

as an intestinal antiseptic. Nucleinic acid was also used in 1 c.cm. doses subcutaneously on four occasions early on.

On November 25th leucocytes were 6,600 per c.mm., with neutrophils 22 per cent.; eosinophils absent; lymphocytes 74 per cent.; monocytes, 4 per cent. On November 26th the blood agglutination was positive for *Br. abortus* up to 1 in 250 (trace at 1 in 500)—that is, 125 standard units. On December 9th the red cells were 4,950,000 per c.mm., with an average diameter of 7.17μ . Haemoglobin was 82 per cent.; colour index was 0.82; platelets were un-reduced. Leucocytes were 10,000 per c.mm., with neutrophils 9 per cent.; lymphocytes, 90 per cent.; monocytes, 1 per cent.; embryonic neutrophils, 3 per cent. Agglutination was positive up to 1 in 125 for *Br. abortus*. Blood count on January 3rd, 1931, was as follows: red cells, 6,050,000 per c.mm. (average diameter 7.48μ); haemoglobin, 82 per cent.; colour index, 0.68; leucocytes, 7,000 per c.mm.—neutrophils 64 per cent., basophils 1 per cent., eosinophils 1 per cent., lymphocytes 29 per cent., monocytes 4 per cent., Türk cells 1 per cent.; embryonic neutrophils 5 per cent. On that date agglutination was 1 in 125 (and also on several subsequent occasions). A throat swab examined on December 1st was negative for Klebs-Loeffler bacillus.

The titre of agglutination was never high, but was rather sustained. There was an initial drop in red cells, which soon was followed by a rise. Iron was given by the mouth. The initial relative lymphocytosis was very marked, but subsided when the glands went down. The adenitis was not met with in the other cases, but may occur in this disease. The patient made a good recovery.

COMMENTARY

The source of infection was untraced, despite the inquiries undertaken by the public health authorities. The only thing at all significant is the fact that there was a severe outbreak of contagious abortion within a few miles of the farm where the first patient lived. The disease was active in the neighbourhood, but no direct connexion was found. It is more likely that infection occurred during the August camping incident. The second patient gave a history of eating some rancid butter on a farm quite close to another infected farm. The third patient drank milk from a most reputable local firm which had no history of recent contagious abortion. Case 4 was possibly in indirect contact with Case 1.

Blood cultures were tried in Cases 1, 2, and 4, but with negative results. Glucose broth was used aerobically and partially anaerobically, and subcultures were made daily on human citrated-blood veal-digest-agar.

The dates of commencement were as follows: Case 1, September 15th, 1930; Case 2, October 5th; Case 3, November 8th; and Case 4, November 13th. The duration was as follows in these four cases: Case 1, sixteen weeks; Cases 2 and 3, nine weeks each; Case 4, seven weeks.

All cases were fairly mild. Adenitis was marked in Case 4. Most showed leucopenia and lymphocytosis, the latter being specially well marked in Case 4. The maximum agglutinations were: 1 in 5,000 in Case 1; 1 in 2,500 in Case 3; with 1 in 250 (trace at 1 in 500) in Cases 2 and 4. These titres, I think, run parallel with the severity of the cases. The drop in titres was as follows: in the first case, 1 in 5,000 to 1 in 500; in the second, 1 in 500 to 1 in 50; in the third, 1 in 2,500 to ?; and in the fourth, 1 in 500 to 1 in 125 (repeated twice). It would seem, therefore, that a drop in titre is a good prognostic sign.

It might perhaps be worth pointing out that a sudden onset with a considerable rise of temperature, such as occurred in Case 3, is apparently no indication that the illness will be particularly severe or prolonged. The typical undulant chart of Case 1 is also interesting, as this type of chart, which is so common in *melitensis* infections, is very uncommon in *abortus* infections. Case 4

at first was very obscure, resembling acute leukaemia of the aleukaemic type. Glandular fever was also suspected, but the picture became typical of undulant fever, and was confirmed by agglutination tests. I was not aware, until so informed by Sir Weldon Dalrymple-Champneys, who very kindly came and confirmed these diagnoses for us, that in these cases the organism can be cultured from the tonsillar swabs.

