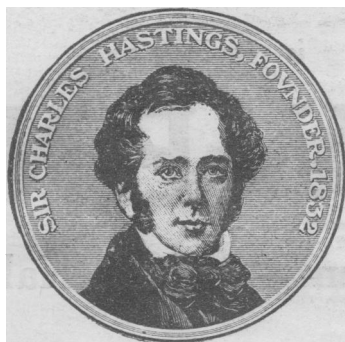


The

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION



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WITH SUPPLEMENT

No. 3703

SATURDAY, DECEMBER 26, 1931

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by Browning, Cohen, Ellingworth, and Gulbransen (1926). It has been bacteriologically and clinically investigated by Gordon and Armitage (1929); its antiseptic power is two to three times as great as that of acriflavine, and is little affected by the presence of serum; its toxicity is low; the mean dose tolerated by a rabbit ($4\frac{1}{2}$ lb.) is of the order of 9 c.cm. of a 0.5 per cent. solution when the drug is injected intravenously, and comparatively large doses (up to 50 c.cm. of a 0.1 per cent. solution) have been injected in human subjects without any apparent ill effects.

The antiseptic was mixed with the finely divided pituitary tissue (1 to 2 c.cm. of a 0.5 per cent. solution in Ringer-Locke solution to 1 gram anterior pituitary lobe) and injected into rabbits intramuscularly. It has been shown (Robson, 1931) that the injection of anterior pituitary lobe into female rabbits is followed by the formation of corpora lutea in the ovaries and the concomitant changes in the uterus—that is, proliferation of the endometrium and inhibition of the *in vitro* reaction of the muscle to pituitrin. These results were still obtained in all experiments when quinamil was added to the injected material, and there seemed thus to be no interference with the gonadotropic action of the pituitary active factors. The antiseptic was entirely successful in preventing sepsis at the site of injection; in previous experiments (without antiseptic) many animals had died within a few days, and no animal had remained alive for more than fourteen days after the first injection. With quinamil, on the other hand, no abscesses developed; the animals remained alive and in good health (no loss of weight or diarrhoea) as long as the experiments were continued (more than twenty days in several cases).

In view of these results it was decided to investigate more extensively the suitability of the antiseptic for administration with preparations of gonadotropic factors. Quinamil was added to a water-soluble protein-free alkaline extract of the pituitary (for which I am greatly indebted to Dr. B. P. Wiesner), and injected intravenously into rabbits. The usual corpus luteum formation in the ovary and changes in the uterus were obtained, showing that the potency of the preparation had not been materially affected. The effect on active factors obtained from the urine of pregnant women was then investigated; preparations made by alcohol or phosphotungstic acid precipitation (Wiesner and Marshall, 1931) were mixed with quinamil and injected intravenously into rabbits. Follicular maturation, ovulation, corpus luteum formation, and the usual effects on the uterus were obtained, showing that quinamil again did not interfere with the action of the gonadotropic principles.

Lastly, a number of experiments were performed on mice by Mr. P. G. Marshall (to whom I am indebted for permission to quote the results). A preparation made from the urine of pregnant women by the alcohol precipitation method was dissolved in 0.85 per cent. saline and sufficient quinamil added to make a 1 in 1,000 solution. Various quantities of the solution were then injected into mice; the effects obtained (blood spots, corpora lutea, distension of the uterus) were similar to those given by control experiments in which no quinamil had been added to a fraction of the same pregnancy urine preparation. From these experiments it can also be concluded that quinamil does not destroy or materially impair the activity of gonadotropic factors.

The effect of more prolonged action of quinamil on gonadotropic factors has not been investigated. In all experiments, the active material was used within a few days of its preparation (unless it was kept in the form of a dry powder), and the solutions made up with quinamil were also used within a similar period.

In addition to the use in experiments, quinamil has also, in a number of cases, been added to samples of gonado-

tropic factors (prepared from pregnancy urine) which are sent out from this laboratory for clinical use. Sufficient data have not yet been obtained, however, to pass any opinion on this use of the antiseptic.

SUMMARY

Experiments have been made to determine whether the antiseptic quinamil destroys or interferes with the action of gonadotropic substances. Used in conjunction with finely divided anterior pituitary lobe, and with extracts made from anterior pituitary lobe or pregnancy urine, injected subcutaneously and intravenously into rabbits and subcutaneously into mice, no appreciable decrease in the gonadotropic effects on the ovaries (and the resultant changes in the uterus) was detected. It is suggested that the antiseptic may be suitable for use in the clinical administration of these hormones.

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Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

FOREIGN BODY IN A CHILD'S BRONCHUS WITH ATYPICAL SIGNS AND SYMPTOMS

The occurrence of a ball of paper as a foreign body in the air passages of a child is in itself unusual. In the following case the history and physical signs were atypical, and the presence of the foreign body was not suspected until it was expectorated.

A boy aged 6, who had previously been quite well except for an attack of bronchitis in 1925 and measles in 1926, was admitted to Highgate Hospital on May 6th, 1931, with the history that two days earlier he had seemed feverish, and complained of headache and pain in the back, and had developed a spasmodic cough which sometimes induced vomiting.

On admission his temperature was 99° F., pulse rate 86, and respiration 34. His tongue was furred, the tonsils enlarged and injected without exudate, and his breath smelt of acetone. Movement of the chest, percussion note, air entry, and breath sounds were normal, but there were a few crepitations to be heard along the vertebral border of the right scapula. Physical examination revealed no other abnormality.

On May 7th he was lethargic, with flushed face, loss of appetite, and a troublesome cough. The percussion note was now impaired, and the air entry diminished at the right apex over the area of the right upper lobe. There were no adventitious sounds. By the morning of May 9th the percussion note was markedly impaired, and the breath sounds were loudly bronchial over the whole of the right upper lobe. During that night the patient had a paroxysm of coughing and expectorated a flat plaque three-quarters of an inch in diameter and half an inch thick, which weighed 12 grains. It had a hard, brownish-yellow external crust over a spongy interior, and was soaked in offensive sputum. On May 10th the child was delirious, with dry, thickly furred tongue; the physical signs in the chest were unaltered. During the night, however, the temperature fell by crisis.

On May 11th the patient began to take an interest in his surroundings, and his appetite returned; the tongue became moist and was less furred. The consolidation of the right upper lobe was unchanged, but scattered fine rhonchi were heard in all other areas. On May 12th the percussion note was slightly less impaired, and a few redux crepitations were present over the area of the right upper lobe. Fewer rhonchi were heard in the other pulmonary areas. From this time he made rapid progress until May 25th, when physical examination of his chest revealed no abnormality, and on discharge on June 16th he was perfectly well.

