remember the above rules and to modify them in any given case as necessary. The fundamental idea of this mechanical conception is based on the fact that the bisacromial diameter and the sagittal suture are at right angles, both at engagement and after delivery of the head. Any rotations of the head and shoulders, whether considered together or separately, must result in these two diameters being at right angles again ; and the rotation of the head which occurs after it has undergone restitution is really due to the rotation of the shoulders still in the pelvis. These two rules are illustrated in the diagrams. In posterior positions of the occiput rotation of the shoulders and head may occur together, though it is simpler to consider them as occurring separately. In face presentations the submentobregmatic diameter should be considered instead of the sagittal suture.

In conclusion, it should be remembered that in this description the foetal head and pelvis have been regarded as fitting each other accurately. Careful observation in cases in which the head is small shows that the movement called restitution may not occur, and sometimes the occiput, when the head is born, turns in a direction opposite to that which purely theoretical considerations would lead one to expect.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

MÉNIÈRE'S DISEASE WITH MYELOGENOUS LEUKAEMIA

The following case would seem worthy of record as an example of Ménière's disease associated with myelogenous leukaemia, and in view of the remarkable response to *x*-ray treatment.

Case History

The patient, a married woman aged 37, first attended the out-patient department of King's College Hospital on May 14th, 1930, complaining of an attack of giddiness three weeks previously, accompanied by deafness and tinnitus on the left side, which had persisted. She also complained of headaches for about six months, and of menorrhagia and epistaxis.

On examination the spleen was found to be enlarged and firm, extending one inch beyond the mid-line and below the left iliac crest. The liver was enlarged two inches below the right costal margin.

The blood picture on May 29th, 1930, showed: red blood corpuscles, 2,125,000 per c.mm. ; haemoglobin, 42 per cent. ; colour index, 1.0 ; leucocytes, 655,000 per c.mm.—polymorphonuclears 37.2 per cent , eosinophils 5.2 per cent., basophils 0.8 per cent., lymphocytes 2.8 per cent., large mononuclears 0.4 per cent., myelocytes 53.6 per cent.

The retinae showed a typical leukaemic retinitis, the disk margins being very indefinite and the whole fundus pale and oedematous. The veins were much increased in calibre and were extremely tortuous. There were a few haemorrhages in both fundi. Aural examination revealed: Bárámy box to right ear—shout not heard in left. Weber: fork —→ right. Rinne: right—air conduction greater than bone conduction ; left—no air conduction, bone conduction just heard in right ear ; very slight loss of air and bone conduction in right ear. Caloric test: left, negative.

Treatment by means of arsenic by mouth and *x* rays to the spleen and long bones was commenced on June 4th, 1930, and the blood picture rapidly improved. After three months' treatment the patient was very much better, the spleen considerably smaller and softer, and the retinae greatly improved.

Blood count, September 2nd, 1930: red blood corpuscles, 4,860,000 per c.mm.; haemoglobin, 66 per cent. ; colour index, 0.67 ; leucocytes, 11,200 per c.mm.—polymorphonuclears 72.4 per cent., eosinophils 4.4 per cent., basophils, 1.6 per cent., lymphocytes 14.8 per cent., large mononuclears 1.6 per cent., myelocytes 5.2 per cent.

Shortly after this the patient went away for some six months, and had no *x*-ray treatment. When seen again in April, 1931, she was still fairly well, but the leucocyte count had increased to 96,800. Throughout the year that this patient has been under observation the condition of the left ear has remained unchanged.

I beg to acknowledge my thanks to Dr. A. C. D. Firth for his permission to publish this case.

L. A. H. Snowball, M.B., M.R.C.P.,
House-Surgeon, Hampstead General Hospital ; late House-Physician, King's College Hospital.

