

lucidly written text, which is impressively up to date in referring to pertinent work in the same field.

The authors suggest a layout for a national radon centre. It is to be hoped that the work may be continued in such a centre and that radon will continue to be available so that the tradition of hard and careful work which lies behind this book can continue. The technicians who have helped to build this tradition may rightly consider that the authors have produced a worthy memorial to their skill and devotion.

FRANK ELLIS.

OCULAR MUSCLES

Neurology of the Ocular Muscles. By David G. Cogan, M.D. (Pp. 214; 121 illustrations. \$6.00 or 25s.) Springfield, Illinois: Charles C. Thomas. Oxford: Blackwell Scientific Publications.

The Oculorotary Muscles. By Richard G. Scobee, B.A., M.D. (Pp. 359; 112 figures. 40s.) London: Henry Kimpton. 1948.

The little book by Dr. Cogan, the Associate Professor of Ophthalmology at Harvard and Director of the Howe Laboratory of Ophthalmology at Boston, although restricted in scope, is good. The author discusses the neurology of the extraocular muscles and the pupil, their nerve pathways and intramuscular connexions, from the point of view of the neuro-anatomist. The subject is difficult and confused, on the borderline between ophthalmology and neurology, and the author has done a considerable service in collecting much information which may not readily be available to those concerned primarily with either specialty. He emphasizes throughout the topographical analysis of the lesions which cause the multitude of signs and symptoms associated with the ocular motor system rather than the aetiology of the lesions themselves or their treatment. To a large extent this is rational, for the clinical evidences of disease in this region are determined by its site rather than its nature, and in clinical practice the primary concern of the neuro-ophthalmologist is with location. The unravelling of the clues presented in cases of this type may be one of the most difficult and perplexing tasks the ophthalmologist or the neurologist has to face, and a topographical approach is the only one which offers an easy solution. With these reservations the book is very complete and up to date; it is fully and instructively illustrated, and not the least of its virtues is the exhaustive list of references.

The book by Dr. Scobee has evolved from the writer's lectures to graduate students at the Washington University School of Medicine and covers the whole field of ocular motility. He briefly describes the anatomy, physiology, and neurology of the extraocular muscles; then follow sections on heterophoria and squint—surprisingly, nystagmus is not mentioned. In a large section he discusses the clinical methods of diagnosis, and the final chapter is on treatment, in which non-operative methods receive little attention, orthoptic techniques are brushed aside even in cases of insufficiency of convergence, and attention is given almost entirely to surgery. In surgery the author is an enthusiastic follower of Chavasse in advocating the value of weakening the antagonist of a paretic muscle rather than strengthening the muscle itself—a thoroughly sound orthopaedic principle which, however, has its limitations.

STEWART DUKE-ELDER.

The vastness of current literature makes it difficult for an individual to keep pace with the advances in medicine. The *1947 Year Book of General Medicine*, edited by Dr. G. F. Dick and others (H. K. Lewis, 21s.), is especially welcome, not as a substitute for the reading of original papers, but as a guide to observations of clinical interest made during the past year. It covers the fields of infectious diseases, diseases of the chest, haemopoietic system, kidney, heart and blood vessels, and gastro-intestinal tract. It is impossible to comment on all the articles of note, but, choosing at random, we have for example an account of the accumulated experience of American workers with streptomycin, not only in tuberculosis, but in various other infections for which the drug is not yet available in Britain. The advent of folic acid has given a great stimulus to research in the field of megaloblastic anaemias, and there are several papers in the *Year Book* on the complicated relationship of pteroylglutamic acid to these anaemias. Such interesting rarities as a severe necrotizing form of pyelonephritis in diabetics are also discussed. The papers are in general well selected and the book is up to the standard of its predecessors. The editorial comments add greatly to the value of the summarized articles.

BOOKS RECEIVED

[Review is not precluded by notice here of books recently received]

Reid's Practical Sanitation. By J. J. Buchan, M.D., D.P.H. 24th ed. (Pp. 300. 18s.) London: Charles Griffin. 1948.

Intended particularly for students who propose to become sanitary inspectors.