After convalescence an x-ray photograph of the chest was taken with the foreign body so placed that, with the whole thickness of the chest between it and the plate, its shadow fell as nearly as possible in the region of the right bronchus. The foreign body cast a definite and well-recognizable shadow.

On September 9th the patient was brought up to the hospital by request for examination. His father stated he had been perfectly well since discharge, and no cough had been noticed. On physical examination his chest was found to be normal, and this was confirmed by screening and radiography,



Sketch of foreign body (actual size).

which showed the movements of the chest and diaphragm to be normal and the lung fields clear.

Dr. F. H. Shaw reported as follows on the foreign body:

A flattened body, three-quarters of an inch in diameter, having a gritty, friable shell containing soft layers of paper. Microscopically, fibres of paper were seen, having the same appearance as other samples of paper examined for comparison. Evidently, a small ball of paper covered with organic matter infiltrated with phosphates.

The points of interest in this case are:

1. The nature of the foreign body and the fact that, had its presence been suspected, it could have been revealed by radiography.
2. The phosphatic incrustation, which had formed very rapidly if the foreign body had been present in the air passages since just before the onset of the acute illness. The alternative, that the ball of paper had been lying in the bronchus for some time without producing symptoms, does not seem possible, on account of the size of the ball.
3. The absence of a characteristic history. Neither the boy nor his parents could remember a choking fit or any symptoms suggestive of the inhalation of a foreign body.
4. The course of the acute illness and the character of the physical signs, which were both those of an ordinary lobar pneumonia.

My thanks are due to Dr. F. H. Shaw for examining and reporting upon the nature of the foreign body, and to Dr. C. Thackeray, the medical superintendent, for permission to publish this case.

L. I. M. CASTLEDEN, M.D.,
Late Assistant Medical Officer, Highgate
Hospital.

SKIN INFECTION IN CANINE VISCERAL LEISHMANIASIS

Blanc and Caminopetros observed ulceration of the skin in canine visceral leishmaniasis in Greece. The ulcers, like those produced by *Leishmania tropica*, contained Leishman-Donovan bodies. Parrot, Donatien, and Lestocquard (1930) found that sandflies (*Phlebotomus perniciosus*) which fed on dogs with cutaneous ulcers became infected with leishmania. Working in Malta, we found that wandering cells infected with Leishman-Donovan bodies are distributed almost uniformly throughout the intact dermis in all parts of the body. Infection of the dermis is present even in animals with a very slight visceral infection. Sandflies (*P. perniciosus*) were fed on the unbroken skin of a dog with a slight visceral infection, and 32 per cent. of the insects became infected. Feeding experiments with *P. perniciosus* on the unbroken skin of two other naturally infected dogs gave infection rates of 62 and 65 per cent. respectively. None of the animals had cutaneous ulcers during the time the experiments were carried out. Spleen smears of all the three dogs showed Leishman-Donovan bodies, but in much smaller numbers than spleen smears of average human

cases of infantile kala-azar, which give a relatively low infection rate with *P. perniciosus*. Examination of blood smears of the experimental animals showed no Leishman-Donovan bodies.

The above findings show that *P. perniciosus* infects itself with leishmania by ingesting skin juices of infected dogs during the act of biting. The behaviour of the canine strains in *P. perniciosus* was very similar to that previously recorded for human strains of *L. infantum*—that is, the flagellates tend to an anterior position.

S. ADLER

O. THEODOR

Kala-azar Commission of the
Hebrew University, Jerusalem. Royal Society.

GENERALIZED GAS GANGRENE DEVELOPING DURING PARTURITION

It has been shown by Wrigley¹ that uterine puerperal infections by Welch's bacillus are more common than is generally believed. Wrigley has demonstrated that such infections are usually met with in cases in which a dead foetus has remained for some time in the uterus, and that severe and fatal cases usually follow intrauterine manipulations. Severe cases of puerperal gas gangrene are nevertheless uncommon. The case that is now recorded is exceptional, because a generalized infection, which resulted in gas formation in the subcutaneous tissues before death, arose during the first stage of labour, and caused a fatal termination before the third stage was completed.

HISTORY OF THE CASE

A married woman, aged 25, was admitted to the London County Council Special V.D. Hospital for pregnant women, Thavies Inn, on May 24th, 1930, during the sixth month of her pregnancy.

The patient was a syphilitic, and had had four previous confinements, dating from 1920. The first baby died thirty-six hours after birth. During the second pregnancy the patient was treated at Thavies Inn with anti-syphilitic measures, and was delivered of a child which, treated anti-syphilitically, ultimately survived and appeared quite well. Anti-syphilitic treatment was carried out during the third pregnancy at Thavies Inn. The child was born alive and survived under anti-syphilitic treatment. During the fourth pregnancy no anti-syphilitic treatment was given on account of the patient's living in the country. The labour was difficult and instrumental, and the child was born stillborn.

During her fifth pregnancy the patient was again admitted to Thavies Inn clinic, in May, 1930, when it was found that the Wassermann blood reaction was strongly positive. Anti-syphilitic treatment was immediately commenced. Parturition was expected during the first week in August. At 9.15 a.m. on August 6th, 1930, the patient felt ill; she had a temperature of 101° F., and pulse 104. There were no labour pains, but there was an offensive vaginal discharge. On examination the os was found to be closed. At 10 a.m. slight labour pains commenced; temperature 103°, pulse 104. At 1 p.m. the os was found to admit one finger; at 2 p.m. it was noted that the patient was passing gas from the vagina, and at this time she began to vomit. At 3 p.m. the os was found fully dilated. The temperature and pulse were now normal. At 5.15 p.m. labour pains were strong, but there was no advancement of the head; it was noted at this stage that the patient's face and neck had become puffy. At 7.15 p.m. she was delivered of a macerated male foetus. The head was born naturally as a left occipito-anterior, but there was difficulty in extracting the body of the child, owing to its tissues being puffy and decomposed. The placenta was retained, and an unsuccessful attempt to remove it was made manually.

At 8.30 p.m. the patient was seen by Dr. Wilfred Shaw, who confirmed the diagnosis of gas gangrene. At this stage palpation of the uterus from the abdomen elicited the typical crackling of subcutaneous emphysema. It was also found that crackling could be obtained in the subcutaneous tissues of the abdominal wall, and the swelling of the face and neck was demonstrated to be due to gas emphysema. When the uterus

¹ Wrigley, A. J.: *Proc. Roy. Soc. Med.*, June, 1930

was pressed down, large bubbles of gas were passed per vaginam. The patient's extremities were cold, and the pulse was hardly perceptible; she was quite sensible, and answered questions intelligently. The condition was clearly a septicaemia due to infection with gas-gangrene organisms.

An examination of the foetus showed gas emphysema, which had been responsible for the difficulty in extraction. The foetus was in an advanced stage of maceration, and had probably been dead for some time.