"IDIOPATHIC" SPONTANEOUS PNEUMOTHORAX

Examples of the above condition are still frequently described as great rarities and of obscure pathogeny. I have seen, and have collected records of, a number of such cases, and should like to have an opportunity of repeating concisely my view of their probable pathogeny. Nearly all of them get better rapidly without any special treatment ; exceptionally, two or more attacks may occur in the same individual. The cause is, I believe, mostly the rupture of a minute superficial emphysema-bulla (just below the visceral pleura) adherent to the parietal pleura —resulting from a healed miliary tubercle. On the other hand, the tuberculous process may be still more or less active (still containing living tubercle bacilli) ; and naturally, therefore, there are exceptional cases intermediate between "idiopathic" spontaneous pneumothorax and tuberculous spontaneous pneumothorax. The only difference (according to my view) between the tuberculous and the "idiopathic" cases is that the former are connected with still more or less virulent tuberculous foci (containing living bacilli), whereas the latter are connected with healed (non-virulent, sterile) lesions ; but lesions of both kinds may exist side by side in the same individual. I have given a bibliographical appendix on the subject at the end of the first Mitchell Lecture before the Royal College of Physicians (that is to say, as it was published by Lewis and Co., 1921). It is clear that, if my view be correct, any apparently (and, in fact, really) healthy individual may, for all one can tell, develop suddenly an "idiopathic" spontaneous pneumothorax, because anyone may have an adherent emphysema-bulla (resulting from a healed miliary tubercle) ready to rupture on any unusually sudden respiratory movement.

The same explanation applies to extremely rare cases of "idiopathic" spontaneous haemopneumothorax.

London, W.1. F. Parkes Weber.

SURVIVAL AFTER PROSTATECTOMY

In the *Journal* of October 17th Mr. W. S. Dickie reported the case of a patient who lived twenty-three years after the operation of prostatectomy and died at the age of 93.

The expectation of life after this operation is a point of considerable importance. Prostatectomy as applied to simple enlargements of the gland has only been in use in this country for some thirty years, and, so far as I know, no figures have been published recently to show what effect it has on the normal duration of life. It may therefore be of interest to recall some of the operative results obtained by Sir Peter Freyer, whose first cases were performed in 1901, and whose successes really established it as a sound surgical procedure.

The data have been obtained from the careful notes made by Freyer on 129 of his cases, preserved along with his collection of prostatic tumours in the pathological museum of St. Peter's Hospital for Stone. Of these 129 cases there are "follow-up" histories in 82 instances.

Out of these 82, the patients who lived for ten years or longer have been selected, numbering 26 in all, but, as many others were noted by the surgeon as being in good health at periods shorter than ten years, the number coming into this category was probably much higher.

The fact remains that at least 31 per cent. of the 82 patients lived for ten years or longer. Their respective ages and duration of life are shown in the accompanying tables. It will be noted that 7 patients attained the

A.—*Patients Reported as Alive and Well 10 Years or more after Prostatectomy*

	Age at Operation	Reported Well		Age at Operation	Reported Well
1	53 years	13 years later (aged 66)	9	66 years	17 years later (aged 83)
2	61 „	17 „ „ (aged 78)	10	66 „	12 „ „ (aged 78)
3	62 „	17 „ „ (aged 79)	11	66 „	10 „ „ (aged 76)
4	62 „	14 „ „ (aged 76)	12	71 „	14 „ „ (aged 85)
5	62 „	11 „ „ (aged 73)	13	71 „	18 „ „ (aged 89)
6	62 „	11 „ „ (aged 73)	14	76 „	12 „ „ (aged 88)
7	63 „	13 „ „ (aged 76)	15	76 „	14 „ „ (aged 90)
8	65 „	17 „ „ (aged 82)			

B.—*Patients who Died 10 Years or more after Prostatectomy*

	Age at Operation	Died		Age at Operation	Died
1	68 years	10 years later (aged 78)	7	80 years	10 years later (aged 90)
2	69 „	14 „ „ (aged 83)	8	80 „	10 „ „ (aged 90)
3	69 „	10 „ „ (aged 79)	9	81 „	14 „ „ (aged 95)
4	71 „	15 „ „ (aged 86)	10	82 „	11 „ „ (aged 93)
5	71 „	14 „ „ (aged 85)	11	84 „	12 „ „ (aged 96)
6	75 „	17 „ „ (aged 92)			

age of 90, and 5 of these were over 80 years old when they underwent the operation.