Voluntary Medical Care Insurance in the United States. By F. Goldmann, M.D. (Pp. 228. 16s.) London: Geoffrey Cumberlege. 1948.

An analysis of the present situation and an account of its development.

Motivation in Health Education. The 1947 Health Education Conference of the New York Academy of Medicine. (Pp. 53. 5s. 6d.) London: Geoffrey Cumberlege. 1948.

The theme is how the educator can best make his teaching effective in the conduct of his pupils.

The Leptospiroses. By P. H. van Thiel. (Pp. 231. 16.50 francs.) Leiden: Universitaire Pers Leiden. 1948.

A monograph on the morphology of the leptospirae, with an account of the diseases caused by them.

Aids to Anaesthesia. By V. Goldman, L.R.C.P., M.R.C.S., D.A. 2nd ed. (Pp. 316. 7s. 6d.) London: Baillière, Tindall and Cox. 1948.

A summary for students and house-officers.

A Handbook of Parentcraft. By L. G. Housden, O.B.E., M.D. (Pp. 152. 5s.) London: Eyre and Spottiswoode. 1948.

A practical handbook for women.

Practical Section Cutting and Staining. By E. C. Clayden, F.I.M.L.T. (Pp. 129. 9s.) London: J. and A. Churchill. 1948.

An introductory book for laboratory technicians.

Advances in Pediatrics. Edited by S. Z. Levine *et al.* Vol. 3. (Pp. 363. 45s.) London: Interscience Publishers. 1948.

Eight monographs on physical and mental disorders of children.

Men of Stress. By Harley Williams. (Pp. 374. 15s.) London: Jonathan Cape. 1948.

Biographies of Woodrow Wilson, Andrew Carnegie, and Lord Leverhulme.

Elective Alimentary Rest and the Elimination of So-Called "Paralytic Ileus" After Abdominal Operations. By V. J. Kinsella, M.B., Ch.M., F.R.C.S., F.R.A.C.S. (Pp. 35. 3s.) Sydney: Angus and Robertson. 1948.

Reprints of three articles on post-operative treatment.

At Home with Income Tax. By R. W. Harris. (Pp. 191. 8s. 6d.) London: Stone and Cox. 1948.

An exposition of income tax in simple terms.

Medical Writing. By M. Fishbein, M.D. 2nd ed. (Pp. 292. No price.) Philadelphia: Blakiston. 1948.

A manual to help the medical man express his thoughts clearly in English.

Physiology of Muscular Activity. By E. C. Schneider, M.P.E., Ph.D., D.Sc., and P. V. Karpovich, M.P.E., M.D. 3rd ed. (Pp. 346. 20s.) London: W. B. Saunders. 1948.

Intended particularly for students of physical education.

A Textbook of Surgery for Dental Students. By G. P. Mills, M.B., B.S., F.R.C.S., and H. Humphreys, O.B.E., M.C., T.D., M.B., Ch.B., M.D.S., F.D.S. 5th ed. (Pp. 368. 18s.) London: Edward Arnold. 1948.

The text has been extensively revised and many new illustrations have been added.

Occupational Medicine and Industrial Hygiene. By R. T. Johnstone, A.B., M.D. (Pp. 604. 50s.) London: Henry Kimpton. 1948.

A textbook for the medical practitioner.

Universities and Colleges

UNIVERSITY OF LONDON

Robert Cruickshank, M.D., F.R.C.P., D.P.H., has accepted an invitation to take the Chair of Bacteriology tenable at St. Mary's Hospital Medical School, from Jan. 1, 1949.

A series of lunch-hour lectures on a variety of subjects has begun in the Anatomy Theatre of University College (entrance from Gower Street, W.C.) and will be continued on Tuesdays and Thursdays, from 1.15 to 2 p.m., until Dec. 7. The series includes lectures by Dr. D. B. Fry, Ph.D., on "Visible Speech," on Oct. 26; by Professor J. Z. Young, F.R.S., on "Process of Learning in Octopus," on Nov. 2; by Dr. S. J. F. Philpott, D.Sc., on "Psychology as a Science," on Nov. 16 and 18; and by Dr. J. T. Aitken on "Posture," on Nov. 25. Admission to the lectures is free, without ticket. Full particulars may be obtained from the secretary of University College, Gower Street, London, W.C.1.

