

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

INTRAPERITONEAL RUPTURE OF THE UTERUS IN A CASE OF INTRAMURAL PREGNANCY

The following report of an unusual case of intraperitoneal rupture of the uterus in a case of intramural pregnancy is, we consider, worth publishing.

A married woman, aged 33, was admitted to hospital as an emergency case on June 14th, 1933, complaining of "severe pain over the stomach." The history was that while working in her own home she broke into a cold sweat and felt rather faint. She lay down and began to have generalized abdominal pain. This became more severe, and she vomited once after having taken a teaspoonful of brandy. She had had one child nine years ago, the confinement, she stated, having been normal; she had had no miscarriages. There was nothing upon which to comment in the menstrual history; the last period had commenced on February 11th, 1933. She stated that she had had two attacks of mild abdominal pain, but she was not definite about the dates of their occurrence. The pain was generalized in the abdomen, and each attack made her feel rather faint. She had had no serious illnesses previously, and her family history was a healthy one.

On admission to hospital her pulse was 108, respiration 26, and temperature 97.8°. She was very pale and clammy. The abdomen was somewhat distended, and showed evidence of free fluid. Examination per vaginam revealed a uterus enlarged to the size of about a three and a half months pregnancy; it was extremely tender on bimanual palpation. A provisional diagnosis of ruptured ectopic pregnancy was made, and an operation was performed immediately. The abdominal cavity was opened through a midline subumbilical incision, and was found to contain a large quantity of recent blood clot. The uterus appeared to be enlarged asymmetrically, and presented a very thin uterine wall which had ruptured. Through the ruptured portion of the wall, what appeared to be a piece of placental tissue was protruding and bleeding steadily. A subtotal hysterectomy was performed, at the same time conserving the ovaries. The abdominal cavity was cleared of blood clot, but no attempt was made to perform auto-transfusion, intravenous gum saline being administered towards the conclusion of the operation. The abdomen was closed in layers, without drainage, the skin sutures were removed on the seventh day, and on June 23rd (nine days after operation) the wound was quite healed and the patient was fit for transfer to a convalescent home.

Pathological Report on Hysterectomy Specimen

The specimen received for examination represented the removed parts following subtotal hysterectomy at a stage of about fourteen weeks' gestation. The uterus, however, constituted only one-half of the entire mass and measured 9½ cm. by 6 cm., the equivalent of approximately seven weeks' gestation. The interior was filled with a soft and relatively avascular decidua, and was devoid of foetal tissues. Occupying the upper two-thirds of the right wall of the uterus, and extending half-way across the fundus, was a globular fluctuating tumour, measuring 8 cm. in diameter, which lay bulging into the right parametrial tissues immediately under the homolateral tube. The latter, indeed, was stretched in a sagittal plane over nearly two-thirds of its circumference, the ostium lying below the body of the tumour. The left tube was represented only by the stump left attached to the uterus. The surface of the tumour was coursed by many dilated vessels, and over an area the size of a half-crown on the posterior convexity a haemorrhagic necrosis had occurred, exposing a sloughing, bleeding, ulcerated patch of tissue in the floor of which lay a shining translucent membrane. The latter proved to be a portion of amnion composing a gestation sac of entirely normal appearances, containing a well-formed foetus measuring 11½ cm. from vertex to coccyx. The sac was not ruptured, and contained a normal fluid.

The site of the attachment of the placenta lay anteriorly, and extended only to the margin of the area of necrosis: it was a normal organ. The foetus lay with the breech inferiorly and the spine running across the anterior concavity, the head imprisoned under the constriction of the Fallopian tube outside and projecting into the portion of amnion exposed at the site of necrosis. Since the continuity of the right tube was undisturbed throughout its length, and since, in addition, the muscular tissues of the right wall of the uterus could be traced in section thinned out over the convexity of the tumour, it was clear that the position obtaining was of an intramural gestation. The interior of the uterus had no demonstrable continuity with the sac, and the decidua "cast" was still firmly adherent.

We are indebted to Mr. A. Gray Banks for permission to publish this case, and to Dr. C. Keith Simpson (senior demonstrator in pathology, Guy's Hospital) for his advice and assistance.

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Pathologist.

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A FATAL CASE OF PHRENIC AVULSION

Phrenic avulsion is usually regarded as being a trivial operation. This particular patient was told that, though we could not promise him that the operation would improve his condition, we thought that it would probably do so, and that in any case the procedure was devoid of risk. We feel bound to put this case on record, demonstrating as it does that phrenic avulsion is by no means devoid of risk. A preliminary postural drainage or bronchoscopic lavage would probably have saved this patient's life.