CHARLES R. McCASH, Ch.M., F.R.C.S.Ed.
London, N.18.

Reports of Societies

X-RAY DIAGNOSIS OF DISEASES OF THE CHEST

The first scientific meeting of the newly constituted Section of Radiology of the Royal Society of Medicine was held on November 20th, under the presidency of Professor J. WOODBURN MORISON, when *x*-ray diagnosis of diseases of the chest was taken as the subject for discussion.

Dr. STANLEY MELVILLE, in opening, said that he regarded all intra-thoracic disease as an essentially clinical study from start to finish. Radiology afforded the most certain and unmistakable evidence of all the ancillary aids to diagnosis, and was the eye of the clinician in internal medicine. He believed that in the early diagnosis of pulmonary tuberculosis definite infiltration could be demonstrated on the *x*-ray film as soon as there was any clinical evidence, that when physical signs were present it might be assumed that the initial stage was passed, the film usually showing far more evidence of disease than was obtainable by means of physical examination, and that finally, if it were a matter only of radiographic examination versus physical signs, the former would be the surer guide, although, fortunately for the patient, the skilled clinician had many more tests at his disposal than percussion and auscultation. In pulmonary tuberculosis the vast majority of infections were by inhalation, and in the adult most investigators regarded all further invasion of the lung as a reinfection. There was much in favour of the theory of reinfection. This view took note of the acquired reaction of the previously infected person—the allergic state, so to speak. In the infant the usual course, depending naturally upon dosage and resistance, was either an acute caseating broncho-pneumonia or a localized broncho-pneumonia in any part of the lung—most commonly in the lower lobe. The clinical evidence might be slight; the local area in the lung might entirely clear up, and at the same time the tracheo-bronchial glands might react, and the story come to an end. On the other hand, the glands might remain in a state of caseation and the second stage be reached where the glands became the principal factor. The future depended upon whether the glands opened into the bronchus, the blood vessels, or the lymphatics. There was another very interesting condition in association with inflamed glands—namely, lymphatic gland tuberculosis, in which, in addition to the definitely outlined glandular opacities, a condition of involved parenchymata might be found. An inflamed tuberculous gland in the hilum gave rise to a local perifocal inflammation. This condition had been studied by many observers, and was known under many names. Such appearances might be very evanescent, persistent, or recurrent; clinical symptoms might be slight or absent, but the infant responded positively to tuberculin. This was evidence of infection, though not of an active lesion. So-called "peribronchial phthisis" the speaker regarded as a most sad heresy, but it was a heresy for which, he feared, radiologists were responsible, because in early days they allowed themselves to be overwhelmed by the massive shadows to which they ascribed pathological significance. On such a diagnosis many hundreds of able-bodied men, chiefly Russians and Poles living in the East End of London, had escaped military service. The fact that linear striation in the lung was composed, not only of bronchi, but of blood vessels, lymphatics, connective tissue, and so forth, seemed to have been entirely overlooked. A simple chronic bronchitis might result in thickening or fibrosis of the bronchial wall with enlargement of the hilar glands, and, if there had been ulceration in the bronchus, streaky sputum and peribronchial fibrosis. It was true that in the case of chronic tuberculous infection of the lung thickening of every tissue, including the bronchi, was found, but because thickening of the bronchi was seen and there might be a little haemoptysis, there was no justification for such a term as "peribronchial tuberculosis." Passing on to consider lung abscess, Dr. Melville discussed the common causes, and said that the picture was well known. He emphasized the value of lipiodol appearances. As to benign neoplasms, it had to be remembered that they were benign only in the pathological sense. In course of time, however benign a neoplasm might be, it would kill by pressure. He had seen several fibromata, weighing as much as 6 lb., which pushed everything in front of them, causing very great distress and eventually death. All benign neoplasms were extra-pulmonary, and as they grew the lung was pushed in front of them. This in itself was an aid to diagnosis. The commonest benign tumour was the fibroma, which grew almost invariably from the posterior thoracic wall, and very often from the head of a rib. It reached quite a large size without causing symptoms, the appearance being that of a well-rounded opacity, showing up in marked contrast to the surrounding lung. Of the other neoplasms he referred only to teratomata. These were anterior in position, not so readily made out as fibromata, more irritant, often irregular in shape, and causing adhesions to the lung tissue, from which they were not readily separated. The diagnosis was made by the perfectly straightforward evidence of a picture in the lateral

