all of bismuth therapy. The total number of therapeutic units of bismuth given will then equal 18 × 0.5—that is, 9 T.U. In this case we have the experience that a total of 29 T.U. must be given to obtain a satisfactory percentage of cures. On account of concurrent administration it is necessary to interrupt the treatment by rest intervals, so that thirty-six weeks are occupied in completing treatment, as against twenty-six at Salford.

The net therapeutic efficiency (N.T.E.) of treatment must take into account the time occupied in attaining cure, and this may be expressed by the equation:

\[
N.T.E. = \frac{\text{Total therapeutic units} \times \text{weeks occupied by treatment}}{100}
\]

Therefore

\[
\text{Salford N.T.E.} = \frac{24 \times 100}{26} = 92
\]

Whereas

\[
\text{the other N.T.E.} = \frac{29 \times 100}{36} = 81
\]

According to this scheme of reckoning there would appear to be a balance of 11 points of net therapeutic efficiency in favour of the Salford method, or, in other words, a saving of time of ten weeks, and of an appreciable quantity of remedial agent (5 T.U.).

It is not, however, my purpose here to open a controversy as to alternating versus concurrent treatment. I wish merely to suggest that a standardization of therapeutic values be made along the lines I have indicated; this might well be adopted by the Ministry of Health. Upon some standard animal experimentally infected, it is necessary to work out the chemotherapeutic indices of the various chemical agents. From these one could, in a way which is at present impossible, compare the relative values of different modes of treatment and go far towards settling the vexed question of what constitutes adequacy. Not until some such standardization is adopted will it be possible to check the tremendous amount of inefficient therapy that is now being prescribed in all good faith. I submit the foregoing suggestions as a "preliminary note" in the hope that they may stimulate someone with more competence and greater leisure than I have, to explore the paths indicated. I have here only attempted to elucidate general principles; the various details—mathematical, biochemical, and so on—can only be elucidated and proved by experiment.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

FRACTURED NECK OF THE FEMUR TREATED BY INJECTION OF BLOOD

In an article on union and non-union of fractures1 Blundell Bankart described a case of typical intracapsular fracture of the neck of the femur successfully treated by injection of blood into the site of the fracture, combined with reduction by skeletal traction. The object of the present note is to place on record another such case treated in the same way with a similar successful result.

A man, aged 34, fell from his bicycle in December, 1929, and was unable to use his left leg. After admission and x-ray examination elsewhere he was transferred to the Hospital of St. John and St. Elizabeth with all the signs of an intracapsular fracture of the neck of the left femur. There was considerable external rotation, but little shortening. Twenty-four hours after the accident blood was withdrawn from the median basilic vein and 10 c.c.m. injected into the left hip-joint. The limb was then abducted and slung in a Hodgein splint, and an extension of 15 lb. applied to the femur by means of ice-tong callipers inserted under local anaesthesia. Subsequent x-ray examination showed a good position, and this extension was maintained for three weeks, when strapping extension of 8½ lb. was substituted. During the whole time the knee was kept movable by means of a knee flexion piece, and massage was given to the hip. A further radiogram six weeks after reduction showed a little new bone formation; all extension was then removed, and massage given to the whole leg for a further fortnight, during which time the patient was fitted with a walking calliper splint. After discharge he was able to return to his work at a lathe wearing the splint; it was finally omitted three months later, when a radiogram showed bony union in good position. All movements at the hip-joint were full and painless; flexion at the knee was possible to more than a right angle, and has increased since the calliper was left off.

Commentary

Even in young people these fractures show a tendency to non-union, and by ordinary methods of treatment must be immobilized for a long period. In this case there was both x-ray and clinical evidence of union after six weeks.

It is important that the blood should be injected into the joint itself; the average capacity of the adult hip-joint as estimated from a number of cases injected post mortem is 14 c.c.m. When the point of the injecting needle is in the right place there is considerable resistance to the injection; in the case described by Bankart I was able to feel the fractured surface.

With a suitably adjusted extension and counterpoise of the leg the patient can remain sitting up in bed throughout the treatment.