The patient, a lorry driver aged 23, suffered from bronchiectasis following a post-operative bronchopneumonia two years ago. He was expectorating about a pint of fetid sputum daily, and had lost 3 st. in weight. On admission on August 15th, 1932, he weighed 7 st. 5 lb. There was marked clubbing of the fingers, and the physical signs suggested a gross bronchiectasis at the base of the right lung, with some involvement also of the left base, though to a less degree. These findings were confirmed by x-ray examination after intra-tracheal lipiodol. He was treated by inhalations of creosote, by postural drainage, and by bronchoscopic lavage; but his condition slowly and steadily deteriorated. On January 16th, 1933, phrenic avulsion was attempted under local anaesthesia, the operating table being tilted up so as to elevate the head and chest. The nerve was exposed in the neck and clamped, whereon the patient hiccuped once, and immediately became acutely dyspnoeic. After an abortive attempt to cough he lost consciousness. A tracheal catheter was passed at once and a considerable quantity of pus was aspirated. Oxygen was then blown in via the trachea, and the patient's condition slowly improved. The skin incision was rapidly closed, no attempt being made to proceed further with the operation. The patient was sent back to the ward, where he again became acutely dyspnoeic, and died before further aid could be given. At the necropsy there was found complete collapse of the lower half of the right lung. The trachea and the main bronchi contained much pus. There was gross bronchiectasis, involving the right lower lobe, with cavities the size of a walnut. There was a much less marked degree of bronchiectasis involving the rest of both lungs. Death was evidently due to asphyxia consequent on the sudden flooding of the whole bronchial tree by pus squeezed out of the bronchiectatic cavities in the right base when the right dome of the diaphragm made its rapid ascent.

MAURICE CASSIDY, C.B., M.D., F.R.C.P.,
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Hospital.

Purification of Swimming Baths

SIR,—It will, I feel sure, be very gratifying to many members of the general public to find that the state of the water in swimming baths has begun to receive medical attention.

I would like to suggest that a very simple alteration in the existing general arrangements of public swimming baths would make a considerable difference in the state of the water. The cost of admission to a public bath in London is approximately 8d., which, together with the bus or tram fare to and fro, forms a significant figure in the budget of a working girl. Unfortunately, in most swimming baths an extra penny is charged for lavatory accommodation. I think that the following commentary, which was reported to me recently by a patient as being heard on top of a bus, illustrates the point I would like to make: "Bertha, lend me a penny." "What do you want it for?" "W.C. at the baths." "Go on, you are a stupid! What's the matter with the baths?!"

It is a well-known fact that sudden immersion into water is apt to relax the bladder sphincter. Were lavatory accommodation provided free of charge in all public baths, I think that the natural good sense of the public could be trusted to make use of it.—I am, etc.,

London, W.1, Oct. 5th.

MARGARET LOWENFELD.

The Services

R.N. MEDICAL COMPASSIONATE FUND

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on October 6th, with Surgeon Vice-Admiral Sir Reginald Bond, K.C.B., K.H.P., Medical Director-General of the Navy, in the chair, the sum of £177 was distributed among the several applicants.

No. 14 STATIONARY HOSPITAL

The fourteenth annual dinner of the medical officers of No. 14 Stationary Hospital will be held on Friday, November 24th, at the Trocadero Restaurant, Piccadilly, at 7.15 for 7.45 p.m. Colonel C. R. Evans, D.S.O., will be in the chair. Price of the dinner, 12s. 6d., exclusive of wines. The honorary secretaries are Colonel H. M. Perry and Dr. H. L. Tidy, 39, Devonshire Place, W.1.

Universities and Colleges

UNIVERSITY OF LONDON

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The following candidates have been approved at the examination indicated:

ACADEMIC DIPLOMA IN PUBLIC HEALTH.—A. S. Afota, *N. V. Birrell, R. Dyal, Désirée M. B. Gross, J. G. Paley, Mary S. Stuart.

* Awarded a mark of distinction.

LONDON HOSPITAL MEDICAL COLLEGE

The following scholarships have been awarded at the London Hospital Medical College: *Price Entrance Science Scholarship* (£100), L. Grant; *Second Entrance Science Scholarship* (£50), W. H. J. Baker; *Price Scholarship in Anatomy and Physiology*, open to students of the Universities of Oxford and Cambridge (£100), J. W. Landells (St. John's College, Cambridge); *Open Entrance Scholarships* (£100), B. B. Hickey (University College, Oxford), J. F. Loutit (St. John's College, Oxford).

