

The successive red count during the recovery was as follows:

Date	Red Cells	Haemoglobin	Colour Index
		Per cent.	
30/7/32	1,040,000	35	1.7
4/8/32	1,280,000	45	1.7
9/8/32	2,150,000	60	1.4
17/8/32	3,736,000	75	1.02
22/8/32	4,240,000	80	0.95
30/8/32	4,424,000	80	0.90
23/9/32	4,990,000	85	0.85

The regenerative nature of the anaemia became very clear as time went on. In the first blood examinations on July 29th and 30th there was slight variation in the size of the red cells, and there were a few poikilocytes. Unusual activity of the haemopoietic system was manifest on August 4th—three days after the transfusion and six days after the administration of liver had begun. The laboratory report then was:

"Anisocytosis very marked, with a big percentage of macrocytes. Polychromatophilic cells dominate the picture, being of a deep colour. Much punctate basophilia, both fine and coarse granules. Nucleated red cells very numerous. Normoblasts, young, old and degenerated (Howell-Jolly bodies), are to be seen to the extent of two or three in every field. Two megalocytes."

On August 13th the report stated that the film showed a very large number of nucleated red cells and macro-normoblasts—"megalocytes abundant and anisocytosis very marked. The whole picture is typical of acute pernicious anaemia." It was not till August 18th that vital staining was employed, and reticulocytosis was demonstrated.

From first to last in this case no septic focus could be discovered to explain the early symptoms, and no growth was obtained from the blood. The differential count from July 29th to August 30th showed an average of 9,600 whites, with a maximum of 16,550 on the seventh day. With the exception of the first count, when the proportion of polymorphs was 32 to 45 lymphocytes, the average proportion of polymorphs to lymphocytes was 64 to 25. A gastric analysis made during convalescence, after the administration of hydrochloric acid had been stopped for two days, showed a normal acidity. The medicinal treatment of the case, which was begun as soon as vomiting had ceased, and before the nature of the anaemia was diagnosed, consisted of a mixture containing ferri et ammon. citrat. xxx grains, ac. hydrochlor. dil., m xx, glycerin of pepsin one drachm, three times daily; in addition, liver treatment was persisted in as detailed above. When the physical and mental restlessness was at the worst sodium amytal, also morphine and atropine, proved helpful.

There seems good reason to regard the transfusion in this case as the most important factor in the remarkable recovery from what appeared to be a desperate condition. At the same time the persistent stimulus to activity of the bone marrow produced by the daily ingestion of liver in quantity must be regarded as a highly important contributing factor. In handling the case I was much indebted to Dr. Carmalt-Jones, professor of systematic medicine, Otago University, who gave me much helpful assistance in diagnosis and treatment, and drew my attention to Dr. Witts's Goulstonian Lectures of last year. It remains to emphasize, in the recognition of similar examples of this unusual type of acute anaemia, the youth of the patient, the sudden onset, and the presence of a normal gastric acidity; and, in the treatment, the great value of transfusion.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

SYPHILITIC NEPHRITIS

Syphilis can affect most—if not all—organs of the body, no part being immune; yet one rarely considers syphilis when dealing with kidney infection. The case described below is one of acute secondary syphilitic nephritis. This is a rare manifestation in the acute eruptive stage. Not many cases have been recorded—Fournier, in his *Traité de Syphilis*, collected 26—and only a few have been in the literature of late. The last account of this condition, by G. B. Dowling, appeared in the *Guy's Hospital Reports* of 1927 (July and October).

CASE RECORD

The patient, a man aged 44, gave a history of herpes of the penis during the first week in January, 1933. The primary chancre was no doubt associated with this condition. A secondary rash appeared on February 12th, and was confirmed by a positive Wassermann reaction in the blood. His medical attendant tested the urine before starting anti-syphilitic treatment. No albumin or any other abnormality was detected. On February 16th 0.45 gram N.A.B. and 1 c.cm. bisglucol were given, followed by another 0.45 gram N.A.B. and 1 c.cm. bisglucol on February 23rd. The patient then complained that he was "not feeling quite the thing." There was a little oedema round the eyes, but no swelling of the ankles. On examination the urine was found to be "solid" with albumin. It was then decided to transfer the patient to hospital.