The first of a course of four public lectures entitled "The Electron Microscope and its Biological Applications" was given on Oct. 11 by Dr. E. M. Crook, M.Sc., Ph.D., in the Department of Biochemistry, University College, Gower Street, W.C. The remaining three lectures will be delivered by Dr. Crook on Mondays, Oct. 18 and 25 and Nov. 8, at 4.45 p.m., at the same place. Admission is free, without ticket.

A special University lecture in human anatomy and morphology will be delivered in French by Professor G. Levi, of the Istituto di Anatomia Umana, University of Turin, at University College (Anatomy Theatre), Gower Street, W.C., on Friday, Nov. 5, at 5 p.m. Professor Levi will speak on "Relations of Interdependency between Various Parts of the Nervous System in the Embryo and in the Adult." The lecture is addressed to students of the University and to others interested in the subject. Admission is free, without ticket.

The Services

Surgeon Captain W. J. Colborne, R.N., has been appointed an Honorary Surgeon to the King in succession to Surgeon Rear-Admiral J. A. O'Flynn, C.B., R.N., retired.

DEATHS IN THE SERVICES

MAJOR-GENERAL R. S. HANNAY, C.B., C.M.G., D.S.O.

Major-General R. S. Hannay, who was Colonel-Commandant of the R.A.M.C. from 1939 to 1941, died on Oct. 5 at his home in London at the age of 77.

Robert Strickland Hannay Fuhr began his medical studies at Queen's College, Belfast, where he took the triple Scottish qualification in 1893. He joined the Army Medical School at Netley in 1898. During the South African War he was at first with a battalion and was present at a number of the major actions, but when General Roberts reached Pretoria he was transferred to the staff. He received the Queen's Medal with six clasps. When the B.E.F. embarked for France in 1914 Fuhr was detailed for duty with a medical unit but was again transferred to the staff, finally serving as medical director of the 1st Division, which after the war formed part of the Army of the Rhine with headquarters at Bonn. Fuhr was mentioned in dispatches five times and made a C.M.G., and he was also promoted brevet-colonel. At this time he changed his name by deed poll to Robert Strickland Hannay. His next appointment was as D.D.M.S. in Turkey, and on his return home he was created C.B. and promoted to the rank of major-general in 1926. Hannay then took over as D.D.M.S. Southern Command and in the same year was appointed honorary surgeon to the King. Major-General Hannay retired in 1930. In the following year he became a Member of Council of the British Medical Association and served for three years on the Council and on the Naval and Military Committee.

Under a short-term bursary scheme run by the British Council about 120 industrial and professional workers from overseas are visiting Britain this year for three to six months. These include a French radiotherapist, Dr. Bertoluzzi, who is spending six months at the London Hospital; a midwife from Iceland, Miss M. Gudmundsdottir, who is dividing her four months' bursary between Edinburgh Infirmary, Perivale Maternity Hospital, Queen Charlotte's Hospital, and the City of London Maternity Hospital; a Lebanese, Mr. A. M. Talhouk, who is studying pest control with Pest Control Limited, Cambridge; and Miss J. E. Munz, an Australian, who is studying nursing administration at the Royal College of Nursing for three months.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Sept. 25.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included), (b) London (administrative county), (c) Scotland, (d) Eire, (e) Northern Ireland.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London), (b) London (administrative county), (c) The 16 principal towns in Scotland, (d) The 13 principal towns in Eire, (e) The 10 principal towns in Northern Ireland.