The primary object of this paper is to emphasize the importance of being on the look out for undulant fever; I also hope to have indicated the chief pathological features calling for investigation.

Sir Weldon Dalrymple-Champneys has dealt with the epidemiology of the disease. It has probably been with us unrecognized for some time past, but there should not now be any reason why it should be overlooked in the future.

We must acknowledge our debt to Sir Weldon Dalrymple-Champneys of the Ministry of Health for all the help he has afforded, both clinically and in a literary sense. I also gratefully acknowledge the help of Dr. Deane, senior physician to the hospital, Mr. H. G. Estcourt, Dr. A. D. Gardner, and Mr. Patrick Leslie.

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Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

APPARENT GONOCOCCAL CROSS-FIXATION

In a recent article by Dr. Orpwood Price on the gonococcal complement-fixation test (*British Medical Journal*, April 4th), he refers to the *Micrococcus catarrhalis* as one of the causes of false positive reactions. A case which has recently come under my observation illustrates the cross-fixation with the *Micrococcus flavus* I.

The subject, a male child aged 18 months, was brought to the London County Council (Whitechapel) Clinic by his mother, who wished to ascertain if there was any evidence of gonorrhoea about him, as his father had had venereal disease.

The father's history revealed a gonorrhoeal infection in India in 1926. For four months he had been attending St. Thomas's Hospital Clinic, and was discharged cured four weeks before admission to the London County Council (Whitechapel) Clinic on April 10th, 1931. He complained of twenty-one days' urethral discharge, accompanied by marked dysuria following marital coitus twenty-four days previously. On examination, the patient showed a slight watery urethral discharge in which no gonococcal or pus cells were detected by microscopy. The right lobe of the prostate showed slight enlargement generally, but nodules, craginess, and tenderness were absent. A moderate number of pus and epithelial cells were found in the secretion obtained after prostatic massage, while the urine was clear and contained no threads. On palpation the testicles felt normal. The Wassermann and Kahn reactions and the gonorrhoeal fixation test were all negative.

The mother stated that she was six months' pregnant, and that for some months she had noticed a slight discharge, which was unaccompanied by irritation or dysuria. She had one child, and had had no miscarriages, while as far as she knew she had no history of venereal disease. Clinically there was a moderate degree of urethritis and a profuse purulent discharge from the cervical canal. Pregnancy was confirmed. The smears taken from the urethra and cervical canal showed a large number of pus cells and secondary organisms. Staphylococci and streptococci were grown from the urethral culture; that from the cervical canal showed strepto-

cocci only. The gonococcal fixation test was negative, and also the Wassermann reaction.

The child on examination appeared healthy and well nourished. There was no history of illness, eye trouble, or nasal discharge. Urethritis and balanitis were absent, and the rectum appeared normal.

On the first visit routine blood tests were taken, and the results were reported as follows: Wassermann reaction negative, gonorrhoeal fixation test positive (+). On the second visit the blood tests were repeated, with the same result. As there was no clinical evidence to support these findings, further investigation was necessary. On the next visit cultures were taken (a) from the nose, (b) from the posterior fauces. Culture from the nose showed: pneumococci, staphylococci, streptococci, diphtheroids, and Gram-negative diplococci resembling *Micrococcus catarrhalis*. Culture from the posterior fauces showed: pneumococci, streptococci, and the above-mentioned Gram-negative diplococci. Subcultures were made and the sugar reactions tested. These proved that the organism was not the gonococcus, meningococcus, or *Micrococcus catarrhalis*, but *Micrococcus flavus* I.

In view of the fixation of the complement when employing a gonococcal antigen, it is probable that this is a case of cross-fixation. No parallel reactions could be performed to establish an end-point by using gonococcal and *flavus* antigens, with decreasing quantities of serum, as no antigen of *M. flavus* I was available.

The report illustrates that in translating the results of the gonococcal fixation test careful consideration must be made of the clinical and other pathological findings if error is to be avoided.

I have to thank Dr. Anwyl-Davies, director of the Whitechapel Clinic, for permission to publish this case, and Dr. I. N. Orpwood Price for carrying out the pathological investigations.