On February 25th he was admitted into the Royal South Hants Hospital. He then showed a typical secondary rash,

with enlarged, hard glands—especially the inguinal group—and the remains of a hard chancre on the prepuce. Examination of the urine showed 30 parts of albumin per 1,000, with just a trace of blood. The blood pressure was 130/75, blood urea 65 mg. per cent.; urea concentration gave readings of 1.3, 1.4, and 1.5 per cent. The deposit in the urine showed red blood cells, leucocytes, and a number of finely granular casts.

For the first few days the patient was treated as a case of acute nephritis. No antisyphilitic treatment was given except hyd. c. cret. gr. ii t.d.s. For some days the albumin remained at 20 to 30 parts per 1,000. It dropped a little, but there were still 8 parts on March 6th. On March 9th 0.15 gram N.A.B. was given. By the 11th no albumin could be detected in the urine. N.A.B. 0.3 gram was given on March 14th. The urine was still absolutely normal.

The patient is now on a full course of N.A.B. and bismuth; no abnormality can be detected in the urine, and he himself feels perfectly fit.

DISCUSSION

This case in many respects is quite typical of a syphilitic nephritis in the secondary stage. All the cases described are characterized by the abundant albumin (up to 100 parts per 1,000), the presence of all kinds of casts, but blood in only a small quantity. Oedema is usually present, often in quite a marked degree. Renal efficiency tests, in spite of the massive albuminuria, are almost normal. The renal function in this case was somewhat impaired, the urea concentration test never reaching 2 per cent., whilst the blood urea was 65 mg. per cent. Pathologically, the condition is one of tubular degeneration—that is to say, a so-called nephrosis. The most constant feature of all the cases described is the dramatic effect of a single dose of an arsenic preparation. In this case two doses of N.A.B. had been given before the nephritis occurred. This fact at first made the diagnosis of a

syphilitic nephritis rather difficult, and the question of a nephritis with tubular degeneration due to N.A.B. immediately arose. However, the continued massive albuminuria, the absence of any appreciable amount of blood, and, finally, the reaction to more antisyphilitic treatment, made us certain that we were dealing with a syphilitic nephritis.

I have to thank Dr. Jeffreys, under whose care the patient was admitted, and Dr. L. Forman for his very useful assistance.

G. C. SAWYER, M.R.C.S., L.R.C.P.,
House-Physician, Royal South Hants and
Southampton Hospital, Southampton.

STRANGULATED HERNIA IN ASSOCIATION WITH DRACONTIASIS AND HYDROCELE

The following case, recently under my care, is of interest as illustrating the precipitation of an acute abdominal crisis by a tropical complaint which, in itself, is rarely dangerous.

A male villager, aged 40, was admitted to the Mission Hospital, Medak, on the night of April 9th with vomiting, intestinal stasis, and a large, tense, and painful scrotum. The swelling had appeared three days previously and had subsequently increased in severity. No stool or flatus had been passed for two days. Vomiting of an offensive dark fluid had occurred several times in the previous twenty-four hours. On admission the pulse rate was 130, temperature 99.8° F., and the respirations 32. The patient, who belonged to the subcaste of fishermen, gave a history of right inguinal hernia, reducible, of three years' duration. A threatened strangulation had occurred one year previously, but had subsided spontaneously after a few hours. A diagnosis of strangulated inguinal hernia was made.