A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1948					1947 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	26	2	12	2	1	30	1	18	1	—
Deaths	—	—	1	—	—	—	—	—	—	—
Diphtheria	125	12	38	6	1	184	22	37	19	6
Deaths	1	—	—	—	—	3	—	—	—	—
Dysentery	68	22	49	1	—	87	7	18	2	—
Deaths	—	—	—	—	—	—	—	—	—	—
Encephalitis	1	—	—	—	—	2	—	—	—	—
lethargica, acute	—	1	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	30	11	—	—	—	39	7	1
Deaths	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years	—	—	—	29	—	—	—	—	83	—
Deaths	22	1	14	3	—	87	5	26	9	4
Measles*	2,703	91	60	11	37	1,139	39	56	117	—
Deaths†	—	—	—	—	1	1	—	1	—	—
Ophthalmia neonatorum	36	2	11	—	2	44	2	16	—	1
Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	15	1	—	1(B)	—	10	2	1(B)	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal	277	12	1	1	3	257	16	1	1	3
Deaths (from influenza)‡	7	—	—	1	—	2	—	2	—	—
Pneumonia, primary	120	17	117	10	6	—	19	135	6	6
Deaths	—	—	—	2	—	—	—	7	—	—
Polio-encephalitis, acute	3	—	—	—	—	32	5	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute	70	2	3	—	—	441	30	110	4	1
Deaths§	4	—	—	—	—	1	—	—	—	—
Puerperal fever	—	—	16	—	—	—	1	10	—	1
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia	87	8	2	—	—	104	9	3	2	—
Deaths	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Scarlet fever	1,068	70	216	130	38	880	83	181	33	32
Deaths†	—	—	—	—	—	1	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid fever	29	—	1	3	—	22	—	2	1	1
Deaths	—	—	—	—	—	1	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough*	2,259	170	64	48	8	1,105	117	39	44	3
Deaths	8	1	1	2	—	6	—	—	4	1
Deaths (0-1 year)	250	30	53	13	12	369	31	67	32	15
Infant mortality rate (per 1,000 live births)	—	—	—	—	—	—	—	—	—	—
Deaths (excluding still-births)	4,008	651	556	149	106	3,665	569	482	179	102
Annual death rate (per 1,000 persons living)	—	—	11.2	9.3	—	—	—	10.0	11.3	—
Live births	7,458	1166	885	463	223	8,659	1349	1076	361	247
Annual rate per 1,000 persons living	—	—	17.9	29.0	—	—	—	21.7	22.8	—
Stillbirths	169	17	23	—	—	222	30	26	—	—
Rate per 1,000 total births (including stillborn)	—	—	25	—	—	—	—	24	—	—

* Measles and whooping-cough are not notifiable in Scotland, and the returns are therefore an approximation only.

† Deaths from measles and scarlet fever for England and Wales, London (administrative county), will no longer be published.

‡ Includes primary form for England and Wales, London (administrative county), and Northern Ireland.

§ The number of deaths from poliomyelitis and polio-encephalitis for England and Wales, London (administrative county), are combined.

|| Includes puerperal fever for England and Wales and Eire.

Thursday

- DREADNOUGHT SEAMEN'S HOSPITAL, Greenwich, S.E.—Oct. 21, 3 p.m. Clinical demonstration by Messrs. S. Power and L. Lurie.
- EDINBURGH CLINICAL CLUB, Drumsheugh Gardens, Edinburgh.—Oct. 21, 8 p.m. "The Family Position," by Dr. G. W. Ireland.
- EDINBURGH ROYAL INFIRMARY.—Oct. 21, 5 p.m. "Intracranial Tumours in the Aged," Honyman Gillespie Lecture by Mr. Joe B. Pennybacker.
- ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE, 26, Portland Place, W.—Oct. 21, 7.30 p.m. "The Epidemiology of Fungus Diseases," by Dr. J. T. Duncan; "The Treatment of Fungus Diseases," by Dr. Isaac Muende. Discussion.
- ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—Oct. 21, 4.30 p.m. "Neurology and Psychiatry," Lecture-demonstration by Dr. Anthony Feiling.
- SOCIETY OF APOTHECARIES OF LONDON.—In the Hall, Black Friars Lane, Queen Victoria Street, E.C., Oct. 21, 5 p.m. "The Treatment of Pulmonary Tuberculosis," by Dr. R. R. Trail.