W. NEVILLE MASCALL, M.R.C.S., L.R.C.P.,
Chief Assistant, L.C.C. (Whitechapel) Clinic, E.1.

"MIRROR TRANSPOSITION" OF VISCERA

This striking developmental anomaly is perhaps sufficiently rare to justify putting another case on record. The condition was found at a post-mortem examination on a man, aged 59, who had committed suicide by coal-gas poisoning. A state of "total heterotaxy" was seen.

Heart lay with apex projecting to the right.

Aorta arched to the right, with innominate artery on the left.

Right lung consisted of one lobe.

Left lung consisted of three lobes, with a separate bronchus to its large upper lobe.

Oesophagus crossed aorta from left to right.

Stomach, which was considerably dilated, lay with its cardiac end on right and pylorus on left.

Duodenum passed from left to right.

Caecum and appendix lay in left iliac fossa.

Sigmoid colon was in right iliac fossa.

Spleen was in right hypochondrium.

Main part of liver and the gall-bladder were in left hypochondrium.

Kidneys were joined together at lower poles to form a "horse-shoe."

Thus there was practically complete transposition of viscera. Apart from the dilatation of the stomach no evidence of disease was seen. There was a history that he had had three attacks of pneumonia in the course of his life, and, latterly, had suffered from "indigestion" and "wheezy" breathing. Otherwise he appears to have had pretty normal health, and is stated to have been an exceptionally fine athlete in his youth. Curiously enough, he had some consciousness of his odd construction, as he was wont to observe that he was "made differently from other people." According to his wife, the position of his heart on the right side had been noted by his doctor many years ago.

London, S.E.

REES PHILLIPS, M.D., D.P.H.

Reviews

DIABETES

The fifth edition of Dr. ORLANDO PETTY's book on *Diabetes*¹ has been considerably enlarged, and remains a "handbook for the patient." Its introductory section on what diabetes is, on the different kinds of foodstuffs, on calories and scales and weighing, is entirely clear and adequate. The directions about insulin injections, overdoses of insulin, and general hygiene are also good, and cannot be misunderstood by the average patient. It seems, however, a useless labour to recommend the insulin syringe to be boiled for five minutes daily as well as to be kept in surgical spirit. Dr. Petty arranges his food tables in the old-fashioned method (old-fashioned in this country) of percentage composition. The carbohydrate food values are also based on old analyses, and it will appear curious to many readers to see beets and radishes classed in the same group as containing 6 per cent. carbohydrate. The calculation of food values in the sample diets is surely carried to an impossible and laborious degree of accuracy when the figures are worked out to hundredths of a gram, as on page 116. Included in the book are some interesting tables of subjects which receive little attention in the treatment of diabetes in this country. For instance, a complete list of the vitamin content of food is given; another of the salt (NaCl) content of foods, and another of their acid or base content. Whether these subjects are of much importance in the management of the average (or any) case of diabetes seems doubtful, and it must complicate the arrangement of diet for the diabetic, who usually has sufficient to think about in arranging his grams of carbohydrate, protein, and fat. Altogether we do not think that in respect of simplicity Dr. Petty's schemes compare favourably with those in common use in Britain.

Dr. IZOD BENNETT's book, *The Practical Treatment of Diabetes*,² is much more human. It is also shorter and yet covers more ground, and will appeal almost more to the practitioner than to the patient. The diagnosis of diabetes mellitus is first dealt with clearly, and benign glycosuria (renal) is differentiated from true diabetes, emphasis being laid on the importance of blood sugar tests. His statement, however, that carbohydrate food makes little or no difference to the excretion of sugar in renal glycosuria is hardly true, and the test described on page 12 would lead to a certain number of renal glycosurics being classed as diabetics. Dr. Bennett next proceeds to the practical details of treatment, and it is refreshing (and probably true) to hear him state that diabetes is "in theory an incurable disease," though admitting of improvement in tolerance under adequate treatment. His statement of practical procedure in treatment is very clear, and he insists on the use of insulin whenever an adequate diet does not *completely* control glycosuria or even hyperglycaemia. He advocates initial starvation and gradual building up of the final diet, a method which some will think laborious and slow in these days of insulin. When at any stage of building up the diet glycosuria appears, he controls that with insulin and then gradually increases the diet and the insulin to meet it, acting on the assumption that one added unit will burn one additional gram of carbohydrate. This would seem likely to lead to hypoglycaemia, because it is generally agreed that an *increment* of one unit of insulin usually metabolizes about 5 grams

¹ *Diabetes*. By Orlando H. Petty, M.D., F.A.C.P. Fifth, revised and enlarged edition. Philadelphia: F. A. Davis Company. 1931. (Pp. 231. 2 dollars net.)