Under chloroform anaesthesia, on an open mask, an inguinal incision was made and the coverings of the hernial sac exposed. On cutting through the inflamed and oedematous external spermatic fascia, the white coils of an adult live Guinea-worm were exposed in the interfascial space below, in close relation to the proximal end of the inguinal canal. The worm was followed up into the roof and posterior wall of the canal and quickly dissected out without difficulty. The constricting band at the internal ring was divided with the aid of a director, and the hernial sac was opened. The omentum was found adherent to the tip of the sac; it was drawn out and a plum-coloured portion excised. A loop of intestine, after inspection, was returned to the peritoneal cavity as viable. The sac was amputated at the neck, the stump obliterated in the usual way, and the canal closed by Bassini's method. A simple hydrocele, which was also present on the same side, was treated by eversion of the serous sac. The wound was closed and a rubber drainage tube left in for twenty-four hours. Some distension on the day following operation was treated by turpentine enemata and by eserine, grain 1/1,000, hypodermically, repeated. A slight evening rise of temperature was observed for one week. The sutures were removed on the tenth day, the wound remaining clean. The worm was identified as a female specimen of *Dracunculus medinensis*, and was 52 cm. in length. The patient gave no history of having suffered from Guinea-worm infection of any part of his body before, although the disease is common in the neighbourhood from which he came.

The case demonstrates a very definite causal relation between a parasitic infection of the tissues and an acute abdominal emergency. It also leads to speculation as to whether the larval worm, after freeing itself in the alimentary canal from its intermediary host, Cyclops, passes down the small intestine before entering the skeletal tissues; and also whether, in this particular case, its selection of the scrotal region was due to the presence of a hydrocele acting as an attraction to the female worm with its embryo-filled uterus. There was no hydrocele in the tunica vaginalis of the other testis.

W. E. THOMPSON, M.B., Ch.B.

Medak, Nizam's Dominions, India.

Reviews

POST-WAR MEDICINE AND SURGERY

After fifteen years following the war Sir JOHN COLLIE, in his *Recent Progress in Medicine and Surgery*,¹ marks time for us by compiling from expert sources a volume on the subjects in which striking advance has been made. He has chosen his collaborators well, and the outcome is a series of readable and concise chapters summarizing recent developments in the branches of practice with which these authorities have identified themselves. Although in many cases a stimulus was afforded in both medicine and surgery by the concentration of the minds and skill of the profession throughout the world to combat disease and mutilation incurred, it is not to be expected that any outstanding progress could be recorded that is not the product of research and thought extending over a much longer interval of time. Here is no mere reference book, but one for the odd hour of study, in which can be found the results of progress pointing where and how additional help can be obtained in assisting accurate diagnosis and in the perfecting of treatment by alternative methods according to the type or stage of disease, at the same time showing clearly how much yet remains to be solved and improved.

The editor, as chairman of the Public Health Committee in Paddington, speaks with authority on diphtheria immunization, this being one of twenty boroughs where children have been treated. He considers that the family doctor should seek experience from his county M.O.H. in the use of prophylactic and Schick-testing solutions in order to advise and encourage immunization in the age period 2 to 5 years, when 80 per cent. of children are susceptible. The whole subject of radium and x-ray treatment is still in a transitional stage and requires much further research: the expectant public anticipate a cure for malignancy and are unreasonable in their demands, which cannot as yet be satisfied. Its value is no longer in dispute in exophthalmic goitre, in septic tonsil, and in the production of an artificial menopause. Diagnosis and treatment of diabetic glycosuria has entirely changed since 1920, and sufficient time has elapsed to put the discovery of insulin on a sound basis.

The war provided unprecedented opportunities for studies of brain, cord, and nerve injuries, and diverse emotional sources of neurosis leading to improved technique on the part of the neurologist and orthopaedic surgeon. In addition to the trauma of war strain, economic stress and unemployment have produced or predisposed to varied anxiety states. The remarkable results of malarial therapy in general paralysis must be seen to be appreciated: Wagner-Jauregg's discovery was a direct result of observation in the Near Eastern zone of war. In tropical medicine synthetic drugs have hastened the cure of malaria; a fourth type—the *Plasmodium ovale* Stephens, 1922—receives no mention. Among the advances in physical medicine therapeutic stimulation is worthy of more frequent use to maintain muscle nutrition where immobilization of a joint is involved or results from lower motor neuron palsy, and after fractures to prevent infiltration of tissues, as well as for assisting the absorption of inflammatory exudate. Direct current for the relief of nerve pain and diathermy in fibrositis have undisputed value. In spite of changing fashions of early and postponed movement of damaged limbs and joints, no doubt remains that the former is wise and desirable, whereas massage, like drug therapy, needs to be accurately prescribed and dispensed.