Friday

- MIDDLESEX COUNTY MEDICAL SOCIETY.—At Hillingdon Hospital, Uxbridge, Oct. 22, 3 p.m. Clinical cases; "A Report on 450 Caesarean Sections," by Dr. Joyce Morgan; "Carcinoma arising in Segmental Bronchi," by Mr. K. S. Mullard.
- ROYAL INSTITUTE OF PHILOSOPHY.—At University Hall, 14, Gordon Square, London, W.C., Oct. 22, 5.15 p.m. "The Present State of Moral Philosophy," by Arthur MacIver, M.A.
- ROYAL SANITARY INSTITUTE.—At Poole Municipal Buildings, Oct. 22, 10 a.m. "Food and Health," by Lord Llewellyn; "Food and Disease," by Dr. G. J. G. King; "The Chlorination of Sewage Effluents," by Mr. R. Leggat.

APPOINTMENTS

- BAIRD, I. McL., M.B., Ch.B., Clinical Assistant to the Medical Unit, Sheffield Royal Hospital.
- BUNTING, F. W., M.B.E., M.D., Ch.B., D.P.H., Medical Officer of Health for Widnes.
- EASTWOOD, C. G., B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health, Cambridge.
- HAND, B. J., M.B., B.Ch., B.A.O., N.U.I., Deputy Medical Superintendent to the Mid-Wales Counties Mental Hospital.
- MIDDLESEX HOSPITAL, London, W.—First Assistant Professorial Surgical Unit, R. S. Monro, M.B., B.Ch., F.R.C.S. Acting Otological Registrar, S. Kavanagh, F.R.C.S.Ed., D.L.O.
- MURRAY, J. O., M.D., M.B., Ch.B., D.P.H., Joint Medical Officer for Rochester and Chatham.
- SLEIGH, J. C., M.B., Ch.B., D.P.H., Divisional Medical Officer for St. Albans.
- WILLIAMS, T. G., M.R.C.S., L.R.C.P., Psychiatric Physician to the North Wales Counties Mental Hospital.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

- Evans.—On Oct. 3, 1948, at Bath, to Joan, wife of Dr. David Trevelyn Richard Evans, a daughter.
- Hart.—On Oct. 5, 1948, at Westminster Hospital, S.W., to the wife of Dr. F. Dudley Hart, a daughter.
- Murphy.—On Oct. 9, 1948, to Drs. Mary Patricia (née McHugh) and Grahame Edward Murphy, a daughter.
- Wolfson.—On Oct. 3, 1948, to Nancy, wife of Dr. L. J. Wolfson, a daughter.

MARRIAGES

- Crook—Lockhart.—On Sept. 25, 1948, David Crook, M.R.C.S., L.R.C.P., of London, to Ellen Lockhart, S.R.N., of Middlesbrough.

DEATHS

- Aubrey.—On Sept. 30, 1948, after a short illness, Harold Percival Aubrey, M.R.C.S., L.R.C.P., L.D.S.Eng., of 1, Down Cottages, Lansdown, Bath.
- Blake.—On Sept. 24, 1948, at University Square, Belfast, Eric Oliver Blake, M.B., B.Ch., B.A.O.
- Cameron.—On Sept. 26, 1948, at Kingarth, Fortrose, John Cameron, M.B., C.M., J.P.
- Cookes.—On Sept. 22, 1948, Reginald Vincent Cookes, L.M.S.S.A., of Penybryn House, Brynhyfryd, Swansea.
- Cosgrave.—On Sept. 30, 1948, suddenly, Frederick Robert Cosgrave, M.D., of Offham Manor, West Malling, Kent.
- Easton.—On Sept. 24, 1948, William Cochrane Cairnie Easton, M.B., Ch.B., of 23, Henley Avenue, Ilfley, Oxford, and late of Cleveleys, Lancashire.
- Fisher.—On Sept. 25, 1948, at Woodford, Barnton, Midlothian, Edward Fow Fisher, F.R.C.S., of Edinburgh.
- Garrard.—Found dead in his surgery in High Street, Linlithgow, on Sept. 23, 1948, Andrew Ford Garrard, L.R.C.P.&S.Ed., L.R.F.P.S.Glas.
- Gavronsky.—On Sept. 24, 1948, Jacob Osip Gavronsky, M.D., of 55, Netherhall Gardens, N.W., aged 70.
- Ghosh.—On Sept. 24, 1948, at Salford Royal Hospital, Jotindranath Ghosh, F.R.C.S.I., aged 61.
- Owen-Prichard.—On Sept. 21, 1948, at King Edward VII Hospital, Windsor, William Owen-Prichard, L.R.C.P.&S.Ed., L.R.F.P.S.Glas., Lieutenant-Colonel R.A.M.C.
- Patterson.—On Sept. 19, 1948, George de Joncourt Patterson, M.D., of Lechlade, Gloucestershire, aged 91.
- Pillans.—On Sept. 24, 1948, at 14, Aytoun Road, Pollokshields, Glasgow, Annie Fleming Pillans, L.R.C.P.&S.Ed., L.R.F.P.S.Glas.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Spondylitis and Kyphosis