² *The Practical Treatment of Diabetes*. By T. Izod Bennett, M.D., F.R.C.P. London: Constable and Co., Ltd. 1931. (Pp. ix + 107; 4 figures. 6s. net.)

Conservative Government. And in his own district, in an important branch of the cotton industry, and the india-rubber industry, he was able to achieve this object. He took immense interest in other branches of factory hygiene, reporting on notifiable industrial diseases, on gassing cases, in his monthly examination of workers under Home Office Regulations for the india-rubber industry, and in his work under the Workmen's Compensation Act.

RICHARD WHYTOCK LESLIE, M.D., M.Ch., LL.D.

Consulting Physician to the Ulster Hospital for Children and Women

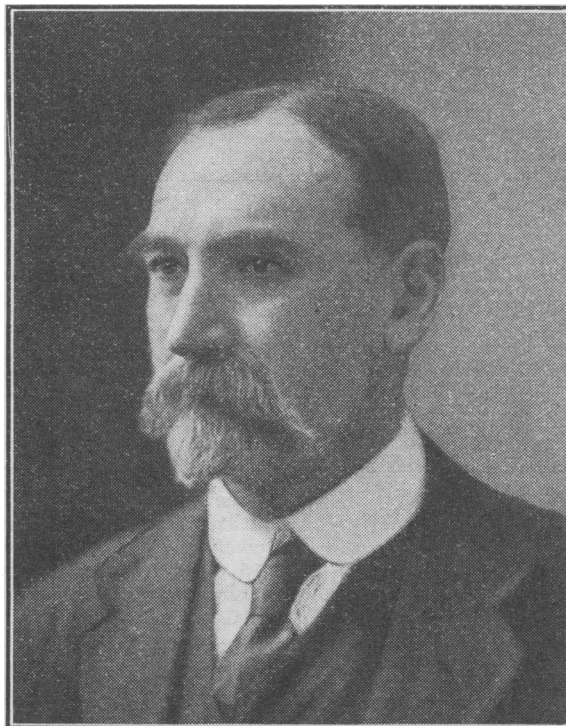
We much regret to announce that Dr. R. W. Leslie died on September 22nd at a nursing home in Belfast after a few weeks' illness. By his death the medical profession of Northern Ireland loses a trusted leader and representative.

Richard Whytock Leslie was born in County Tyrone on September 26th, 1862. His father was the Rev. John Knox Leslie of Cookstown. From Raphoe Royal School he went to University College, Galway, and thence to Queen's College, Belfast, graduating M.D. and M.Ch. at the old Royal University of Ireland in 1887, having obtained in the previous year the L.M. of the Rotunda Hospital, Dublin. A large part of Dr. Leslie's active professional career was spent in Belfast, where he served for thirty-five years as physician to the Ulster Hospital for Children and Women in Templemore Avenue; he was also physician to Campbell College, Belfast. For many years he gave up much of his leisure to the work of ambulance instruction, serving as examiner and medical secretary of the Ulster Branch of the St. John Ambulance Association. For several years he conducted a first-aid class in the city of Belfast, particularly in the Strandtown district, where he won the respect and affection of all classes. In recognition of his services, more particularly during the war, he was created a Knight of Grace of the Order of St. John of Jerusalem.

In 1905 Dr. Leslie was elected a senator of the Royal University of Ireland, and in 1909, when Queen's College was merged in the new Queen's University of Belfast, he received the honorary degree of LL.D. As a senator of Queen's University and a member of convocation he undertook many duties, including membership of the Standing Committee, the Committee for the Extension of University Teaching, the Committee on Military Instruction, the Athletic Field Committee, the Committee to Administer Research Funds, and the Board of Curators. He was an active member of the Ulster Medical Society, in which he held office as president in 1912-13. In politics Dr. Leslie was devoted to the Unionist cause; he was a member of the Ulster Unionist Council and of the Queen's University Voters' Association.

tion. An influential Freemason and a warm supporter of masonic charities, he was Past-Master of Acacia Lodge, and one of the founders of Queen's University Lodge.