The prognosis seemed hopeless: 30 c.cm. anti-gas gangrene serum was injected intramuscularly, and a copious intrauterine douche of peroxide solution was given. The patient's general condition rapidly became worse, the emphysema extending rapidly over more of the subcutaneous tissues of the trunk and scalp. The patient died at 1.30 a.m., six hours after the birth of the child.

A post-mortem examination of the mother could not be obtained. An exact diagnosis of the condition was not possible without bacteriological evidence, but the condition of emphysema and the passage of large quantities of gas per vaginam, together with the condition of the foetus, demonstrated almost conclusively that general infection with gas-gangrene organisms was the cause of death.

The case is recorded because of the rarity of this complication of pregnancy; the most remarkable feature was the presence of a widely distributed emphysema in a living patient, for such a widespread emphysema is usually a post-mortem phenomenon. This case illustrates the accuracy of Wrigley's contention that gas-gangrene infections of the puerperal uterus arise in connexion with intrauterine death of the foetus. In the case now recorded the intrauterine death of the foetus was almost certainly to be attributed to syphilis in the mother, but the mode of infection of the uterus is obscure. A point of importance is the fact that the temperature rose before any vaginal examination was made. The evidence available, therefore, disfavours the conception that the infection was exogenous.

Emphasis should also be placed upon the rapidity with which the patient died, death occurring within seventeen hours of the onset of symptoms.

JOHN ADAMS, F.R.C.S.

London, E.C.1.

PHILIP ADAMS, M.R.C.S., L.R.C.P.

British Medical Association

CLINICAL AND SCIENTIFIC PROCEEDINGS

WEST DORSET DIVISION

Modern Treatment of Deafness

At a meeting of the West Dorset Division, held at Sherborne on November 26th, Dr. GEORGE C. CATHCART (London) read a paper entitled "The modern treatment of deafness."

It had to be remembered, Dr. Cathcart said, that otology was one of the youngest branches of science, and only of late years had any treatment of the deaf begun; the knowledge gained by specialism had still to filter through until it became part of the ordinary curriculum of the medical student. Yet prevention was beginning to play its part, and already there was a great change in the type of case seen in adult life. A few years previously the mastoid operations that had to be performed for chronic ear discharge in order to save life were infinitely more numerous than at the present day. This was undoubtedly due to the greater care taken of the ears during the course of measles and scarlet fever, and also to the more frequent removal of adenoids and the more thorough extraction of septic tonsils by enucleation instead of by the guillotine. Chronic catarrhal otitis media was undoubtedly the commonest form of deafness. It was, however, the only form which was not hereditary,

and might be prevented by the removal of adenoids and enlarged tonsils in childhood, and, more especially, by timely paracentesis and removal of the fluid in the ear before it had time to organize. Catarrhal otitis media ought to be curable, if treated in the early stages. A few years previously the presence of an intact drum and ossicles was considered an absolute essential to hearing, and a large number of the laity, even the well educated, still raised strong objections when the question of paracentesis was mooted. It was now known, however, that the sounds reached the inner ear by means of the round window, and so long as that was healthy the drum was of minor importance. For nerve deafness hitherto there had been no treatment. The sufferers were told to try various drugs, to stop smoking, not to worry, to lead a sober life in the future if they had not done so in the past, and, above all, not to waste any more money on doctors, since no one could do them any good. Nor was the prospect any more pleasing as regards the treatment of chronic otitis media. Sir William Milligan had given it as his opinion that there had been no substantial progress in the treatment of adhesive catarrh of the middle ear during the past twenty years.

Dr. Cathcart said that for many years he had been of the same opinion, and had tired of having to tell so many patients, after the classical remedies had failed, that nothing more could be done for them. A few years ago, however, he heard, through an old patient who had been successfully treated by it, of a new method of treating chronic progressive deafness—namely, the electrophoniode method originated by Zünd-Berguet of Paris. The electrophoniode was an instrument which reproduced the sound vibrations of the whole gamut of the human voice, and thus gave a physiological stimulus to the ear. The sounds produced were of varying quality, and were variable at will; they were transmitted to the ear by telephonic receivers, which could be adjusted to the sensitiveness of each ear. Finally, a secondary current, producing a gentle, short-wave vibratory massage of the ear, was superimposed on the primary one which made the sounds; it was to this double action that the successful results were attributed. This method of treatment laboured under the disadvantage that it was not possible to tell from any tests made beforehand whether it would be successful or not. There was a factor in deafness as yet unrecognized, the presence of which—or it might be the absence of which—determined the result. The usual course of treatment consisted of fifty sittings, but on account of this unknown factor it was necessary to give a preliminary course of twelve sittings to find out whether it was worth while to continue or not. Up to the present Dr. Cathcart had treated 665 cases of chronic deafness by the Zünd-Berguet electrophoniode method comprising 187 cases of nerve deafness, 261 cases of chronic otitis media, and 217 cases of otosclerosis. Of the 187 cases of nerve deafness 138 (73.8 per cent.) improved, while 49 did not benefit to any appreciable extent. Of the 261 cases of chronic otitis media 174 (66.6 per cent.) improved, while 87 did not do so. Of the 217 cases of otosclerosis 117 (53.9 per cent.) improved, while 100 were unaffected. This amounted to a total of 665 cases of chronic progressive deafness, of which 429 cases (64.5 per cent.) improved after treatment by the Zünd-Berguet electrophoniode method, while 236 cases failed. Records showed that this treatment not only alleviated tinnitus, or noises in the head, but often caused it to disappear completely; 36 out of the first series of 100 patients suffered from tinnitus, which ceased after treatment in 26 (72 per cent.), while in the remaining 10 cases the noises were much lessened, although they did not cease. In the total of 665 cases there were 230 cases of tinnitus, of which 158 (68.7 per cent.) improved after treatment.

for the preparation of remedies, the latter for their proper application. From small beginnings in two rooms he gradually built up the National Institute of Pharmacological Medicine in Rome, with its numerous staff; there his principles are embodied, and thence pharmacological preparations have been diffused into all parts of the world.