The addition of a knee flexion piece from the outset is of considerable help in preventing stiffness of the knee later on.

E. W. Riches, M.C., M.S., F.R.C.S.
Assistant Surgeon to the Middlesex Hospital and to the Hospital of St. John and St. Elizabeth

HODGKIN'S DISEASE WITH UNUSUAL ONSET

The following case appears worthy of mention on account of the rather unusual first symptom and of the rapid termination.

T. W. R., aged 47, a well-nourished and previously quite healthy man, noticed in February, 1930, that he was becoming hoarse. As the huskiness did not yield to simple remedies he had several curious teeth extracted. This procedure was followed by some slight enlargement of the glands in the neck. In June he was admitted to the Derby City Hospital as the hoarseness still persisted and the glands in the neck were increasing in size.

On examination, he was well developed and well nourished, but was rather anaemic in appearance. On both sides of the neck were present moderately large masses of discrete glands which had the general characteristics of lymphadenoma. His one complaint was that of hoarseness. Laryngeal examination revealed a nodule situated on the left cord and some general oedematous thickening of both cords, which were movable. No other glands were palpable apart from those in the neck, nor could the spleen be palpated. The Wassermann reaction was negative, and the blood picture showed a secondary anaemia with no marked increase in eosinophils.

A gland was removed from the neck under local anaesthesia, and the pathological report stated: "The gland is destroyed by a cellular tissue with relatively little stroma and large areas of necrosis. The appearances are suggestive of acute Hodgkin's disease." A screen examination of the chest showed a mass irregular in shape in the mediastinum. Some fourteen days after admission discrete glands appeared in both axillae. The glands rapidly increased in size and ultimately caused extreme oedema of both arms. The patient's condition rapidly grew worse, and he died after just over one month in hospital and barely six months from the appearance of the first symptom. Whilst in hospital, the patient had a temperature of the Pel-Elstein type.

1 Bankart, A. S. B.: British Medical Journal, 1930, i. 8.
At the necropsy masses of discrete glands were found on both sides of the neck and in both axillae, but none were present in the groins. A mass of glands of moderate size was situated in the mediastinum and there was some terminal broncho-pneumonia. No enlarged glands were found in the abdominal cavity, and apart from the larynx all the other organs were moderately healthy in appearance. Upon opening the larynx a nodule about the size of a small bean was seen to be present on the left cord, and the surface of the nodule was ulcerated. The pathological report on the cords stated: ‘‘The deeper tissues are infiltrated by what appears to be lymphadenoma, and over this ulceration has occurred.’’

In this case it seems reasonable to assume that the hoarseness was due in the first place to the lymphadenomatous infiltration of the cords in spite of any effect which may have been produced by the pressure of glands. If so, it is rather unusual that this should have been the first symptom complained of, and that it was present before any enlarged glands were noticed by him.

I am indebted to Professor Haswell Wilson for the pathological reports.

R. G. Cooke, M.D.,
Medical Superintendent,
City Hospital, Derby.

FISHBONES IN THE APPENDIX

The following case may be of interest in view of the ever-varying symptoms in connexion with disease of the appendix.

A labourer, aged 40, was admitted to hospital complaining of acute pain on micturition, with vague abdominal pain. He gave a history of having had severe pain on micturition for about two years, also of vague abdominal pains which came on in definite intervals of from six weeks to three months and lasted from one to three days; this condition had persisted two years, and the history was confirmed by the district medical officer.

The patient was a well-nourished man, and did not look ill. There was nothing abnormal in the appearance of the abdomen, and palpation revealed no trace of rigidity or tenderness, with the exception of a small area one inch square immediately above the symphysis pubis; this was not constant from day to day. There were no areas of hyperaesthesia to pin-stroke, and both the obturator test and rectal examination proved negative. The patient gave a history of constipation. Examination of the urethra with bougies and the urethroscope showed nothing abnormal; the bladder, urine, and faeces appeared normal, and there was no leucocytosis.