Universities and Colleges

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Annual Meeting of Fellows and Members

The annual meeting of Fellows and Members of the Royal College of Surgeons was held on November 19th, under the presidency of LORD MOYNIHAN.

The PRESIDENT presented the annual report of the Council, and made a few comments upon it. Referring to the Buckston Browne benefaction, he said that Mr. Buckston Browne had since added a sum of £2,900. There was a reference in the report to the petition by osteopaths for a Royal Charter, which the Council of the College, on behalf of the College and of all the examining bodies in the United Kingdom, had taken steps to oppose, and the question was still undecided.

Dr. REDMOND ROCHE, referring to the petition by osteopaths, said that on many occasions at the annual meetings of the College he had prophesied that in the near future the Government or the Privy Council might ask the College for its opinion on some matter of great interest to the profession, and now this prophecy had been fulfilled. He suggested that, in its discussions with the Privy Council on the subject, the Council of the College should state very strongly its opinion as to the harm which might be done if such a charter were granted.

Sir E. GRAHAM-LITTLE, M.P., remarked that the first occasion on which he had spoken in the House of Commons was on an effort made by osteopaths to obtain a charter, and he believed the motion he then brought before the House was the indirect means of preventing the charter being granted. At that time the Minister of Health made a very important pronouncement to the effect that the granting of a charter to such a body as the osteopaths would not be considered at all until they received an education of the same quality as that given to medical students, and set up their own colleges, which would be supervised by proper authorities, as were other colleges. It was a mistake to suppose that the agitation was a negligible one. One of the signatories to the osteopaths' petition was the Under-Secretary for Education in the last Conservative Government, and personally he had been astonished to discover that there was a very large committee in the House of Commons formed for the express purpose of forwarding the interests of the osteopaths. The question was of greater urgency and importance than had been generally realized by the profession.

The PRESIDENT said that during the last few months the College had been more alive than any of the other licensing bodies in the kingdom in regard to the charter requested by the osteopaths. A conference of representatives of all the licensing bodies in England—except the University of London—had been held at the College on November 13th, and had agreed to send a letter to the General Medical Council urging that Council to advise the Privy Council not to recommend His Majesty to grant the petition. The Council of the College agreed with the view expressed by Sir E. Graham-Little, and would continue to take an active interest in the question.

On the motion of Dr. WARE, seconded by Dr. RICKARD LLOYD, the hearty and sincere thanks of the meeting were conveyed to Mr. Buckston Browne for his munificent gift to the College.

Sir E. GRAHAM-LITTLE then moved:

> That this forty-third annual meeting of Fellows and Members of the Royal College of Surgeons reaffirms that it is essential that Members, who constitute nine-tenths of the College, should be admitted to direct representation on the Council, especially having regard to the striking result of the poll of Members taken last year.

He said that it seemed a little anomalous that the Council should have been devoid for so long of any representatives of the Members, since they numbered 18,000 and the Fellows only 2,000. It would be agreed that the views of the practising physician and surgeon who took the conjoint diploma ought to be represented on the Council, especially when the question of the kind of training to be given to those entering the profession came forward for discussion. In the case of his own University (London) the rank and file of the graduates were given a representation of one-third on the governing body, and the result had been highly satisfactory. It was time the Council revised its attitude towards the question, for it would be in its own interests, as well as the interests of the College, if Members were represented, and would greatly increase the prestige of the College in public estimation. There could be no doubt as to the desire of Members to have such representation.