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examination indicated:

DIPLOMA IN PUBLIC HEALTH.—Mary Coutts, G. A. C. Lynch

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At the monthly meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on October 2nd, the following were admitted Fellows of the Faculty: J. W. S. Blacklock, J. F. Christie, E. G. Gerstenberg, W. S. W. Guthrie, J. A. A. Hunter, A. B. Kerr, F. T. Land, I. B. Thorburn.

FOOD-POISONING OUTBREAK IN ST. PANCRAS

A small outbreak of food poisoning occurred last Saturday (October 7th) in the boroughs of St. Pancras and Holborn. The source of the outbreak has been traced to pease-pudding, bought from a shop in the St. Pancras area. We understand that in one case an organism thought to be Flexner's bacillus has been isolated from the stools, and that the same organism has been found in a sample of the pease-pudding. Up to the time of going to press we are informed that ten people have been taken ill, two of whom (two boys aged 11 and 13) died within twenty-four hours of eating the pudding. The sudden death of these two boys indicates that the "poison" was remarkably virulent. The "epidemic" is limited and well under control, and it is not expected that further cases will arise.

The first cases were seen by Dr. Christina O'Brien, a general practitioner in St. Pancras, who immediately notified the medical officer of health. (It will be remembered that, in London, food poisoning was made notifiable under the London County Council (General Powers) Act of 1932.) On October 8th six cases were admitted to the L.C.C. Hospital at Highgate, where the two deaths occurred. The clinical features were diarrhoea, vomiting, abdominal pain, passage of blood and mucus in the stools, marked cyanosis and tachycardia, and high temperature. There was also a high leucocytosis (up to 76,000 per c.mm.). Another severe case was admitted to University College Hospital, and three mild cases are being treated at home.

The pease-pudding was made by boiling dried peas with sodium bicarbonate in an enamel saucepan; the peas were then beaten up with salt in a glazed earthenware vessel. The peas, in this instance, were taken from the same supply from which pease-puddings, prepared in the same way, had been made on the day preceding the outbreak (October 6th). This batch was sold out, and no ill effects were reported. Approximately 7 lb. of pudding were prepared on the Saturday, 5 lb. of which were sold in the evening—about 1s. 6d. worth. As ten people are known to have been "infected," this means that there may be about six people at large who either were not affected or had symptoms so mild as not to send them to the doctor. (Pease-pudding is sold in pennyworths, containing about five to six ounces.) We understand that samples from the stock of peas used, and of the sodium bicarbonate and salt, have been chemically analysed and found free from impurity. The post-mortem findings and the final results of the chemical and bacteriological investigation will be awaited with interest. Clinically, the course of the illness and the present bacteriological findings all point to infection. On the chemical side, the enamel saucepan in which the peas were boiled has probably been under suspicion, as cases of poisoning from the antimony now used in the manufacture of cheap enamel ware have been put on record, and were the subject of a recent official warning from the Ministry of Health (see *British Medical Journal*, March 11th, p. 423).

The last outbreak of food poisoning in the St. Pancras area occurred in 1928, when the Gaertner bacillus was isolated from the blood and faeces of patients infected. The source of this was thought to be junket, and in the establishment in which the junket had been eaten it was found that a rat "virus" had been employed. The rat "virus" in question contained organisms among which was the Gaertner bacillus. The Ministry of Agriculture is opposed to the use of this "virus" in the extermination of rats. In the last outbreak in the Holborn area (in 1926) there were six cases of poisoning from canned beef, thought to be due to bacterial toxins. It was suspected that the food had become contaminated at the

Medical Association. For some years he sat on the Representative Body—1912 (Liverpool), 1913 (Brighton), 1914 (Aberdeen)—and did much useful work for the Association. At the outbreak of the great war he played a leading part in raising and training the medical units of the Welsh Army Corps. A keen member of the Order of St. John, he became second in command of the 130th Field Ambulance—which was composed entirely of St. John Ambulance men. Subsequently, after a brief period in the line, he was promoted lieutenant-colonel, and took over the command of the 129th Field Ambulance of the 38th (Welsh) Division. He was mentioned in dispatches for his services on the Somme and at Ypres.