THE PROBLEM OF THE OUT-PATIENT

The Prince of Wales, at the last meeting of the General Council of King Edward's Hospital Fund, announced his intention, as president of the fund, of appointing a committee to inquire into the methods in use in the out-patient and casualty departments of London voluntary hospitals.¹ His Royal Highness has now constituted the committee, which is to be called the "Out-Patient Committee, 1932," with the following membership: The Earl of Onslow (Chairman), Sir John Rose Bradford, Bt., M.D., Lieut.-General Sir George Macdonogh, Dame Helen Gwynne-Vaughan, Mr. E. W. Morris, Mr. Isidore Salmon, M.P., Dr. F. E. Fremantle, M.P., and Mr. R. H. P. Orde. The terms of reference and powers of the committee, as defined by the General Council, are: "To inquire into and report upon the methods in use in the London voluntary hospitals regarding the attendance of patients in the out-patient and casualty departments, and the effect of those methods upon the suitability of the patients treated, and on the length of time during which patients wait before or after treatment; and to make such recommendations thereon as may seem to them desirable." The committee has discretion to present a single report on the whole question, or interim reports on separate parts of the question, and, in particular, on that part which is concerned with the internal arrangements or administration of the departments, as affecting the time of waiting. A report has been prepared by the Committee of Management explaining the origin of the inquiry. Communications should be addressed to Mr. H. R. Maynard, King Edward's Hospital Fund for London, G.P.O. Box 465A, 7, Walbrook, E.C.4.

RICHARD LOWER

Richard Lower, the tercentenary of whose birth falls this year, was a native of St. Tudy in Cornwall. He was educated at Westminster School and at Christ Church, Oxford. In February, 1665, he performed the first blood transfusion from one animal to another, and suggested its possible application to human beings. This was successfully realized by Denys of Paris in June, 1667. Lower's greatest work is the *Tractatus de Corde*, published in London in 1669. Here he fully describes the anatomy of the heart. He observes that it continues to beat long after its removal from the body; he measures the output of the ventricles, and compares the colour of the blood on entering and leaving the lungs, attributing the change to absorption of air in the latter. Later he practised in London, and he attended Charles II in his last illness. He died in comparatively poor circumstances in 1691. Lower possessed the true scientific spirit, an enduring love of truth, and a genius for experimentation. His style was terse and vivid. We understand that a forthcoming

number of the *Proceedings* of the Royal Society of Medicine will contain a paper by Dr. K. J. Franklin, on "The work of Richard Lower: a tercentenary survey," read in title at a meeting of the History of Medicine Section on December 2nd.

The King, on the recommendation of the Minister of Health, has approved the appointment of Dr. William Rees Thomas as a Medical Senior Commissioner of the Board of Control, in succession to Dr. Arthur Rotherham. Dr. Rees Thomas has been medical superintendent of the Rampton State Institution for Mental Defectives since 1920.

MEDICAL CONGRESSES, 1932

The following congresses and conferences on medical and allied subjects have been announced for 1932. Particulars are given below in the following order: date, name of organizing body, place of meeting, name of person to whom inquiries should be addressed. More detailed information about these meetings is given from time to time, as it becomes available, in the news columns of the *British Medical Journal*.

February.—German Association for Occupational Hygiene. Nuremberg. Secretary of Association, Platz der Republik 49, Frankfurt-on-Main.

March 15-16.—International Society of Surgery. Madrid. Dr. L. Mayer, 72, Rue de la Loi, Brussels.

April 11-14.—German Society for Internal Medicine. Wiesbaden.

April.—German Society for Urology. Vienna.

May 9-13.—American Medical Association. New Orleans. Secretary of Association, 535, North Dearborn Street, Chicago.

May 10-15.—Royal Institute of Public Health. Belfast. Secretary of Institute, 37, Russell Square, W.C.1.

May.—International Union of Local Authorities. England. Mr. G. M. Harris, Ministry of Health, Whitehall, S.W.1.

June.—British Hospitals Association. Liverpool. Secretary of Association, 12, Grosvenor Crescent, S.W.1.

July 9-16.—Royal Sanitary Institute. Brighton. Secretary of Institute, 90, Buckingham Palace Road, S.W.1.

July 26-30.—British Medical Association Centenary Meeting. London. Medical Secretary, B.M.A. House, Tavistock Square, W.C.1.

July.—Congress on Paediatrics. Geneva. Secretary of Save the Children International Union, Geneva.

August 15-18.—International Congress on Light. Copenhagen. Dr. Kissmeyer, Finsens Lysinstitut, Strandboulevarden, Copenhagen.

September 6-9.—International Union against Tuberculosis. The Hague. Secretary of Union, 2, Avenue Velasquez, Paris VIII.

September 12-17.—International Congress of Tropical Medicine. Amsterdam. Professor E. P. Snijders, Institute of Tropical Medicine, Mauritskade 57, Amsterdam.

September 20-25.—International Congress of Mediterranean Hygiene. Marseilles. Dr. Violle, 40, Allées Léon Gambetta, Marseilles, or Dr. Broquet, 195, Boulevard St. Germain, Paris VII.

October.—French Congress of Stomatology. Paris.

1932.—International Congress of Oto-rhino-laryngology. Madrid.

1932.—Italian Congress of Urology. Bari.

1932.—Pedagogic Medical Congress. Rome.

1932.—German Dermatological Society. Vienna.

1932.—Society for the Study of Diseases of Digestion and Metabolism. Vienna. Professor von den Velden, Bambergerstrasse 49, Berlin, W.30.

1932.—International Conference on Tuberculosis. Davos. Secretary, Medical Society, Davos-Platz, Switzerland.

¹ *British Medical Journal*, December 19th, 1931, p. 1149.

My letter in your issue of December 5th was a plea that the general practitioner should be encouraged to take his rightful position in any team and in all clinics, primarily for the sake of the health and happiness of the child patient. It is very difficult to put the position concisely in a letter. That is my excuse for the length of this communication.—I am, etc.,

Hove, Sussex, Dec. 12th.

E. ROWLAND FOTHERGILL.

EDUCATION FOR GENERAL PRACTICE

SIR,—Dr. Bauwens's letter in the *Journal* of December 5th (p. 1063) calls attention to a very serious hiatus in the education of the medical student, of which he will probably become painfully aware as soon as, having qualified, he starts to practise. In this era of osteopathy, chiropraxis, bone-setting, and many other activities mainly pursued by medically unqualified people, it is much to be regretted that the training of the medical practitioner has not fitted him to obtain the many successful results justly ascribed to these unqualified workers or to expose the fallacies underlying many of their claims.

Recognizing the importance of this field of work (although myself in no wise connected with it) in 1921 I proposed to the Kensington Division of the British Red Cross Society that the clinic previously used for ex-service men should be developed and extended for the use of the civil population. I hoped at the time that clinical assistants would be employed and the knowledge of physiotherapeutics by these spread in a practical way among medical men, but circumstances rendered this plan not feasible. The medical superintendent and his co-workers have, however, endeavoured by a series of lectures to spread the knowledge of the benefit resulting from this form of treatment. Now on November 19th, at the Royal College of Surgeons, I seconded the resolution proposed by Sir E. Graham-Little that representatives of the members of the College should have seats on its Council and, in doing so, suggested that such representatives would greatly assist the Council in deciding what form of education was most suited for general practitioners, who, in many respects, required a different education to consultants. Dr. Bauwens's letter suggests one particular in which the education of the general practitioner might be greatly improved; and only general practitioners could point out the many other directions in which medical education might be improved to the benefit of themselves and their patients.—I am, etc.,

London, W., Dec. 7th.