¹ *Recent Progress in Medicine and Surgery, 1919-1933*. By various authors. Edited by Sir John Collie, C.M.G., M.D. Foreword by Lord Horder of Ashford. London: H. K. Lewis and Co., Ltd. 1933. (Pp. xii + 368; 38 illustrations and 3 charts. 16s. net.)

converted into the Royal Society of South Australia. Of this society he was president for some seventeen or eighteen years. His interest in natural science was wide, but his special hobby was conchology, and his holidays were spent in dredging; he had accumulated sufficient material for three lifetimes of leisure to digest, let alone the scanty holidays of a busy medical man. When bilharziasis carriers made their appearance in Australia he was able to comfort us with the assurance that the mud of the River Torrens contained snails that were first cousins to those of the Nile, and apparently quite competent to act as intermediate hosts.

Dr. Verco was a great teacher both as a lecturer on systematic medicine and at the bedside. Students have told me that with his notes, carefully prepared, brought up to date, and deliberately uttered, they could well dispense with a textbook. Clinical teaching must gradually displace systematic lectures—for in these days of textbooks, of phonographs, and Cinti's films are they scarcely required. Whilst he contributed many papers to the transactions of our Branch, all carefully worded and the facts methodically arranged, and to the transactions of the many congresses, his writings were ephemeral, except perhaps for some original work on the danger of phthisis as between husband and wife in life assurance, a contribution with Professor Stirling to Clifford Allbutt's *System of Medicine* on hydatid disease, and some early observations on myxoedema. Elderly in appearance and sedate in manner—never hurried in speech or action—definite in opinion, if somewhat "gloomy" in prognosis, he inspired confidence, from the fullness of his knowledge and the thoroughness of his examination, both in the patient and in his colleagues. For a third of a century he was the chief medical officer in this State for the famous Australian Mutual Provident Society. The Royal Society of South Australia founded a medal in his honour, and when in 1919 he retired from work the authorities were approached with the suggestion that an honour might well be conferred upon him, and accordingly in the King's Birthday list he was gazetted as Knight Bachelor. The later years of his life were spent in arduous work on the Council of the University and in research in conchology. He was deputed to represent Adelaide University at the octo-centenary of St. Bartholomew's. It was somewhat of a disappointment: after forty-five years or so a new generation had sprung up that knew not (Sir) Joseph, and even old members of the staff could not recall the name of their most famous pupil. Moreover, the climate of England disagreed with him, and he returned to Adelaide as rather more "damaged goods." It is understood that under his will, after making due provision for his widow, the residue of his estate will ultimately be distributed amongst the charities of Adelaide, whose name is legion.

The following well-known foreign medical men have recently died: Dr. PAUL HARTL, professor of physiology at Budapest; Dr. CEDOMIR MICHAELOVIC, formerly Yugoslav Minister of Health; Professor WENZEL RUBESKA, a Prague gynaecologist; Dr. EGYDIAS WELPONER, professor of obstetrics at Trieste, aged 84; Dr. GUSTAV EMDEN, professor of physiology and director of the Institute of Physiological Chemistry at Frankfurt-on-the-Main, aged 59; Dr. FREDERICK HENRY BAETJER of Baltimore, a pioneer in x-ray treatment of disease and author of a book on *Injuries and Diseases of Bones and Joints*, aged 58; Dr. JERE WILLIAMS LORD, the senior dermatologist of Maryland, aged 69; Dr. HENRY THIERRY, honorary inspector-general of the health services of the city of Paris and officer of the Legion of Honour; Dr. EDOUARD QUÉNU, formerly professor of clinical surgery in the Paris Faculty of Medicine, ex-president of the Académie de Médecine, and commander of the Legion of Honour, aged 81; Professor ERNST KUMMER, director of the surgical clinic at Geneva, aged 72; Dr. FRANZ REICHE, extraordinary professor of internal medicine at Hamburg, aged 69; and Dr. IRA CARLETON CHASE, formerly editor of the *Texas State Medical Journal*, aged 64.