A colleague, "F. T. R.," writes: Of untiring energy and unfaltering courage, resourceful in emergency, and calm in the midst of panic, he was an ideal commanding officer. His men were devoted to him, for they knew he would never ask them to go where he would not go himself. Towards the end of 1917 his health broke down under the strain, and he was invalided home to recuperate. Long before his convalescence was complete he was recalled to take over duty as Commissioner of Medical Services, Wales region, Ministry of National Service. On the termination of the war he accepted the office of Commissioner of Medical Services, Wales region, Ministry of Pensions, later becoming director of the region, and subsequently headquarters inspector in that Ministry. In these latter offices his great capacity for organization showed itself. A master of detail, he was yet able to detach himself sufficiently to maintain a true perspective. A man of high principle, and with a lofty conception of duty, he allowed no considerations of personal advantage to deflect him for one moment from a course of action that he conceived to be right. He gathered around him at Cardiff a loyal band of colleagues, in whose welfare he displayed a continuing interest. A great lover of nature, it was to the pursuits of the countryside that he devoted himself upon his retirement. He was an expert fisherman and an excellent shot. His knowledge of the wild life of the country was immense, and a day spent with him on the river was an education. He was ideally happy in his home life; and, with the cares of his office laid aside, he was a charming host to those whom he bade to his table. He was laid to rest at Manordeifi Church, in the heart of the countryside that he knew so well. Representative men of the Principality had gathered from near and far, but what he would have appreciated more was the concourse of men and women from the surrounding villages who had come to add their humble tribute not only to a distinguished Welshman, but also to a kindly friend. We took our leave of him with sorrow in our hearts, but yet with gratitude that we had been privileged to travel thus far along the road with him.

We regret to announce the death, at the age of 74, of Dr. ROBERT MORRISON of Duffield, Derby. He was the son of James Morrison of Toberdoney, Dervock, co. Antrim, and was educated at Queen's College, Belfast, Queen's College, Galway, and the Royal Colleges at Edinburgh, taking the old "triple qua" in 1885. All his life he was a friend of horses and dogs, and, when he came to settle down in practice, the open-air life of a country doctor before the days of motors appealed to him irresistibly. Accordingly he settled, forty-two years ago, in Duffield, a village on the edge of the Derbyshire Hills, and soon acquired an extensive practice, his breezy manner, fine appearance, sound technical knowledge, and great kindness appealing to every class of the community. In his younger days he was an admirable tennis player, good golfer, and an excellent shot, but hunting was his real joy. He was thus a well-known figure for over thirty years with the Meynell and Harrington Hunts, and whenever there was an accident in the field the first cry was, "Where's Morrison?" He never neglected his patients, but when

the hounds were anywhere in his neighbourhood, and he had no anxious cases, he would often slip away in his hunting kit in the morning, before he was seen about cases that could easily be treated on the next day. For many years he was medical officer to the Belper Rural District Council, and held, in addition, all the usual local appointments. During the war he was medical officer to the Duffield V.A.D. Hospital. He married Mildred, only daughter of Alfred Pochin of Leicester, and had three children—a son, Dr. Gordon Morrison, who succeeds to the practice, and two daughters. His widow and children survive him.

The death occurred in Edinburgh, on October 5th, of Dr. ROBERT HENRY BLAICKIE, a well-known practitioner of that city. Born in 1858, Dr. Blaickie was a son of the late Professor W. G. Blaickie of New College, Edinburgh, and received his early education at Edinburgh Academy. Proceeding to Edinburgh University he graduated M.A. in 1878 and M.B., C.M. in 1881. After a period of surgical residentship in the Royal Infirmary with the late Dr. Joseph Bell, he took up general practice, in which he was busily engaged until his retirement last July. He graduated M.D. in 1883, and joined the Royal College of Surgeons, Edinburgh, as a Fellow in 1884. For many years he was assistant medical officer to the Longmore Hospital for Incurables, and he also acted as medical officer to the Cripples' Home, Edinburgh. One of his chief recreations was golf, and he was an original member of Loughness Golf Club. He is survived by a widow and a married daughter.

The death occurred at Hankow, on October 4th, of Dr. LILIAN ENID WATNEY, a medical missionary of the China Inland Mission since 1911. Dr. Watney, who was 50, was the daughter of the late Dr. Herbert Watney of Pangbourne, Berks. Both her brother, Dr. Martyn Watney (now one of the secretaries of the Mildmay Conference), and her sister became missionaries, the former in Africa, the latter in China. Lilian Watney received her medical training at the London School of Medicine for Women. In September, 1911, she sailed for China, and worked for some years at the C.I.M. Hospital at Paoning, in Sze-chwan Province. Later she moved to Liangshan, in the same province. But ill-health brought her home, and for several years she was too ill to return to medical work in China. Two years ago, however, she made a remarkable recovery, and went back, this time to Kaifeng, Honan Province.