Dr. H. H. SANGUINETTI, in seconding the resolution, said that in the present democratic age the oligarchic ruling of the College was distinctly out of date. It was not suggested that the work of the Council was not in every way exemplary, but he felt that, with reference, for instance, to education, the opinions of general practitioners were worth having.

Dr. BLACKBURN, as one of the Members of the College who were not desirous of having representation on the Council, said that practically the only criticism of the policy of the College which he had heard was in regard to its examinations. He had been interested in that subject for many years, and he knew of only one educational authority which was as nearly perfect as it could be—namely, the Royal College of Surgeons.

Dr. T. WILSON PARRY said that the Members were asking for nothing revolutionary, exceptional, or extraordinary, but merely that there might be called into existence a connecting link between the Council on the one hand, and the huge army of general practitioners, embracing some 18,000 Members of the College, on the other. Some members of the Council, with every honourable and loyal feeling for the traditions of the College, had instinctive fears that if they permitted their ship to be embarked on these uncharted seas there was danger of wreck on some concealed rock. He believed that such fear was unwarranted, but as a measure of reassurance against any such contingency he suggested that, to begin with, the Members of the College should be permitted to elect one Fellow who was a bona-fide general practitioner, together with one Member, also in general practice, to represent them on the Council, and that the Fellow so elected should be in addition to, and not replace, any of the twenty-four members of the present Council. If this was found to work satisfactorily, as it certainly would, at a subsequent election, after a specified number of years, the Members should be represented by two of their own number, which, after all, was the only ideal and practical method of dealing with the case. Dr. Parry went on to point out that the College was now undertaking research work in surgery, owing to the munificence of one who, all his professional days, was a Member of the College (Mr. Buckston Browne). It was not by pathological research and experiment alone that a great success in such an undertaking could be assured. Careful and patient observation in clinical practice was as essential as work in the laboratory, and among the Members in general practice were many who, because of their ability and opportunity, could render undeniable assistance in supplementing this great work. Co-operation between these two sections would be a magnificent means of furthering this great research project.

Mr. W. MCADAM ECCLES said that he had been a member of the Council for sixteen years, and he had never heard a word from any member of the Council against a Member of the College, unless that Member had been doing what both Fellows and Members knew to be derogatory to the profession. Members had spoken that afternoon as if the College did not belong to them, and as if the Council did not belong to them, whereas the Council was really a part of the College, of which Members were also a part. It was much to be regretted that statements should be made and reiterated which implied that the Council had not the interests of the Members at heart.

Dr. MILNER said that Members must feel that the Council did not represent them. They had a sense of grievance and injustice from the lack of such representation.

The PRESIDENT said that it was true at the present moment there was no representative of general practitioners on the Council, but in recent years there had been such representatives, especially among the provincial Members. Moreover, members of Council represented general practitioners even more than they represented surgeons, for of the 2,000 Fellows of the College, only some 250 were engaged in the special practice of surgery, the remainder being in general practice, so that the bulk of the electors were general practitioners. The Council had statutory duties to perform, its obligations were officially laid down, and only by an alteration of the charter could they be altered. No matter had been so seriously or fully discussed by the Council as the representation

of Members. At the present moment there were differences of opinion in the Council, but no difference that was not perfectly honest. No man voted against such a resolution as this who did not feel that it was in the very best interests of the College that the governing body should continue in office unchanged. He begged Members not to think that the Council had the slightest disregard for them, collectively or individually, or for the position which they held as Members of the College. The Council had given the fairest possible consideration to the arguments put forward, and had come quite deliberately to the conclusion that the weight of argument was against such representation, and that it was in the best interests of the College that the charter should not be altered. He could hold out no hope to Members that that opinion would be changed in the near future, but he would lay before the Council the representations that had been made.

The resolution was then put to the meeting, and carried by 32 votes against 3.

Vicary Lecture

The Thomas Vicary Lecture on "The surgeon and old-time plague" will be delivered by Colonel W. P. Macarthur, D.S.O., M.D., at the College, Lincoln's Inn Fields, W.C., on Thursday, December 10th, at 5 p.m. Fellows and Members of the College are invited to attend. Students and others who are not Fellows or Members will be admitted on presenting their visiting cards.