Medico-Legal

DEATH AFTER OPERATION TO TERMINATE PREGNANCY

Verdict of "Death by Misadventure"

At Windsor on September 6th the coroner, Mr. W. G. Reynolds, who sat with a jury, held an inquiry into the death of Mrs. Beatrice Litchfield, aged 40, which took place in the King Edward VII Hospital, Windsor, following an operation to terminate pregnancy. The husband testified that his wife had been a patient of Dr. O. A. Baker of Farnham Common, who had advised her, being pregnant, to go to hospital and undergo an operation as the only course likely to save her life. He agreed that his wife had become extremely stout of recent years, but she had appeared to be in good health, and had walked to hospital, where she was admitted on August 20th, and died on August 27th, following the operation.

Dr. Baker said that Mrs. Litchfield had been his patient since 1926. He had attended her in a previous pregnancy, and had warned her that she was on no account to become pregnant again, as he did not think she was fit to have another child. She consulted him again a short time ago, and he formed the opinion that she was pregnant. She was a woman whose weight was well over 16 stone, and her general condition was such that he considered it highly dangerous for her to go to term.

Mr. D. M. W. Maxwell, assistant surgeon to King Edward VII Hospital, said that he examined Mrs. Litchfield on August 14th, and formed the opinion that she was pregnant, and that she was a most unsuitable person to go to full term. She was exceedingly stout, and had a pendulous abdomen, which would mean increased risk during labour. The operation was performed in hospital by Dr. Amsler on August 22nd, and he himself was present to give any necessary assistance. The operation was exceedingly difficult, owing to the patient's stoutness, the laxity of the parts, and the anteverted position of the uterus. On August 27th he was again called to the patient, and found her condition serious, with high temperature, signs of bleeding into the uterus, and infection of the uterus and associated parts. A further operation was performed in the endeavour to get rid of the contents of the uterus, but the patient collapsed, and artificial respiration and cardiac stimulants were applied in vain. In reply to the jury he said that he had been present at several operations similar to the original one performed on this woman, and all had been successful.

Dr. A. M. Amsler, of Eton, obstetric physician to the hospital, said that he first saw deceased after her admission to hospital on August 21st. He agreed that she was pregnant. She suffered from increasing shortness of breath, and this, together with her excessive stoutness and the abnormal position of the uterus, caused him to think that the termination of the pregnancy would be far less dangerous than to allow it to go on to full term, or to wait until the seventh or eighth month. He believed the woman also had fatty heart. On August 22nd he performed an operation to terminate the pregnancy. He first of all dilated the neck of the uterus and ruptured the membranes. Ordinarily this would be fairly easy, but in this case it was extremely difficult. It took him twenty minutes before he succeeded in rupturing the membranes, and the position of the uterus was so abnormal that he did not like to go on any longer, and stopped there, thinking that the pregnancy would terminate itself, as it usually did. In fact, she had certain labour pains on the second and third day, but the uterus was not emptied completely. On August 27th the condition became serious, and he asked Sir Joseph Skevington and Mr. Maxwell to look at the case. They thought it well that another attempt should be made, by the same means as before, to empty the uterus. He succeeded in removing something which was of a foetal nature, but the second time he got hold of something which was not foetal, and it became evident to him that there was a tear in the posterior uterine wall. Accordingly he asked Mr. Maxwell to open up the abdomen, and this was done, but the patient collapsed in spite of every effort. Through the torn uterine wall he removed the remains of the foetus, which were in a state of decomposition. The woman died, notwithstanding artificial respiration and cardiac stimulants. He had performed similar operations with success scores of times.

Two house-physicians gave evidence as to the anaesthetics employed, these being, at the first operation, ethyl chloride as induction, and then ether, and at the second operation gas-and-oxygen. Sir Joseph Skevington, senior surgeon at the hospital, said that he saw the patient on August 27th, and fully concurred in the view that a second effort should be made to empty the uterus. The tear in the uterus was not due to neglect during the second operation, but to the technical difficulties of the first, arising from the anatomical position of the uterus and the great weight of the woman.