Medical News

The Malcolm Morris Memorial Lecture will be delivered by Dr. R. O. Moon in the hall of the Royal Society of Tropical Medicine and Hygiene, 26, Portland Place, W., on Tuesday, November 14th, at 5.30 p.m. His subject will be "Housing and Town Planning in Relation to Public Health," with Sir James Crichton-Browne in the chair.

An address, entitled "Some Points in the Philosophy of Physics: Time, Evolution, and Creation," will be given by Professor E. A. Milne, at University College, Gower Street, W.C., on Tuesday, October 17th, at 8.15 p.m. Tickets can be obtained from the Director of Studies, The British Institute of Philosophy, University Hall, 14, Gordon Square, W.C.1.

At the meeting of the North-West London Medical Society on Tuesday, October 17th, at 9 p.m., at the Regent Rooms, Regent Cinema, Finchley Road, Sir Harold Gillies will give his presidential address on "Plastic Surgery—General Scope and Some Modern Applications," illustrated by cinematograph and lantern slides.

A meeting of the Royal Microscopical Society will be held at B.M.A. House, Tavistock Square, W.C., on Wednesday, October 18th, at 5.30 p.m., when papers will be read by Mr. Harold Wroughton and Professor T. K. Koshy.

The annual general meeting of the Society of Medical Officers of Health will be held at 1, Upper Montague Street, W.C., on Friday, October 20th, at 5 p.m., when Dr. Charles Porter will be installed president of the society and will deliver his inaugural address on "Presidents and Prophecies."

The annual dinner of the Surgical Instrument Manufacturers' Association will be held at the Criterion Restaurant, Piccadilly, on Friday, October 20th, at 7 p.m., when the principal guest will be Sir William de Courcy Wheeler.

The South-West London Medical Society announces a new series of lectures beginning on October 18th, when Dr. L. S. T. Burrell will speak on artificial pneumothorax. Other lectures will be given as follows. November 8th, Dr. Ulysses Williams: "Will an X-Ray Examination be Helpful?" December 13th, Mr. P. H. M.itchiner: "When to 'Wait and See' in Acute Appendicitis." January 17th, 1934, Dr. Jacques Forestier (Paris): "Early Diagnosis of the Various Forms of Arthritis and Their Treatment." February 14th, Dr. G. Slot: "Drunkenness." April 11th, Dr. T. C. Hunt: "Recent Advances in Treatment." May 9th, Mr. C. P. G. Wakeley: "Head Injuries." The session will conclude with the Bolingbroke Lecture, on June 13th, by Mr. Comyns Berkeley, entitled "Carcinoma of the Cervix Uteri." Meetings are held at the Bolingbroke Hospital, Wandsworth Common, S.W.

The Royal Institute of Public Health has arranged a course of lectures on "Citizenship in Relation to Personal and Public Health," to be delivered in the lecture hall of the Institute, 23, Queen Square, W.C., on Wednesdays at 4 p.m., from October 18th to December 13th. No tickets of admission are required.

At the annual meeting of the Geneva Society for the History of Medicine, Natural Sciences, and Technique, recently held at Erfurt, Professor Karl Sudhoff, the founder of the society, was presented with the Goethe medal on the occasion of his 80th birthday, together with an autograph letter from President Hindenburg. It was decided that at all future annual meetings a Sudhoff lecture should be given in honour of the founder. The first lecture was given by Professor Diepgen, president of the society, on the development of medical history in the last eighty years.

The Fellowship of Medicine, 1, Wimpole Street, W.1, has arranged a week-end course in clinical surgery at the Royal Albert Dock Hospital, on October 21st and 22nd, from 9.30 a.m. to 6.30 p.m. A course in gynaecology will be given at the Chelsea Hospital for Women, from October 23rd to November 4th. A course in diseases of the nervous system, especially suitable for the general practitioner, will be held at the West End Hospital for Nervous Diseases from October 30th to November 4th. There will be a course in urology for advanced post-graduates, at St. Peter's Hospital, from November 6th to 18th. Other forthcoming courses are: diseases of the chest, October 28th to 29th, at the Brompton Hospital; ophthalmology, October 30th to November 18th, at the Central London Ophthalmic Hospital (afternoons only); obstetrics, November 4th and 5th, at the City of London Maternity Hospital; gynaecology, November 18th and 19th, at the Samaritan Hospital. A panel of teachers giving individual clinical instruction is available daily.