UNIVERSITY OF OXFORD

By decree of Convocation the degree of M.A. is to be conferred upon Richard Hartley Rose-Innes, M.B., Ch.B., F.R.C.S.Ed.

At a congregation held on November 21st the following medical degrees were conferred:

D.M.—C. R. Young, J. R. B. Hern.
B.M.—J. F. Brock, W. D. W. Brooks.

UNIVERSITY OF CAMBRIDGE

At a congregation held on November 19th the following medical degrees were conferred:

M.B., B.Ch.—R. W. McConnel, J. H. Cyriax, E. S. Stern.
M.B.—J. W. Summerhayes.

UNIVERSITY OF LONDON

It is officially announced that as the result of a consensus of opinion among representative graduates of the University the Earl of Athlone has consented to be nominated Chancellor of the University. Other nominations have been withdrawn.

The title of Professor has been conferred upon the following: *Bacteriology:* Mr. F. W. Twort, F.R.S. (Brown Animal Sanatory Institution); *Clinical Anatomy:* Dr. H. A. Harris (University College and University College Hospital).

University College Hospital

Three lectures on the history of medicine will be delivered by Dr. James Prendergast at University College Hospital Medical School on Mondays, November 30th, December 7th, and 14th, at 4.15 p.m. The subjects to be dealt with are the history of (*a*) scarlet fever, (*b*) diphtheria, and (*c*) typhoid fever. The lectures are open to all medical students of the University of London.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

Kirk Duncanson Fellowship

The award of the Kirk Duncanson Fellowship for medical research will take place in January, 1932. It is awarded annually for one year, but may be renewed to the same beneficiary for two additional periods for one year each. The emoluments will be upwards of £150 for the first year, and about £250 and £350 for the second and third years respectively. Some preference will be given to the claims of candidates who propose to devote themselves to research in diseases of the ear, nose, and throat. Further particulars will be found in the advertisement pages of this week's issue.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

Surgery.—S. J. Bellgard, C. J. Blewett, J. Britanischski, R. N. Gillespie, L. B. Reeves, D. N. Ryalls, H. W. Toussaint.
Medicine.—R. N. Gillespie, G. Handelsman, L. B. Reeves, V. M. White.
Forensic Medicine.—R. Frankling, R. N. Gillespie, G. S. N. Hughes, A. A. Khan, J. L. King, J. T. Moohalaparackel, C. E. Nicholson, C. A. Saggoo, F. A. Trowbridge, V. M. White, K. G. Wrigley.
Midwifery.—J. H. Beale, M. Davies, G. S. N. Hughes, J. W. V. Sheldon.

The diploma of the Society has been granted to Messrs. S. J. Bellgard, J. Britanischiski, G. Handelsman, D. N. Ryalls, J. W. V. Sheldon, H. W. Toussaint, V. M. White.

Medical Notes in Parliament

[From our Parliamentary Correspondent]

The House of Commons this week passed the Statute of Westminster Bill through committee. Debates arose on the application of the means test for the unemployed. The Expiring Laws Bill passed through committee and third reading after a debate on rent restriction and factory inspection.

On November 28th the Parliamentary Medical Committee elected Dr. F. E. Fremantle chairman, Dr. A. Salter vice-chairman, Dr. Morris-Jones honorary treasurer, and Dr. A. B. Howitt honorary secretary. Dr. Salter was chairman of the committee during the last Parliament. The committee includes all the medical members of Parliament, together with Lord Dawson and Lord Moynihan. Sir George Newman addressed it on November 26th.

The National Health Insurance (Prolongation of Insurance) Bill, and the Indian Pay (Temporary Abatements) Bill, were down for second reading on November 25th. The latter proposes to authorize compulsory reductions in the pay of British members of the Indian Services.

The Abnormal Importations (Customs Duties) Act received the Royal assent on November 20th.