HAROLD H. SANGUINETTI.

To meet the postal requirements of Christmas week this issue of the "British Medical Journal" goes to press several days in advance of the usual time, and a number of letters on topics of current interest have had to be held over.

Universities and Colleges

UNIVERSITY OF OXFORD

At a congregation held on December 17th the following medical degrees were conferred:

M.D.—P. C. Mallam.

M.B.—R. Pakenham-Walsh, G. W. Hinchliff, E. C. Coaker, N. A. Gillespie, J. B. Bishop.

UNIVERSITY OF LONDON

The London School of Hygiene and Tropical Medicine has been admitted as a whole as a school of the University in the Faculties of Medicine and Science.

The following have been appointed examiners for the second examinations for medical degrees in 1932, together with the external staff examiners: *Anatomy*: H. A. Harris (University College), D. M. Blair (King's College), H. H. Woollard (St. Bartholomew's), W. E. Le Gros Clark (St. Thomas's), T. B.

Johnston (Guy's), T. Yeates (Middlesex), J. E. S. Frazer (St. Mary's), Mrs. M. F. L. Keene (London School of Medicine for Women). *Pharmacology*: E. B. Verney (University College), P. Hamill (St. Bartholomew's), W. A. M. Smart (London Hospital), N. Mutch (Guy's), V. B. Woolley (St. Thomas's), S. Wright (Middlesex), B. J. Collingwood (St. Mary's), Miss E. M. Scarborough (London School of Medicine for Women). *Physiology*: J. C. Drummond, D. T. Harris, J. P. Hill (University College), R. J. S. McDowall (King's College), H. Hartridge (St. Bartholomew's), H. E. Roaf (London Hospital), G. W. de P. Nicholson, M. S. Pembrey (Guy's), J. Mellanby (St. Thomas's), E. C. Dodds, J. H. Woodgar, S. Wright (Middlesex), Miss W. C. Cullis (London School of Medicine for Women).

The regulations for the first examination for medical degrees for internal students under the heading "Details of examination" have been amended. The fifth paragraph (Red Book, 1931-32, p. 131) will read as follows:

A candidate who is not exempted from any part of the examination, but enters for the whole examination at one and the same time, may, if he fails to reach the minimum standard in one subject only, be "referred"—that is, he may be permitted, with the consent of the examiners, to present himself for re-examination in that subject alone.

If he do not present himself for re-examination in his referred subject on one of the next two occasions on which the first examination for medical degrees is held, or, having presented himself, fail to satisfy the examiners in it, he will be required on re-entry to take the whole examination again, unless in exceptional circumstances he is granted special permission by the Academic Council to enter for re-examination in his referred subject alone on one subsequent occasion only.

The following sentence is to be inserted at the end of the sixth paragraph under the heading "Details of examination" (Red Book, 1931-32, p. 191):

If such a candidate fails in the subject of the first examination in which he has been referred, the result of his candidature at the second examination, Part I, shall not be communicated to him, and he shall not be considered to have passed that examination.

The fifth paragraph under the heading "Details of examination" (Blue Book, September, 1931, p. 249) will read as follows:

A candidate at the first examination for medical degrees who takes all the prescribed subjects on one and the same occasion, but who fails to reach the minimum standard in one subject only, may be "referred"—that is, he may be permitted, on the recommendation of the examiners, to present himself in that subject alone, on one occasion only on payment of the proper fee, at one of the next two first examinations for medical degrees. Referred candidates who do not pass in their referred subjects according to these conditions will be required, when re-entering, to offer all three subjects again. The examiners will recommend that a candidate be referred only if his failure in one subject is not serious, and if his performance in the remaining subjects is reasonably good. A student who has completed the first examination for medical degrees after having been referred in one subject will be deemed for all purposes to have passed the examination in question on the date of completion.

The following sentence has been inserted at the end of the sixth paragraph under the heading "Details of Examination" (Blue Book, September, 1931, p. 249):

If such a candidate fails in the subject of the first examination in which he has been referred, the result of his candidature at the second examination, Part I, shall not be communicated to him, and he shall not be considered to have passed that examination.

The date of entry for the second examination for medical degrees, Part I, in July has been changed from June 1st to May 15th.

Dr. Charles Singer has been elected to represent the University at the ninth International Congress of the History of Medicine, to be held in Bucharest in September, 1932.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—F. R. Dennison (*a, c*), A. J. B. Goldsmith (*a, b*), C. H. S. Harris (*a, b, d*, University Medal), H. H. Langston (*d*), I. S. Acres, J. H. Attwood, Ellen M. Barnes, G. J. Bell, P. S. Bell, H. W. Benham, R. C. Bennett, D. Bielenky, K. C. Buck, E. H. Capel, A. Caplan, W. I. Card, Rachel P. Carr, F. W. Chippindale, A. B. Cook, Margaret E. Cope, H. E. B. Curjel, J. O. F. Davies, S. B. Dimson, J. A. Doherty, E. H. Evans, R. E. M. Fawcett, P. B. Fernando, J. F. Fisher, Phyllis M. Fraser, S. G. French, W. H. George, B. W. Goldstone, Charlotte Gray, B. Griffiths, E. B. Grogono, J. H. Gubbin, E. Gwynne-Evans, B. Halfpenny, J. T. P. Handy, A. R. C. Higham, J. M. Harker, Erica M. R. Hutton, C. D. P. Jones, A. Kahan, Betty M. Kemp, B. W. Knight, W. F. McGladdery, Dorothy Makepeace, K. S. May, E. R. R. Mellon, Ruth Milne, D. K. Mulvany, W. G. W. Nixon, R. J. L. O'Donoghue, R. MacI. Paton, O. Plowright, W. M. Priest, E. Renbom, J. M. Robertson, Phyllis M. Robottom, B. Southwell, A. E. Stevens, M. R. Thomas, W. J. Tindall, Margaret W. Trowell, Phyllis Wade, R. S. Wale, Joan B. Walker, F. L. Wheaton, Mary J. Wilmers, Dorothy Woodman.

a, Distinguished in Medicine. *b*, Distinguished in Pathology. *c*, Distinguished in Forensic Medicine. *d*, Distinguished in Surgery.