To the work of the British Medical Association, both locally and at headquarters, Dr. Leslie gave much time and thought. He was chairman of the Belfast Division in 1919-20, a member of the Irish Committee from 1922 onwards, and a member of the Central Council from 1923 to the time of his death. He was diligent in attendance at Council meetings in London, though never prominent in debate. When the Association held its Annual Meeting in Belfast in 1909 under the presidency of Sir William Whitla, he was vice-president of the Section of Diseases of Children. He had also served as president of the Ulster Branch.



R. W. LESLIE, M.D., LL.D.

Mr. C. J. A. WOODSIDE, F.R.C.S., honorary secretary of the Ulster Branch, sends the following personal tribute:

Dr. Leslie practically never missed a meeting of council or a general meeting of the Branch. His interest in every detail of the work never flagged. With others who had so many interests, and especially who took such an active part in the work at headquarters, one would have been hesitant in seeking help in minor affairs, but in the case of Dr. Leslie, no matter what the difficulty, I never hesitated to seek his help and advice. His good nature, geniality, sincerity, his wisdom, and his competence, were a combination of virtues seldom found in one man. His place in the British Medical Association will not soon be filled, nor will

those who knew him soon forget him.

[The photograph reproduced is by Lafayette, Dublin.]

Dr. FRÉDÉRIC WANNER, tutor to British post-graduate medical students, 1924-31, died at Lausanne on September 12th. He was privatdocent de l'Université, and since 1925 also Chef du Service Sanitaire Cantonal, and also Vice-Président du Conseil du Santé. His death at the age of 54 will be learnt of with deep regret by his old students all over the world.

The following well-known foreign medical men have recently died: Dr. SIEGFRIED RABOW, first professor of psychiatry and subsequently of pharmacology at Lausanne, and author of a work on prescriptions which went through several editions; Dr. CHARLES KARSNER MILLS, emeritus professor of neurology in the University of Pennsylvania, and corresponding member of the Section of Neurology of the Royal Society of Medicine, aged 85; Dr. HOBART AMORY HARE, professor of therapeutics at the Jefferson Medical College of Philadelphia, and author of works on therapeutics and complications of typhoid and other fevers, aged 68; and Dr. LAWRENCE WEESTER Fox, a Philadelphia ophthalmologist, aged 78.

The Services

PRESENTATION TO SIR G. GUISE-MOORES

Major-General Sir G. Guise-Moores, K.C.B., was presented on September 25th with a silver tray, tea and coffee service, and entrée dishes, and a settee and two armchairs, from the officers who have passed through the King Edward Convalescent Home for Officers at Osborne, together with the matron and nursing sisters, during his seven years' term of office as house governor and medical superintendent. The presentation was made by Colonel D. J. J. Hill, who eulogized his work at Osborne. Sir G. Guise-Moores will be succeeded as house governor and medical superintendent at Osborne by Major-General Godfrey Tate on October 9th.

DEATHS IN THE SERVICES

Colonel Edward Patrick Connolly, late R.A.M.C., died at Kingstown, Ireland, on August 5th, aged 54. Born in 1876, the eldest son of D. I. G. William Connolly, R.N. (ret.), he was educated at the Catholic University, Dublin, and took the L.R.C.P. and S.I. in 1898. After being resident surgeon at St. Vincent's Hospital, Dublin, he entered the R.A.M.C. as lieutenant in 1899, became lieutenant-colonel in 1915, colonel in 1927, and retired early in the present year, when holding the post of A.D.M.S. in Northern Ireland. He served throughout the South African war, being awarded the Queen's medal with five clasps and the King's medal with two clasps; and in the Tibet expedition of 1903-4, receiving the medal with clasp. He also took part in the great war.