Ministry of Pensions

The Annual Report of the Minister of Pensions, just published as a White Paper, states that at March 31st, 1931, the medical staff of the Ministry numbered 122 full-time salaried medical officers. This was 23 less than in the preceding year, the decrease being accounted for by decline in the number of medical examinations and in the number of patients under treatment. Medical men employed locally as required during the year numbered 788. The Ministry has continued the practice of sending its own mental specialist to report on the condition of Service patients in mental hospitals. Contracts for medical and surgical stores continued to be made by the War Office with contractors who supplied hospitals, clinics, and medical boards direct as required.

Pensions Hospitals

Major Tryon, replying to Dr. Fremantle on November 23rd, said that the use to which the premises would be put when the Highbury Hospital, Birmingham, was vacated by the Ministry of Pensions rested with the trustees. Much of the equipment belonged to the Birmingham Pensions Hospital Committee, but such of it as belonged to the State would be taken over by the Office of Works. Alternative employment had been provided or offered to as many as possible of the members of the staff who were in the direct employment of the Ministry, including the medical superintendent. The majority of the staff, however, were employees of the Hospital Committee.

Dr. Fremantle asked whether, when these hospitals were about to be closed down, there was any communication with other Government Departments which might possibly have a use for them, or was it left to the Office of Works to put the equipment into a warehouse. Major Tryon said that the hospitals as they became vacant for one service were immediately used for another. Dr. Fremantle said that he was asking about equipment. Was it left to the Office of Works to keep the equipment in their warehouse, or was it offered to other Departments? Major Tryon said the equipment would be used where wanted. Mr. Hannon asked if Major Tryon would use his influence to find employment for those officials of the Highbury Hospital who were not officers of the Ministry. Otherwise very great hardship would be inflicted on them. Major Tryon said that he could not specially

Medical News

The annual dinner of the Yorkshire Association of Graduates of Glasgow University will be held in the Great Northern Hotel, Leeds, on Friday, December 4th, at 7.30 p.m. Professor Robert Muir, M.D., F.R.S., will be the chief guest of the evening. Tickets may be obtained from the honorary secretary, Dr. William MacAdam, 40, Park Square, Leeds. All graduates of the university resident in Yorkshire and adjacent districts are invited.

The twelfth annual dinner of the medical officers of No. 14 Stationary Hospital, B.E.F., will be held at the Trocadero Restaurant, Piccadilly, on Friday, December 11th. Colonel C. R. Evans, D.S.O., will be in the chair. Any member of the mess wishing to attend who has not received a notice should apply to the secretaries, Lieut.-Colonel H. M. Perry and Dr. H. L. Tidy, 39, Devonshire Place, W.1.

The twelfth of a series of dances, in aid of the Royal Medical Benevolent Fund Guild, will be organized by St. Bartholomew's Hospital and held on Friday, December 11th, 8.30 p.m. to 12.30 a.m., in the Great Hall of the British Medical Association, Tavistock Square, W.C. Tickets (single 6s., double 11s.) may be obtained from Miss Mead, the dean's office, St. Bartholomew's Hospital, E.C.1.

The sixty-ninth annual meeting of the Royal Surgical Aid Society will be held at the Mansion House on Tuesday next, December 1st, at 4 p.m., under the presidency of the Lord Mayor of London.

A series of lectures on "Recent advances in physiology applicable to medicine" is being arranged by the University of Durham College of Medicine at Newcastle-upon-Tyne. The first of such lectures, entitled "Some investigations in relation to medicine," will be given at the College on Friday, December 4th, at 4 p.m., by Professor Edward Mellanby, M.D., F.R.S., of the University of Sheffield. All medical practitioners in the neighbourhood are invited to attend.

A two weeks' course in infants' diseases, with special reference to nutritional disorders and dietetics, for medical officers of welfare centres and others, will be given at the Infants Hospital, Vincent Square, Westminster, S.W., from November 30th to December 13th. The fee for the course is £3 3s.