The following students have passed in one of the two groups of subjects:

Group I: J. F. E. Bloss, E. F. Claridge, Barbara G. C. Clarke, R. C. Cohen, K. V. Earle, Mary Evans, J. T. Griffiths, L. J. Hackett, Florence D. Hawes, C. B. Hinkley, L. A. Hiscock, Janet Y. Laidlaw, W. Ogden, H. J. C. Page, S. R. C. Price, L. K. Robson, A. G. Sanders, Margaret Skelton, D. G. Snell, R. G. W. Southern, Winifred P. Thomas, R. S. Trueman, Margherita N. Walden, Shirley E. Whitaker. **Group II:** A. E. Bowling, M. L. Bynoe, R. F. M. Child, N. E. D. de Silva, G. W. Duncan, D. Erskine, H. E. Harding, G. F. Henderson, G. H. Pearce, D. A. Smith, W. W. Walther, A. L. Wingfield.

The title of Professor of the History of Medicine has been conferred on Dr. Charles Singer, F.R.C.P. (University College), and that of Reader in Surgery upon Mr. J. P. Ross, M.S., F.R.C.S. (St. Bartholomew's Hospital Medical College).

UNIVERSITY OF BIRMINGHAM

The following were among the degrees conferred at the congregation on December 16th:

M.D. (with honours).—A. B. Taylor.

M.B., Ch.B.—S. A. Bower, W. J. S. FitzMaurice, H. A. Shawarby, C. H. Sherwood.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

M.D.—T. N. A. Jeffcoate.

Ch.M.—J. C. Ross.

M.Ch., Orth.—J. L. Donnelly, T. S. Donovan, A. R. Hamilton, E. N. Wardle.

FINAL M.B., Ch.B.—(1924 Regulations) Part A: J. Amos, H. V. Corbett, G. R. Critien, C. Y. Howarth, Eva Macdonald, G. E. Thomas. *Passed in Individual Subjects:* A. Gleave (Forensic Medicine), Kathleen E. Slaney (Public Health), E. Taylor (Pharmacology), J. L. Williams (Pharmacology). **Part B:** F. J. Burke, C. K. Holland, E. R. Jammy, J. A. Jones, Mary F. Lacey, F. T. B. Lovegrove, E. W. Malcolmson, D. F. Morgan, H. D. Owen. (1923 Regulations) **Part III:** A. M. Russell.

DIPLOMA IN TROPICAL MEDICINE.—G. S. Bhargava, G. P. F. Bowers, P. Chandra, H. S. Chaturvedi, W. H. Craven, W. Crawford, A. K. Guha, A. F. X. Henry, J. T. Kuo, P. K. Kuruvila, M. Lakhwarah, E. W. Low, H. McNair, J. Mansur, V. C. G. Menon, H. Peaston, N. N. Sardana, D. R. Sharma, H. J. H. Spreadbury (recommended for the Milne Medal), L. Tarneja, S. Ullah.

VICTORIA UNIVERSITY OF MANCHESTER

The following candidates have been approved at the examination indicated:

FINAL M.B., Ch.B.—Margaret M. Bodoano, G. B. Carter, Jane Druker, B. Dunkerley, G. H. M. Franklin, K. P. Giles, Jessie Goldstone, J. K. Hadfield, N. Harburn, G. Maizels, Alice Speight. **Part I (Forensic Medicine and Hygiene and Preventive Medicine):** A. C. Ashton, T. Chadderton, C. H. Gattie, B. H. Gillbanks, Marion W. Perry, Muriel N. Strange.

UNIVERSITY OF SHEFFIELD

Dr. J. Florey has been appointed Professor of Pathology, and Dr. J. W. Edington Professor of Bacteriology.

The Council of the University has received a cheque for £550 from Emeritus Professor Arthur J. Hall as a nucleus for a research fund in medicine.

UNIVERSITY OF DUBLIN

TRINITY COLLEGE

At the first Winter Commencements, held on December 10th, the following degrees in the Faculty of Medicine were conferred:

M.D.—G. C. Dockeray, J. Horwich, G. B. Thrift.

M.B., B.Ch., B.A.O.—A. D. Barber, H. F. Burton, A. A. Cunningham, H. J. Eustace, O. W. F. S. Fitzgerald, J. B. Fleming, J. G. L. Ford, C. H. Hutchinson, H. F. G. Irwin, J. L. Martin, J. Miller, D. Nolan, J. A. Page, R. D. Scott, R. C. Sutton, J. A. Wallace, E. W. West, G. A. Wray.

ROYAL COLLEGE OF SURGEONS IN IRELAND

The following candidates have been approved at the examinations indicated:

Primary Fellowship.—J. R. Counihan, J. E. Deale, W. A. Naidu, J. O'Shea, G. M. A. Shaikh.

Final Fellowship.—J. E. Deale, C. J. Shortall.

Obituary

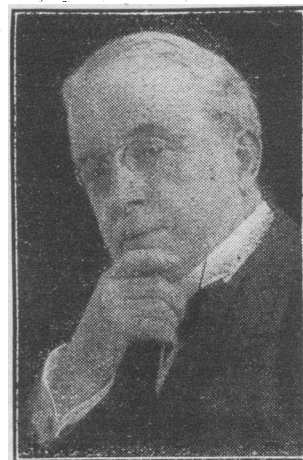
J. A. LINDSAY, M.A., M.D., F.R.C.P.

Emeritus Professor of Medicine, Queen's University of Belfast
As briefly announced in our last issue, James Alexander Lindsay, M.A., M.D., F.R.C.P., emeritus professor of the theory and practice of medicine in Queen's University, Belfast, died in that city on December 14th. His passing will be mourned by a very wide circle.

Born in 1856, at Lisnacrieve House, Fintona, co. Tyrone, long in possession of the family, the late professor was a descendant of James Lindsay, who fled from religious persecution in Ayrshire in 1678. He was educated in Belfast at the Royal Academical Institution, at the Methodist College, and at Queen's College, now the Queen's University, also at the London Hospital and in Paris and Vienna. He graduated B.A. in 1877, M.A. in 1878, and in 1882 obtained the M.D. and M.Ch. degrees in the Royal University of Ireland. He was also exhibitor, and twice gold medallist. In 1903 he was elected a Fellow of the Royal College of Physicians of London. For over half a century he was connected with the Royal Victoria Hospital, Belfast, first as house-physician, then assistant physician, then full physician, and, lastly, consulting physician. He became chairman of the board of management of the hospital in 1919, and held this important position until 1927, being succeeded by the late Marquess of Dufferin and Ava. In 1899 Dr. Lindsay was elected to the professorship of medicine in the Queen's University, succeeding Dr. James Cumming, and held that chair until 1923. He had a large consulting practice, and his services were in constant demand. The foundation of the school of dentistry in Belfast University was largely due to his efforts.

In his work as a teacher he exercised great influence, and by reason of the fact that he held the chair of medicine for so long a time, many doctors in all parts of the world to-day are greatly indebted to his painstaking and skilful teaching, for "as a clinical teacher he shone with a rare ability; his clearness of vision and crystal clarity of diction rendered his instruction of rare quality and inestimable worth to the student." He had travelled much, and was a man of great scholarly distinction. He was no less successful as an examiner than as a teacher, and his services were always in demand. He was extern examiner at the Royal University, at Trinity College, Dublin, and at Manchester and Leeds Universities. He was not only a physician, but a scholar, and his library contained many volumes on philosophy, theology, and the classics. He was fond of French literature, and music was one of his passions.