A post-graduate course on diseases of children will be held at the Great Ormond Street Hospital, W.C., from October 23rd to November 4th, from 10 a.m. to 1 p.m. and 2 p.m. to 4 p.m., Saturdays 10 a.m. to 1 p.m. The course, the fee for which is £6 6s., will consist of fifty clinical lectures and demonstrations and six laboratory demonstrations. Applications to take the whole course, or any part thereof, to the secretary of the hospital.

The Hampshire Federation of Townswomen's Guilds is holding a conference on food reform on Wednesday, October 18th, at the Watts Memorial Hall, Above Bar Street, Southampton. It will be opened by the Mayor of Southampton at 10.45 a.m., and Professor V. H. Mottram will give a lecture on food values and diet at 11 o'clock. This will be followed by a talk from

the practical housewife's point of view by Miss Abrahams, dietitian at St. Bartholomew's Hospital. Under her direction the Southampton Gas Light and Coke Company will demonstrate the cooking of a perfectly planned menu. Medical practitioners interested in food questions are cordially invited to the conference.

The first French Congress of Therapeutics will be held in Paris under the presidency of Dr. Loeper, professor of therapeutics in the Paris Medical Faculty, from October 23rd to 25th, when the following subjects will be discussed: parenteral treatment of gastro-duodenal ulcer; treatment of *B. coli* infections; treatment of radio-dermatoses, and electrical and chemical pyretotherapy. Further information can be obtained from the Bureau of the Congress, 8, Place de l'Odéon, Paris.

The second European Congress of Mental Hygiene will be held at Rome under the presidency of Professor Sante de Sanctis on October 27th and 28th, when the following subjects will be discussed: mental hygiene and the school, introduced by Professor Eugenio Medea of Milan, extra-hospital public assistance for those predisposed to mental disease, introduced by Professor Auguste Ley of Brussels, and the importance of the family for mental hygiene, introduced by Dr. H. Roemer of Illenau, Germany. Further information can be obtained from the general secretary, Professor C. Tumiat, Via Masaccio 119, Florence.

The thirteenth German Congress for Psychology will be held in Leipzig from October 15th to 19th.

The Industrial Welfare Society, through its advisory medical committee, has arranged a conference at the Hotel Victoria, London, on Tuesday, October 17th, at 4 p.m., when Dr. W. J. O'Donovan will read a paper on dermatitis, and a discussion will follow. About 150 well-known firms will be represented.

The *New English Dictionary on Historical Principles*, of which the publication was begun in 1884 and completed in 1928, has for some time been virtually out of print. The Oxford University Press will publish, this autumn, a reissue of the complete work as edited by James A. H. Murray, Henry Bradley, W. A. Craigie, and C. T. Onions, in twelve volumes (as compared with the original ten) and a supplement volume, at £21 net.

The October issue of the *Prescriber* contains a review of the literature dealing with all aspects of dermatology and the treatment of skin diseases during the preceding twelve months, with complete bibliography.

The Vienna Faculty of Medicine has published a booklet programme of the various post-graduate courses which will be held in that city during the twelve months terminating August 31st, 1934. It is announced that the international courses will be as follows: modern therapeutics, November 27th to December 8th; diseases of the stomach and intestines, and metabolism, February 12th to 25th; skin and venereal diseases, May 28th to June 12th; and recent advances in medicine, with special reference to therapeutics, September 24th to October 8th, 1934. Copies of the programme and details of the various courses and other instruction available can be obtained from the secretarial office of the International Courses, Porzellengasse 22, Vienna IX.

The French Ministry of Health has recently published the warnings against the dangers of gonorrhoea, drawn up in a recent congress on the subject.

Dr. W. J. O'Donovan has accepted the presidency of the London branch of the Chartered Society of Massage and Medical Gymnastics for 1934.

Dr. J. B. Magennis of Dublin has recently received the decoration of the Cross of the Legion of Honour.

Dr. Chevassu has been nominated professor of surgical pathology in the Paris Faculty of Medicine in succession to Professor Marion, and Dr. Legueu, professor of clinical urology, and Dr. Maucilaire, professor without a chair, have been nominated honorary professors.

Professor Franz Volhard of Frankfurt is to succeed Professor His in the chair of internal medicine at Berlin University.