After five days in hospital a severe attack of abdominal pain developed, and the patient lay on his right side with both knees drawn up; he had no temperature, but the pulse had slightly increased. There was no nausea or vomiting then or at any other time, his only complaint being epigastric pain. The usual mild treatment was given for colic, and the attack passed off in about two hours. It was followed, however, one hour and a half later, by a similar attack, which lasted three-quarters of an hour, and again by a third attack two hours later, which persisted for one and a half hours. During each attack there was no rigidity of the abdominal wall, and no tenderness could be elicited anywhere. There was frequent desire to micturate: the bladder emptied each time to the extent of one to three ounces, severe pain being caused thereby.

In spite of the absence of x-ray and cystoscopic examinations, I decided to open the abdomen. Through a lower midline incision I examined the abdominal contents, but could detect nothing abnormal. The appendix was then exposed and found to be about 5 inches long; it was slightly thickened at the distal end, and was dilated in three places by concentric folds. There were no tubercles. Except for these, no foreign body was found in the peritoneum. The appendix was opened, and a fishbone, which ranged in length from 0.3 to 2.3 cm. The patient made an uneventful recovery, and there was no return of the colic. The pain on micturition slowly decreased, dis-

appearing finally about the sixth day after operation. He left the hospital on the fourteenth day and has had no further attacks during the two months which have since elapsed.

Permission to report this case has been kindly given by Major Sutherland Richards, M.C., M.D., chief medical and health officer.

Matthew Clayton-Mitchell,
Resident Surgeon, Colony Hospital, Grenada,
British West Indies.

Reports of Societies

HIGH CARBOHYDRATE DIET IN DIABETES

At a meeting of the Section of Therapeutics and Pharmacology of the Royal Society of Medicine on February 10th, with Dr. Philip Hamill in the chair, the discussion was devoted to the use of high carbohydrate diet in the treatment of diabetes.

Dr. E. P. Poulton said that the dieting of diabetics had been influenced by three considerations: the scarcity of insulin, the extreme value of fasting, and the belief that it was easier to get a correct balance between insulin and carbohydrate so as to maintain a low blood sugar. Although patients had done well in general under this treatment, it could not be said that there had been any striking amelioration of the disease in many cases, and in children it had, in his experience, been disappointing.

In the autumn of 1928 he decided to try a higher carbohydrate diet, and although the attempts were tentatively made at first, there had since been a landslide away from the older strict dieting in favour of a more liberal carbohydrate allowance. Dr. Poulton brought forward twenty-seven cases showing that with this increase the insulin requirement remained very constant. He took the view that those persons who were on insulin could be given higher carbohydrate diets with advantage. Patients felt very much better with them, and some of them had conditions, such as phthisis, in which large amounts of carbohydrate were required. He also showed some modified diet tables which he had worked out.

Dr. R. D. Lawrence said that he had used high carbohydrate diets experimentally in certain cases in 1926 and 1927, but he then found extreme difficulty in preventing hypoglycaemia. In these cases about 70 units of insulin and 200 grams of carbohydrate were taken per day. He had now joined everybody else in giving higher carbohydrate diets than formerly, but the allowance he gave was from 70 to 120 grams, and with such a diet most of the patients got all the toast, bread, and fresh fruit they wanted; it was not a normal diet, but it satisfied them, and had no disadvantages.

Dr. T. C. Hunt said that during the time he was working in Vienna he found 165 grams of carbohydrate being given in Professor Falta’s clinic, with approximately 100 grams of protein, and was impressed by the results. The object of restricted carbohydrate diet must be to assist pancreatic regeneration. The evidence that high blood sugars actually caused further degeneration of the pancreatic tissues, or that very low blood sugars caused regeneration, was somewhat indefinite. The differences between the results with a very restricted carbohydrate intake and a fairly free one were not so great as might be expected. The higher carbohydrate diet certainly made easier the choice of foods.