Lieut.-Colonel Leopold App Arthur Andrews, R.A.M.C. (ret.), died at Beckmeadow, Mundesley, Norfolk, on August 6th, aged 49. Educated at the school of the Royal College of Surgeons in Ireland, he took the L.R.C.P. and S.I. in 1906, and entered the R.A.M.C. as lieutenant in the following year. After service in the great war, he became major in 1919, and retired, with the honorary rank of lieutenant-colonel, in 1928.

Universities and Colleges

UNIVERSITY OF LONDON

LONDON HOSPITAL MEDICAL COLLEGE

The following scholarship awards have been made at the London Hospital Medical College: Prize Scholarship in Science (£100), Mr. G. K. Taylor; Entrance Scholarship in Science (£50), Mr. P. H. Tooley; Scholarship open to students of Epsom College, Mr. R. B. Taylor. Scholarships open to students of Universities of Oxford and Cambridge: (1) Price Scholarship in Anatomy and Physiology (£100), Mr. T. L. R. Shore; (2) Freedom Scholarship in Pathology (£100), Mr. A. M. Barrett. Two open Scholarships (each of the value of £100), Mr. G. E. Godber and Mr. G. W. Hayward.

The Schorstein Memorial Lecture will be delivered by Dr. Arthur J. Hall, professor of medicine, University of Sheffield, in the Bearsted Clinical Theatre on Thursday, October 15th, at 4.15 p.m.; the subject will be "Chronic epidemic encephalitis." Members of the medical profession are cordially invited.

A post-graduate course for former students will be held on October 14th, 15th, 16th, and 17th, and the old students' dinner will take place at the Trocadero Restaurant on Thursday, October 15th.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The second course of five Heath Clark Lectures on the rise of preventive medicine will be given by Sir George Newman, K.C.B., on October 13th, 15th, 16th, 20th, and 22nd, at 5 p.m.

UNIVERSITY COLLEGE

A course of six lectures on the physiology of the sense organs will be given by Dr. R. J. Lythgoe on October 12th, 19th, 26th, and November 2nd, 9th, and 16th, at 5 p.m.

Four lectures on speculation, observation, and experiment, as illustrated by the history of embryology, will be given by Dr. Joseph Needham on October 14th, 21st, 28th, and November 4th, at 5.30 p.m.

Dr. L. E. Bayliss will give a course of four lectures on the respiratory functions of the blood, on October 16th, 23rd, 30th, and November 6th, at 5 p.m.

KING'S COLLEGE

Four lectures on metabolism of the carbohydrates and fats will be given by Dr. J. A. Hewitt on October 15th, 22nd, 29th, and November 5th, at 5 p.m.

UNIVERSITY OF LEEDS

The following candidates have been approved at the examinations indicated:

M.D.—J. Phillips.

FINAL M.B., CH.B.—*Part I*: J. H. Hudson, J. H. Lawrence, R. Raines. *Part II*: N. W. Roberts, M. G. Ross, C. K. Shain, R. E. Tunbridge, Lilian I. Walker. *Part III*: R. E. Tunbridge (second-class honours), L. Glick, J. M. Holmes, G. Hyman, H. Mattison, N. W. Roberts, M. G. Ross, B. Schroeder, Lilian I. Walker.

DIPLOMA IN PUBLIC HEALTH.—Catherine M. Gray.

The William Ney Medal and the West Riding Panel Practitioners' Prize have been awarded to P. R. Allison.

LAUSANNE MEDICAL GRADUATES

The following have received the M.D. degree from the University of Lausanne during the last academic year (October, 1930, to July, 1931): Miss Louisa M. Poynder, Colin McIver, Major I.M.S. The following have passed the examinations, and are now qualified to present a thesis for the degree of M.D.: Owen Henry Bellerby, G. K. Kee, Edwin M. Robertson. The university opens for the academic year 1931-32 on October 15th.

Medical News

The new winter session at Guy's Hospital Medical School will open to-day (Friday, October 2nd), at 3 p.m., when Sir Farquhar Buzzard, regius professor of medicine in the University of Oxford, will deliver an address and distribute the prizes. The subject of the opening address is "The General Medical Council."

