and probationers, and the fee for it is 10s. A detailed syllabus may be obtained from Miss Maddock, at the offices of the National Society, 117, Piccadilly.

A vacancy has arisen at Epsom College for a Salomons entrance scholarship of £50 a year. Candidates must be sons of legally qualified members of the medical profession either living or deceased; only those may apply who were over 11 years and under 14 years of age on January 1st last. The regulations provide that the candidate must show an adequate standard of education for his age, and that his financial condition is such as to make it impossible

to obtain an education at the College without the help of the scholarship. Applications must be delivered by the morning of September 30th to the secretary of the College, 49, Bedford Square, W.C.1, from whom the requisite forms can be obtained.

An outbreak of forty-nine cases of enteric fever has recently occurred in Basel. So far only one case has proved fatal.

A severe epidemic of dengue has broken out in the island of Skyros in the Aegean.

Dr. Agnes Blum of the Kaiser Wilhelm Institute for Biology has been awarded the Leibnitz silver medal for her work on alcohol and heredity by the Prussian Academy of Sciences.

Dr. Leriche, professor of clinical surgery at Strasbourg University, has been appointed professor of external pathology of the Lyons Medical Faculty.

According to a law recently passed in Rumania, houses of prostitution have been abolished and venereal disease has been made notifiable.

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

Glossitis

"T. S. S." writes: A woman of 40 years has suffered for some fourteen months from a burning and tingling sensation in the tip and sides of the tongue. Examination reveals redness, and some swelling of the papillae in these areas. Teeth are artificial, and no other abnormality can be found. The patient is a non-smoker, and by no means neurasthenic. I would be grateful for advice in treatment.

Somnambulism

"C. L. W." asks for suggestions for the treatment of a boy, aged 7, suffering from sleep-walking. For the past twelve months the child has got up and walked in his sleep. There is no screaming or emotional disturbance. There are no threadworms present, and the tonsils and adenoids are normal. The treatment given has included glucose at bedtime, hot baths, and luminal; bromide seemed to have little effect on the attacks. The condition has improved, but the child still walks about once a week.

Urinaemia in Prostatic Enlargement

"X" writes: In an old case of prostatic enlargement (not otherwise needing operation), should signs of urinaemia urge immediate operation or the utmost delay? The signs are: profound sleeplessness (hypnotics nightly for a year past), wasting, tremor, polyuria and high pressure (200) at intervals, urine otherwise normal, appetite and strength not much affected, disks and blood vessels normal, blood urea 40 (fasting) and 80 (two and a half hours after urea).