Sir Bernard Spilsbury, who had made a post-mortem examination, said that the heart was enlarged and thickly covered with fat; the left ventricle was particularly dilated, and the heart muscle soft and diseased. The valves of the heart were fairly healthy, as were the arteries. The lungs were congested, and showed oedema. The peritoneal cavity contained a certain amount of watery fluid, but no blood was present, nor was there any sign of septic infection. There were a number of adhesions in the lower part of the cavity, as the result of some previous inflammation, and these extended right down to the uterus itself. The vagina was large, and contained a little blood clot. The uterus was somewhat enlarged and thickened as a result of pregnancy, the neck was dilated, and there was a recent tear of the uterine wall. This tear, when he made the examination, passed completely through the wall, but evidently it had only done so quite recently, because no blood had escaped into the peritoneal cavity. A small fragment of placenta remained in the uterus, but otherwise it was empty, and it showed no sign of any infection. The cause of death was shock from injury to the uterus induced through the attempt to terminate the pregnancy, which was of three or four months' duration. The woman was extremely stout, and the uterus had certainly been abnormally fixed by reason of the adhesions. This would render any operation to empty the uterus extremely difficult. In his view there was danger in allowing the woman to go to full term, both on account of the excessive stoutness and of the fatty condition of the heart. He believed the first operation to have been a proper one in the circumstances.

The coroner reminded the jury of the law whereby the induction of abortion for any other purpose than to avert danger to life was a crime. Any felonious intent in this case could, of course, be ruled out. The jury unanimously returned a verdict of "Death by misadventure," and added an expression—in which the coroner joined—of sympathy with the relatives and of appreciation of the efforts made by the staff of the hospital to save the woman's life.

The Services

Brevet Colonel F. D. G. Howell, D.S.O., M.C., Honorary Surgeon to the King, has been appointed (temporarily) Deputy Director-General, Army Medical Services, with effect from September 16th, in succession to Major-General W. R. Blackwell, C.B., C.M.G., Honorary Surgeon to the King.

Brevet Colonel J. W. L. Scott, D.S.O., has been appointed Assistant Director-General, Army Medical Services, in succession to Brevet Colonel Howell, and will take up the appointment about the end of September.

The names of Captain R. R. Leaning, R.A.M.C., and Captain M. G. de L'I. Sturm, R.A.M.C., have been brought to notice by His Excellency Field-Marshal Sir Philip W. Chetwode, Commander-in-Chief in India, for distinguished services rendered during the military operations in connexion with the Chitral Reliefs, period September to October, 1932.

DEATHS IN THE SERVICES

Colonel Norman Hamilton Ross, late R.A.M.C., died in London on September 3rd, aged 58. He was born on March 25th, 1875, and was educated at Edinburgh, where he graduated M.B. and C.M. in 1896. Entering the R.A.M.C. as surgeon lieutenant on January 28th, 1898, he became lieutenant-colonel in the long war promotion list of March 1st, 1915, colonel on July 5th, 1922, and retired on June 6th, 1926. He served in the South African war in 1899-1900, when he took part in the defence of Ladysmith, and received the Queen's medal with a clasp; and in the war of 1914-18.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Mr. R. Williamson has been appointed University Lecturer in Pathology for three years from October 1st, 1933, and Dr. L. R. Shore and Dr. F. Goldby have been appointed University Demonstrators in the Department of Anatomy for the same period.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At the monthly meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on September 4th, the following were admitted Fellows of Faculty: Mohammad Salamat Ullah, M.C., M.B., B.S. (Allahabad), and Maha Nand Sardana, M.B., B.S. (Bharatpur).

Copies of the Regulations for the Dental, Triple, and Fellowship qualifications, together with lists of dates of the examinations, may be had on application to the secretary, 242, St. Vincent Street, Glasgow.

Medical News

The ninety-ninth winter session of the Middlesex Hospital Medical School will open on Tuesday, October 3rd, when Professor E. C. Dodds will deliver the introductory address, entitled "Diet, Exercise, and Weight," at 3 p.m. in Queen's Hall, Langham Place. The prizes gained during the previous year will be distributed by Sir Holburt Waring, President of the Royal College of Surgeons. The annual dinner will be held on the evening of the same day at the Savoy Hotel at 7.30 o'clock.