At the opening of the ninetieth session of the School of Pharmacy of the Pharmaceutical Society of Great Britain, on Wednesday, October 7th, at 3 o'clock, the inaugural sessional address will be given by Professor G. E. Gask, dean of the Faculty of Medicine, University of London.

Sir James Jeans, F.R.S., will speak (under the auspices of the British Institute of Philosophy) on "The mathematical aspect of the universe," at University College, Gower Street, W.C., on Tuesday, October 13th, at 8.15 p.m. Tickets (for which there is no charge) can be obtained from the Director of Studies, University Hall, 14, Gordon Square, W.C.1.

The presentation of medals and prizes in the Faculty of Medicine of Birmingham University will take place on Tuesday, October 6th, at 5 p.m., in the Medical Lecture Theatre, the University, Edmund Street. An address to students will be given by Professor Leonard Gamgee, Ch.M., F.R.C.S. Tea at 4.30 p.m. in the University Club.

The Hunterian Society of London will open its new session on Thursday, October 22nd, with a dinner meeting at Simpson's Restaurant, Cheapside, when Dr. David Ross will give his presidential address on "Some problems of gout." The subject for discussion on November 16th is "The medical aspects of crime in fact and fiction," and on December 17th "Oral sepsis." The Hunterian Lecture will be given on January 18th by Professor von Eiselsberg of Vienna, entitled "How Roentgen has helped in modern surgical diagnosis."

Mr. Maurice Sorsby will deliver the presidential address on "Deafness and its prevention" before the London Jewish Hospital Medical Society on October 8th, at 3.30 p.m., at the London Jewish Hospital, Stepney Green, E. Lord Moynihan, President of the Royal College of Surgeons, will be the guest at the annual dinner to be held on Thursday, December 10th, at 7.30 p.m., at the Trocadero Restaurant.

A short course of lectures on functional nervous disorders, for practitioners and medical students, will be given at the Tavistock Square Clinic from November 2nd to 14th inclusive. Sessions will be held at 4.45, 5.45, and 8.15 p.m. on Monday, Tuesday, Wednesday, Thursday, and Friday of each week, and there will be demonstrations on the Saturday afternoons from 2.30 to 5 o'clock. The fee for the course is £2 2s. for medical graduates and 10s. 6d. for students, tickets to be obtained in advance from the honorary lecture secretary, 51, Tavistock Square, W.C.1.

The Fellowship of Medicine and Post-Graduate Medical Association announces that the first of a series of eighteen evening lectures for the M.R.C.P. examination will be given at the Medical Society of London, 11, Chandos Street, W.1, at 8.30, on Monday, October 5th, by Dr. W. Langdon Brown on "The clinical importance of blood-sugar: high and low," followed on Wednesday, October 7th, by Dr. L. J. Witts on "Achlorhydria." Fee 10s. 6d. each lecture, payable at the lecture room, or £6 6s. for the series. The following courses will begin on Monday, October 5th. At the Central London Throat, Nose, and Ear Hospital for four weeks, including a clinical course, fee £5 5s., or £2 2s. for the first week only; and at the Hospital for Tropical Diseases, 25, Gordon Square, in tropical medicine, occupying the whole of each day, fee £8 8s. for three weeks. Other courses in October will include gynaecology at the Chelsea Hospital for Women, October 12th to 23rd, fee £5 5s.; cardiology at the National Hospital for Diseases of the Heart, October 12th to 23rd, fee £7 7s.; diseases of children, at the Hospital for Sick Children, mornings only, October 19th to 31st, fee £5 5s. (this course will only be held if a minimum of ten post-graduates take it, and early application is therefore essential). A series of free lectures on "Prognosis" will be given on Wednesdays at 4 p.m. at the Medical Society of London, 11, Chandos Street, Cavendish Square, beginning on October 14th. Copies of all syllabuses are obtainable from the Fellowship of Medicine, 1, Wimpole Street, W.1.

A short course of lectures on contraceptive technique will be given without fee at the Royal Institute of Public Health (37, Russell Square, W.C.1) on Thursdays, November 12th, 19th, and 26th, at 4 p.m. In association with the lectures, clinical demonstrations will be held at 108, Whitfield Street, W.1, on the afternoons of Wednesday, November 4th, and Wednesday, December 2nd. Applicants desirous of attending the demonstrations must send in their names to the clinic in advance and obtain tickets. These will be limited to members of the medical profession and senior medical students attending the lecture course at the institute.