Q.—What is the modern classification, from the aetiological point of view, of (a) spondylitis and (b) kyphosis? Have the old terms "von Bechterew's disease" and "spondylose rhizomélisque of Strümpell-Marie" become obsolete? Is there any relation between the Scheuermann-Calvé osteochondritis and spondylitis? What is the nature of the very pronounced kyphosis in relatively young and fairly active people which one sees not uncommonly, where the spine is almost a segment of a not very large circle? Is this condition progressive, and how does it end?

A.—The term *spondylitis* strictly implies an inflammatory condition of the vertebral column. Aetiologically it may be classified into three main types as follows: (1) tuberculous spondylitis; (2) pyogenic spondylitis; (3) ankylosing spondylitis. By customary usage, however, spondylitis has come more and more to imply ankylosing spondylitis, the other two conditions being termed simply tuberculosis of the spine and pyogenic osteomyelitis of the spine respectively. The term "spondylitis (or spondylosis) deformans" is sometimes used to describe deforming conditions of the spine from any cause. As it does not refer to any specific disease entity the name leads to confusion and should be discarded. Osteoarthritis of the spine should not be referred to as spondylitis, for it is a non-inflammatory degenerative condition similar to osteoarthritis elsewhere.

Kyphosis is classified on an aetiological basis into the following groups: (1) congenital (e.g., congenital wedged vertebra, gargolism, etc.); (2) postural; (3) traumatic (e.g., compression fracture); (4) inflammatory (e.g., tuberculous or pyogenic infection); (5) neoplastic (primary or secondary); (6) generalized bone disease (e.g., rickets, senile osteoporosis); (7) miscellaneous conditions (e.g., osteochondritis of Scheuermann type, Calvé's disease).

The name "ankylosing spondylitis" is now used to describe the condition which was formerly widely known as spondylitis rhizomélisque or as spondylitis of Marie-Strümpell type. These latter terms, though still in use at some centres, have been largely discarded by British surgeons. Similarly, the term "spondylitis of von Bechterew type," formerly used to describe osteoarthritis of the spine, has been discarded in this country. There is no relation between Scheuermann's osteochondritis and ankylosing spondylitis.

A pronounced rounded kyphosis occurring in relatively young subjects is likely to be due to one of two conditions. The first and less disabling is osteochondritis of Scheuermann type, often referred to as adolescent kyphosis. This condition may lead to wedging of the lower dorsal vertebral bodies, with well-marked rounding of the spine. It is not a progressive condition, although the altered shape of the affected vertebrae may predispose to the development of osteoarthritic changes in later years. The second possibility is ankylosing spondylitis. This leads to marked rigidity of the spine extending from below upwards, and may progress ultimately to solid bony fusion of the entire spinal column; the hips and shoulders are also not infrequently affected. The stiffness is in some cases associated with a fixed kyphosis so severe that the patient is able to look only towards his feet.

Hyperemesis Gravidarum

Q.—What is the latest treatment of the severe disabling type of nausea and vomiting of early pregnancy?

A.—The present-day treatment of hyperemesis gravidarum is not very different from that practised twenty years ago, although there is a change in emphasis in that much attention is paid to combating the acidosis which results from vomiting but which in turn causes more vomiting. Various remedies, including most of the vitamins, have been tried, but none have proved