His list of posts and activities is a long one. He had been president of the Association of Physicians of Great Britain and Ireland, Fellow of the Royal Academy of Medicine in Ireland, senator of the Queen's University, Belfast, and president of the Ulster Medical Society. He was Bradshaw Lecturer in the Royal College of Physicians of London in 1909, his subject being "Darwinism and medicine." In 1897 he was appointed



by the *Lancet* on a special commission to investigate the hygienic condition of Sicily. He was a member of the Aristotelian Society, and the author of valuable medical treatises, and of many contributions to the professional and philosophic journals. He also published a history of *The Lindsay Family in Ireland*.

For many years Professor Lindsay was a member of the British Medical Association, served on the Central Council in 1896-99, and held the office of president of the Ulster Branch in 1905. He was a joint secretary of the Section of Medicine when the Association held its Annual Meeting in Newcastle-upon-Tyne in 1893, and president of the same Section at the Annual Meeting in Belfast in 1909. For some years he acted as the Belfast correspondent of the *British Medical Journal*. On the occasion of his leaving Northern Ireland in 1928, to take up residence in London, he was entertained at a complimentary dinner by his colleagues on the visiting staffs of the Royal Victoria and the Belfast Maternity Hospitals.

Professor Lindsay was a bachelor; his nephew, Captain D. C. Lindsay, is high sheriff of Belfast.

[The photograph reproduced is by Elliott and Fry, London.]

The medical life of East Durham has sustained a great loss by the death, on December 11th, of Dr. HUGH RUSSELL of Trimdon in his eighty-sixth year. He was a native of Airdrie, and passed his final examinations in medicine at Glasgow University with honours at the age of 20, but could not qualify until a year later in 1867. Six years later he proceeded to the M.D. degree. As a student he was a personal friend of Lister, and often assisted him in his experiments. In 1869 he settled at Trimdon, co. Durham, where for sixty years he held the appointment of medical officer to Sedgfield Rural District Council. Dr. Russell, who had come to be regarded as the father of the community as well as of the medical fraternity in the area, was a type of man now seldom seen, full of spontaneous courtesy and tenderness towards his patients and friends. To the younger generation of medical practitioners in particular his skill as a physician and his apt and generous counsel were an inspiration.

Dr. THOMAS CARTER, who died at Sutton Coldfield on November 21st, aged 90, was a native of Richmondshire. He was educated at Richmond Grammar School, and received his medical training at Guy's Hospital and in Paris. On qualifying M.R.C.S.Eng. and L.R.C.P.Lond. in 1863, he joined his uncle, Dr. Bowe, in practice at Richmond (Yorks). He practised there for forty-five years, and is still remembered with affection and esteem. In 1864 he contributed "Notes on some of the Paris hospitals" to the *Medical Times and Gazette*. He was a justice of the peace, and was for many years also on the militia medical staff (retiring with the rank of surgeon lieutenant-colonel) and medical officer to the Nineteenth Regimental District. Dr. Carter was a member of the British Medical Association until his retirement from practice twenty-three years ago, owing to increasing deafness. Within a few weeks of his death he was otherwise in full possession of all his faculties. He leaves four children, one of whom is a member of the medical profession.

The following well-known foreign medical men have recently died: Professor ALFRED MAYOR, formerly rector of Geneva University and president of the Geneva Medical Society, aged 78; Dr. HEINRICH ALBRECHT, a prominent Berlin hygienist and author of works on the hygiene of dwelling houses and occupations; Dr. MAX ROTH, a Basle oto-rhino-laryngologist, aged 43; and Dr. PAULESCO, professor of medicine at Bucarest, and formerly the collaborator of the late Professor Lancereaux of Paris.

The Services

COMMISSIONS IN THE R.A.M.C.

Twenty-five permanent commissions in the Royal Army Medical Corps are being offered to qualified medical practitioners, under 28 years of age, registered under the Medical Acts. There will be no entrance examination, but candidates will be required to present themselves in London for interview and medical examination. At the same time, a certain number of temporary commissions under similar conditions as regards age and qualification will also be offered. Applications should reach the War Office not later than January 18th, 1932. Information as to conditions of service and emoluments may be obtained from the Under-Secretary of State, the War Office (A.M.D.1), Whitehall, S.W.1.

No. 14 STATIONARY HOSPITAL

The twelfth anniversary dinner of No. 14 Stationary Hospital was held in the Trocadero Restaurant on December 11th, with Colonel C. R. Evans, D.S.O., in the chair; there was a good attendance. Proposing the toast of "The Hospital," Colonel Evans commented on the loyalty and comradeship which had been such a characteristic feature of the staff of this hospital during the war, and which was now still manifest in the regular attendance at the annual dinner. Colonel Perry, who responded to the toast, gave an account of the doings of members of the medical staff who had been unable to attend on that occasion. The remainder of the evening was spent in recalling old memories of the hospital's activities.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

National Health Insurance

Sir ARCHIBALD SINCLAIR, replying on December 10th to Mr. Rhys Davies, stated that certain minor amendments in the English Medical Benefit Regulations were proposed. The proposed Scottish Regulations would differ from the English Regulations in certain respects.

Replying to Mr. Rhys Davies on December 9th, Sir E. HILTON YOUNG said the Dental Benefit Regulations provided that a dentist should apply the same degree of skill and attention when giving treatment to an insured person as he would apply in giving treatment to a private patient. A dentist was not required, however, to enter into any general undertaking to provide treatment on the terms and conditions laid down in the Regulations to all insured persons who were entitled to dental benefit and who applied to him for treatment. Every such person was the subject of a separate contract, and the dentist was free either to accept or to decline the insured person as a patient under the conditions laid down in the Regulations. In the former event, he was expressly debarred from suggesting, demanding, or accepting any payment from the insured person beyond that provided in the prescribed scale, and the insured person was entitled to receive from his approved society the proper proportion of the cost of his treatment. In the latter event, it was impossible to prohibit the insured person from agreeing with the dentist to be treated as a private patient at such fee as might be mutually agreed between them, but in that case the insured person would not be entitled to claim any part of the cost of his treatment from his approved society.

In the year 1930 approved societies received State grants totalling £6,160,000. At the rate in force before 1926 it is calculated they would have received £8,470,000 in the same year. For the year 1931 to September 30th the comparable figures are £4,300,000 and £5,900,000.