A post-graduate course will be held in the Library of the Old Medical School of St. Mary's Hospital, W., on Friday, Saturday, and Sunday, September 29th, 30th, and October 1st, commencing at 10.15 a.m. each day. The meetings are open to all medical practitioners without fee.

The plenary reunion of the Paris Society of Anatomy will be held on October 12th and 13th. Two main topics will be discussed. Cerebral haemorrhage will be considered from the experimental, anatomo-pathological, and physio-pathological standpoints. The medico-chirurgical anatomy of the nerve roots of the viscera will be dealt with under the two headings: macroscopical systematization and microscopical investigation. An invitation to be present is extended to non-members of the society, who should apply to the general secretary, Dr. René Huguenin, 21, rue de l'Ecole de Médecine, Paris VIe, when full details will be sent regarding railway facilities, hotel accommodation, and admission to the banquet.

Dr. Hans Maier (director of the Zürich Mental Hospital, Burgholzli) will read a paper (in French) on "Some Aspects of Sterilization in Switzerland" at the Royal College of Surgeons, Lincoln's Inn Fields, W.C., on Thursday, September 28th, at 8 p.m. Sir Humphry Rolleston, President of the Eugenics Society, will occupy the chair. There will be an opportunity for a discussion, and any person interested is welcome. Inquiries should be addressed to the International Federation of Eugenic Organizations, 443, Fulham Road, S.W.10.

A post-graduate course on alimentary diseases will be held at the Hôtel-Dieu, Paris, from October 2nd to 14th, under the direction of Professor Carnot. The fee is 250 francs.

The British Red Cross Society will hold a course of seven lectures and demonstrations on tropical hygiene at 9, Chesham Street, Belgrave Square, S.W.1, on Mondays, Wednesdays, and Fridays, commencing on Friday, September 22nd, at 5.30 p.m. The course will cover such questions as food, clothing, and medical and sanitary precautions necessary for health in hot countries. The examination for the society's certificate in tropical hygiene will be held on Monday, October 9th. The fees for the course are 5s. for members of the Red Cross Society and 7s. 6d. for non-members.

The Fellowship of Medicine has arranged a post-graduate course in chest diseases, from September 25th to 30th, at the Brompton Hospital, and during the same period an afternoon course in proctology at the Gordon Hospital. There will be a tutorial course for men graduates, on current problems in surgery, medicine, and midwifery, at the Connaught Hall of Residence, from September 29th to October 3rd. Other forthcoming courses include medicine, surgery, and the specialties at the Metropolitan Hospital, October 2nd to 14th; dermatology at St. John's Hospital, October 2nd to 28th; physical medicine (evenings) at the London Clinic and Institute of Physical Medicine, October 2nd to 25th; cardiology at the National Hospital for Diseases of the Heart, October 9th to 21st.

The London School of Hygiene and Tropical Medicine announces that the course for the D.P.H. (University of London), which extends over a period of whole-time study of nine months, will commence on October 2nd. In connexion therewith the Fishmongers' Company studentship, entitling the holder to free tuition for the whole course, is open for competition amongst European students who possess a medical qualification which is registrable with the General Medical Council. The subject of examination (both written and oral) will be hygiene, within the scope of the syllabus for the M.B., B.S., of the University of London. The examination will be held at the school on September 20th and 21st, and applications (addressed to the secretary, London School of Hygiene and Tropical Medicine, Kenpel Street, W.C.1) must be received by September 16th.

The first annual reunion of French-speaking medical electro-radiologists will be held at the Faculty of Medicine, Paris, from October 12th to 14th inclusive. The two main subjects for discussion are the technique of radiological investigation of the mucosa of the large intestine, together with its clinical sequels, and the therapeutical significance of the short and ultra-short wave-lengths. Prints of the opening papers will be supplied to members of the reunion in advance. The subscription is 75 francs for members and 25 francs for associates. The president of the reunion is Dr. J. Belot, and the secretary is Dr. Dariaux, 9 bis, Boulevard Rochechouart, Paris.