The fourth Annual Graduate Fortnight at the New York Academy of Medicine will be held from October 19th to 30th. The subject for consideration will be "Disorders of the circulation," and an extensive programme of lectures, clinics, and demonstrations has been drawn up. Further information may be obtained from the New York Academy of Medicine, 2, East 103rd Street, New York.

A course of lectures on the health of the citizen will be delivered at the Royal Institute of Public Health (37, Russell Square, W.C.) on Wednesdays, at 4 p.m., from October 14th to December 16th inclusive. The lecturers include Sir Ernest Graham-Little, Sir Leonard Hill, Professor F. J. Browne, Dr. L. E. Claremont (Director, Eastman Dental Clinic, Royal Free Hospital), Professor Winifred Cullis, Dr. Chalmers Watson, Dr. David Lees, Professor H. R. Kenwood, Professor Edgar L. Collis, and Sir Pendrill Varrier-Jones. The course is intended primarily for the Fellows and Members of the Institute, but all others interested in medico-sociological problems are invited to attend.

The annual meeting of the French Society of Gynaecology will be held at the Paris Faculty of Medicine on October 5th, when the following papers will be read: (1) A report by M. Paul Ulrich of Paris, on the chemistry of the vagina and its physiological significance, followed by a paper by M. C. Guillaumin of Paris on the best chemical conditions for the development of different organisms in the vaginal secretions; (2) Indications for operation in chronic non-tuberculous salpingitis, by M. Ch. Martin of Angers.

A general meeting of the Guild of St. Luke, St. Cosmas, and St. Damian will be held in the Cathedral Hall, Archbishop's House, Westminster, on Sunday, October 18th, immediately after High Mass in the Cathedral at 10.30 a.m. In the annual report for the year 1930-31 it is stated that the council had decided that it was not advisable for the Guild to participate in any official manner at public meetings on the subject of Lourdes;

the council decided, further, to take no action that might in any way derogate from the competence and value of the medical bureau at Lourdes. The Irish membership of the Guild is increasing, particularly in Dublin, and the formation of an autonomous Irish branch is under consideration. Reference is made in the report to the successful meeting of the Guild held at Eastbourne during the Annual Meeting of the British Medical Association.

The fortieth French Congress of Surgery will be held at the Paris Faculty of Medicine from October 5th to 10th, when the following subjects will be discussed: post-operative peptic ulcers, introduced by MM. Gosset of Paris and Leriche of Strasbourg; pneumococcal peritonitis, introduced by MM. Bréchet of Paris and Nové-Josserand of Lyons; and immediate treatment of compound fractures of the leg, introduced by MM. Roux of Montpellier and Sénèque of Paris.

The Salon des Médecins for the exhibition of works of art by doctors, dentists, veterinary surgeons, pharmacists, and members of their family will be held at 117, Boulevard Saint-Germain from October 4th to 12th.

We are informed that in view of the general economic depression the Aezzte Verein Davos has decided to postpone until 1932 the conference on tuberculosis which was to have been held this year at Davos from October 5th to 10th.

Messrs. Edward Arnold and Co. announce for early publication *The Rheumatic Infection in Childhood*, by Professor Leonard Findlay, and *Diseases of the Stomach*, by Dr. Hugh Morton.

In the New Spanish Parliament forty-seven doctors have seats.

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

Prophylaxis of Lumbago

"S. L." would be glad to know of any form of treatment which in other practitioners' hands has proved of benefit in preventing lumbago. He has a patient whose attacks are of extreme severity, occurring once or twice each year, weather conditions apparently having no bearing on the immediate cause. Attacks come on with extreme suddenness, and in a few seconds the patient is helpless and cries out on the least movement. For the first few days of an attack the patient cannot turn in bed, cannot blow his nose, and a fit of coughing would cause agony. Radiant heat greatly relieves temporarily. In other respects the patient is quite healthy and normal as to the condition of all organs, blood pressure, etc. He is a teetotaler and over 40 years of age, a business man, doing no specially arduous or out-of-door work.