Imported Milk and Butter

In reply to Mr. Glossop, on December 10th, Sir E. HILTON YOUNG said the Public Health (Imported Milk) Regulations did not impose any conditions as to *Bacillus coli* in imported milk, but the Regulations required that imported milk should conform to a strict bacteriological standard of purity, which was not required in the case of milk produced in this country other than graded milks.

Replying to Sir Alfred Knox, on December 10th, he stated he was unaware that an outbreak of illness at Yeovil had been attributed to the consumption of butter, but had received information of several cases of illness in a neighbouring district, in connexion with which samples of butter were examined, but found to be free from microbic contamination. Russian butter, with other foods, was subject to examination the ports, and there was no evidence to justify steps being taken to prevent its importation.

Sir E. HILTON YOUNG stated, in reply to the Duchess of Atholl on December 10th, that he did not think it necessary to lay down a standard of hygienic quality to which condensed and dried milk imported into this country must conform. Answering a suggestion by Dr. Fremantle that consuls should be given power to report on the conditions under which such articles were prepared, he said that the law provided the Minister of Health with power to investigate the condition of such foodstuffs on arrival into this country. That power was exercised.

Further answering the Duchess of Atholl, Sir E. HILTON YOUNG said there was no prescribed standard of butter-fat for skimmed milk, whether home-produced or imported. This article purported to be as nearly as possible free from butter-fat, and it would accordingly be impracticable to impose such a standard.

Notes in Brief

Answering Dr. Salter, on December 9th, Sir Herbert Samuel stated that 601 pedestrians had been fatally injured by motor vehicles in England and Wales during the first nine months of 1931, as compared with 547 in the corresponding period of 1930.

Sir E. Hilton Young states that there are no regulations regarding the publication of annual reports by medical officers of health. Publication is a question for the decision of the local authority concerned.

Medical News

The Royal College of Physicians of London will be closed from Thursday, December 24th, till Tuesday, December 29th, both days inclusive.

The second half of session 1931-32 of the Medical Society of London opens on Monday, January 11th, with a pathological meeting. On January 25th, at 8.30 p.m., a discussion on the causation and treatment of essential hypertension will be opened by Dr. Geoffrey Evans and Dr. G. Arbour Stephens. A discussion on the syndrome of chronic toxic cholecystitis will be introduced on February 8th by Mr. W. Harold Dodd and Dr. Arthur Davies. On February 22nd, Dr. George H. Oriel and Dr. George W. Bray will open a discussion on asthma and allied conditions. On March 14th there will be a discussion on non-effective nephritis, introduced by Dr. Arthur A. Osman and Dr. Owen de Wesselow; and on March 21st Dr. J. F. Brailsford will open a discussion on the diagnosis of diseases of the hip-joint. The Lettsomian Lectures by Mr. F. A. Williamson-Noble, on the reactions of the eye to general disease, will be delivered on February 29th and March 7th and 16th. At the conversazione on May 9th Sir James Berry will deliver the annual oration, entitled "Fallen idols." In view of economic conditions the annual dinner of the society will not be held in 1932.

A course of lectures on rheumatism and arthritis as a public health problem will be delivered at the Royal Institute of Public Health, 37, Russell Square, W.C. The first of the series will be by Sir William Willcox, on the etiology of rheumatism, with special reference to infective causes, on Wednesday, January 20th, 1932, at 4 p.m. The lectures will be continued on subsequent Wednesdays at the same hour. The course will conclude on March 2nd at 11 a.m., when there will be a demonstration at the British Red Cross Society Centre for Rheumatic Diseases, Peto Place, Regent's Park.

The next meeting of the Illuminating Engineering Society will be held at the house of the Royal Society of Arts (John Street, Adelphi, W.C.), on Friday, January 8th, when a discussion on "Motor car headlights" will be opened by Mr. E. S. Calvert at 7 p.m. Copies of the introductory paper may be obtained from Mr. J. S. Dow, 32, Victoria Street, S.W.

The ninth International Congress of the History of Medicine will be held at Bucarest, under the presidency of Dr. V. Gomoiu, in September, 1932. The exact date will be announced later. The principal subjects for discussion will be: (1) the evolution of medicine in the Balkan States; (2) the protection of Europe against bubonic plague. Excursions will be paid to Trieste, Athens, Constantza, and the neighbourhood of Bucarest.

Volume 2 of *The Veterinary Bulletin* will be issued monthly from January 1st, 1932, and will run to about 864 pages, including the index for each monthly issue and the final classified volume index. It will cover the same ground as volume 1, but will be much more complete and will include references to all important British and foreign scientific work relating to veterinary research, administration, public health, and education. Although it was originally intended that the issues for 1932 and onwards should cover only 600 pages annually, expansion has been necessary in order to deal with the amount of material available. The subscription will be £2 for the volume, or 5s. per copy, payable in advance, post free to any part of the world. Communications should be addressed to the Imperial Bureau of Animal Health, Veterinary Laboratory, Ministry of Agriculture and Fisheries, Weybridge, Surrey.

The autumn issue of the Research Defence Society's quarterly journal, *The Fight Against Disease*, contains a warm acknowledgement of the services rendered by the late Lord Knutsford, who had been an energetic supporter of the society since its foundation in 1908, and was latterly its chairman. An article on artificial respiration in the same issue discusses the progress that has been made in improving this procedure as the result of experimental work. There is also a detailed discussion of the lawsuit arising out of the Grove-Grady will, under which the testator proposed to found an "animals' benevolent society" out of her residuary estate. It was finally decided, by an order of the House of Lords, that no part of the sum of £25,000 to be retained by the trustees could be used for anti-vivisection propaganda. Extracts from the judgement of the Court of Appeal are republished as being of particular interest to the Research Defence Society.

On December 19th, Mrs. Henry N. Sporborg, acting on behalf of the Rugby Works Hospital Fund of the British Thomson-Houston Co., Ltd., laid the foundation stone of the Sun Pavilion Extension of the Hospital of St. Cross, Rugby.

Dr. S. Wigoder has been elected a member of the Morley Town Council and appointed to serve on the Maternity, Child Welfare, Health, and Waterworks Committees.

The executive committee of the Food Education Society has placed on record its sorrow at the death of Sir Harry Baldwin, its vice-chairman for the last seven years.

An oto-rhino-laryngological institute has been founded at Charkov in the Ukraine for the study, among other subjects, of the pathogenesis of diseases of the respiratory tract and deaf-mutism. The institute contains a clinic, laboratory, library, museum, and out-patients' department.

A society of surgery has recently been founded at Madrid, under the presidency of Dr. Goyanes.

Professor E. Tanzi, director of the clinic of nervous and mental diseases at Florence, has retired on reaching the age limit, and has been succeeded by his former pupil, Professor M. Zalla of Messina.

The Rumanian journal *Spitalul* (The Hospital) has recently celebrated the fiftieth year of its foundation.