The twentieth Italian Congress of Psychiatry will be held at Sienna from October 1st to 4th, when the following subjects will be discussed: diagnosis of encephalopathies in infancy, introduced by Professor Baldozzi; psychasthenia, introduced by Professor Puca; and recent psychiatric establishments abroad, by Dr. Manzoni. Further information can be obtained from the general secretary, Ospedale Psichiatrico di S. Nicolo, Sienna.

The fourteenth meeting of the Congrès International d'Hydrologie, de Climatologie, et de Géologie Médicales is to be held at Toulouse, France, from October 4th to 10th, followed by visits to health resorts in the Pyrenees. The meetings will take place in the Faculty of Medicine, where there will also be an international exhibition illustrating health resorts and methods of physical treatment. The presidents of the congress are Professor Sabatier and Professor Abelous, and the honorary secretaries are Professors Serr and Moog. The subjects under discussion include "Indications for Stimulating Cures for Children," "Hydrological Treatment of Certain Infective Conditions of the Nervous System" (introduced by Sir James Purves-Stewart), and "The Statutory Control of Spas and their Use by the Army Medical Services." The British Ministry of Health is to be represented by Dr. Malcolm Campbell of Droitwich. The International Society of Medical Hydrology, which will hold a general meeting of members during the week, will be represented at the congress by Dr. W. G. Willoughby, past president of the British Medical Association.

The thirty-third Congress of the French Association of Urology will be held in Paris on October 9th, under the presidency of Dr. Bernasconi of Algiers, when a discussion, introduced by Drs. Fey and Dosset of Paris, will be held on the value of the methods of treatment of hypertrophy of the prostate apart from prostatectomy. Further information can be obtained from the general secretary, Dr. O. Pasteau, 13, Avenue de Villars, Paris.

The August issue of the *Canadian Medical Association Journal* has for its opening paper an address on "British Pioneers in the Modern Treatment of Tuberculosis," delivered by Sir Humphry Rolleston during the annual meeting of the Association held at St. John this summer.

According to the *Bull. Off. Internat. d'Hyg. Publique* for June, an epidemic of typhus broke out in Egypt, where 1,602 cases with 205 deaths occurred between April 30th and May 17th, 1933, the provinces of Beheira and Gharbieh being most affected.

William Heinemann (Medical Books) Ltd. announce for early publication *Lettsom, His Life, Times, and Descendants*—a study of medical and social life in the London of George III—by Dr. J. Johnston Abraham.

A bust of the late Professor Fernand Vidal was recently unveiled at the Hôpital Cochin, Paris, when addresses were delivered by Professors Bezançon, Achard, and Lemierre, and M. Daniélou, Minister of Public Health.

Professor von Lichtenberg, director of the urological department of the Hedwig Hospital, Berlin, has been awarded the gold medal of the International Society for Urology.

With the death of Viscount Grey of Fallodon on September 7th the viscounty becomes extinct, but the baronetcy, created in 1814, passes to Lord Grey's second cousin, Dr. Charles George Grey, senior medical officer in the West African Medical Staff, Nigeria.

Letters, Notes, and Answers

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

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The TELEGRAPHIC ADDRESSES are:

EDITOR OF THE BRITISH MEDICAL JOURNAL, Aitology Westcent, London.

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QUERIES AND ANSWERS

Sore Tongue

"PALUSTRIS" asks for suggestions for diagnosis and treatment in the following case. He writes: Three years ago the papillae near the tip of the tongue suddenly became abnormally prominent, and still remain so. This is accompanied by a feeling of "rawness." A year later a small area—also near the tip, but not actually among the enlarged papillae—became superficially denuded of papillae. This bare patch was normal within a week, but recurs periodically, in almost exactly the same position, at intervals of about a month. There is no induration and no glandular enlargement. The patient's age is 50; his general health is good, except for frequent gastric flatulence, to which he has been prone for a number of years. He wears a complete upper and a partial lower artificial denture of vulcanite. The plates fit well, and there is no question of mechanical irritation. He had been a very moderate pipe smoker, and a year ago gave up smoking.