The Fellowship of Medicine and Post-Graduate Medical Association announces two afternoon courses from November 30th to December 12th, one at the Infants Hospital in diseases of infants (fee £3 3s.), the other at the Hospital for Diseases of the Skin, Blackfriars, in dermatology (fee £1 1s.). A free lecture will be given by Mr. Tudor Edwards on "Surgical chest diseases," at 4 p.m., on December 2nd, at the Medical Society of London, 11, Chandos Street, the last of the series being given on December 9th, by Mr. Cecil Joll, on "Goitre, with special reference to thyrotoxicosis." Free post-graduate demonstrations will be given as follows: December 1st, City of London Hospital, Victoria Park, by Mr. W. H. C. Romanis, 9.15 a.m.; December 3rd, National Hospital for Diseases of the Heart, by Dr. F. W. Price, at 3 p.m. (admission by ticket only, obtainable from the Fellowship); December 7th, at St. John's Hospital, by Dr. S. E. Dore, 6 p.m.; December 8th, Royal Northern Hospital, by Mr. Hamilton Bailey, 3.30 p.m.; December 15th, Royal Waterloo Hospital, by Dr. Bernard Myers, 2 p.m.; December 17th, Miller General Hospital, by Mr. Reginald Ledlie, 11 a.m. Demonstrations will be given at the Children's Heart Hospital, West Wickham, on the first Saturday of each month by Dr. Bernard Schlesinger (fee 7s. 6d. per demonstration), the Fellowship to be notified by the previous Monday morning. Copies of syllabuses from 1, Wimpole Street, W.1.

This year's Nobel Prize for chemistry has been awarded to Dr. F. Bergius and Professor C. Bosch of Heidelberg.

Major and Brevet Lieut.-Colonel A. Butler Harris, T.D., M.B., has been appointed Deputy Lieutenant for the county of Essex.

Lord Dawson of Penn has been elected a life member of the council of Cheltenham College.

The Congress of the German Society for Urology, which was to have been held this year, has been postponed to next April, when it will take place in Vienna.

The executive committee of the International Congress of Tropical Medicine has supplied the following particulars of the second congress, to be held in Amsterdam in 1932. After the regretted death of Professor C. Eijkman, Professor G. Grijns assumed the presidency of the congress. The committee, in order to meet the majority of wishes, definitely fixed the dates of the Congress as September 12th to 17th. The subjects for discussion will be as follows: (1) avitaminoses, with special reference to beri-beri; (2) leptospira and yellow fever; (3) helminths, with special reference to ankylostoma; (4) malaria, blackwater fever, protozoan blood diseases, and kala-azar. Two reporters will be invited to read papers on each subject. The inscription fee has been fixed at £1 (Dutch guilders 12.50). The general secretary is Professor Dr. E. P. Snijders, Institute of Tropical Hygiene, Amsterdam.

The October and November issue of *Acción Médica*, the new monthly organ of the medical staff of the Pirovano Hospital, Buenos Ayres, of which only two previous issues have appeared, is devoted to tuberculosis.

Dr. August Bier, professor of surgery at Berlin University, celebrated his seventieth birthday on November 24th.

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.**

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QUERIES AND ANSWERS

Nausea and Vomiting of Pregnancy

Dr. LAWSON L. STEELE (Blyth) writes: Could any of your readers tell me of any effective treatment of the above-named condition? My patient has tried the usual remedies in previous pregnancies, with no benefit. The following have proved of no avail: tablets of corpus luteum; ingluvin and belladonna; bismuth preparations; carminative mixtures; saline draughts; dimol. Vomiting occurs three or four times daily, but the perpetual nausea and distaste for erstwhile favourite foods are most trying.

Anal Neuralgia

Mr. F. C. PYBUS (Newcastle-on-Tyne) writes: I have been very interested in the correspondence on anal neuralgia. Some twenty years ago I offered a paper on this subject under the name of "nocturnal rectalgia," which was not accepted. I am still interested in the subject, and should be glad to have some further information about it, and would welcome any case histories. I have found the duplicate copy of my original paper and propose publishing it with additional details, if some of my colleagues would be good enough to write me.