Professor J. A. Nixon said that he had been using a higher carbohydrate value in diet since 1922, when he was first able to obtain insulin. From the outset he took the line that the purpose of insulin was to enable patients to use carbohydrate if possible in normal quantities. He had never gone so high as some American observers, but
The block of promotion which makes the prospects of many of the R.A.M.C. majors hopeless is something which was not anticipated, and it is sheer bad luck, and not lack of ability, in the majority of cases, which leads to their retirement.

In comparing the prospects of officers in the Naval and Military Medical Services with those of members of the Public Health Service and of the Colonial Medical Services one must remember that, in the R.A.M.C., majors who have been superseded for promotion are retired at twenty-five years' service (age about 50), majors not superseded for promotion and lieutenant-colonels at the age of 55, while members of the Public Health Service can go on till they are 65, if they come under a superannuation scheme, and until no longer fit for duty if they do not. I believe medical officers in the Colonial Services are not retired at so early an age as 55.

This is a matter of great importance to young men weighing up the advantages and disadvantages of the respective careers. In the R.A.M.C. there is the by no means improbable prospect of being retired compulsorily at the age of 50, on a pension totally inadequate in the case of a man with a family, and at a stage when the expenses of educating a family are probably at the maximum. At the age of 50 it is an easy matter to start a fresh career.

I shall not say anything about the disadvantages of foreign service, which nowadays means in most cases service in India under conditions by no means as pleasant as in the days gone by. The greater the scarcity of regular officers, the less the amount of home service, and the more frequent and expensive the changes of station. Not only are there very few entrants secured for the R.A.M.C., but a large proportion of those secured resign their commissions in a year or two. There are also many voluntary retirements among more senior officers. If less something is done, and done soon, to put matters on a better footing, the R.A.M.C. will cease to exist, or will at least be a very different service from the R.A.M.C. of the years before the war. It will be a matter of regret if the British Medical Association, which did so much to assist the R.A.M.C. to attain the standard of efficiency and reach the prestige it then held, is unable to prevent the work of so many years from being undone.—I am, etc.,

J. G. McNaught,
Ponsonze, Feb. 10th.

Lieut.-Colonel R.A.M.C. (ret.)

The London Clinic and Nursing Home

Sir,—I read with great interest the letter in your issue of February 14th, in which the objects and ideals of the above institution, and "some details of the means by which it is hoped they may be achieved," are set out. Having felt for some time that the best method of attaining the objects in question was the provision of graded accommodation for paying patients in the large voluntary hospitals of London, I am keenly interested in this alternative proposal. I believe that many besides myself would be grateful if the information in the letter referred to were supplemented by answers to the following questions:

1. Will general practitioners be able to admit patients under the arrangement to rooms in the nursing home section of the London Clinic?
2. What is the proposed minimum charge for a single room, and what services will this cover?
3. What laboratory facilities will be provided in the clinic?
4. Will any consultant be able to admit his patients?
5. What special privileges, if any, will those consultants with consulting rooms on the spot enjoy as regards the nursing home section of the clinic?

—I am, etc.,

London, W.1, Feb. 16th.

Eric Pearce Gould.

Obituary

The death occurred, on February 12th, after a long illness in a nursing home in Edinburgh, of Mr. Richard Muir, demonstrator of pathological and bacteriological methods in Edinburgh University. Mr. Muir was well known to many generations of students, and took part in the preparation and illustration of countless pieces of pathological research. Over fifty years ago he was appointed first laboratory boy by Dr. D. J. Hamilton, who was then assistant to Professor Sanders, and engaged in starting the first practical classes in pathology held in Great Britain. Mr. Muir's skill in pathological and bacteriological technique, and in draughtsmanship, added greatly to the efficiency of pathological teaching and to the success of pathological research in the Edinburgh medical school. Ultimately his exceptional ability in this direction was recognized by the University Court, which appointed him a university demonstrator. Outside his laboratory work he took a keen interest in archaeology, art, and music. By helping to found some years ago an association for pathological and bacteriological laboratory assistants he did much to raise both the status and efficiency of these workers.

The following well-known foreign medical men have recently died: Professor Constantin von Monakov, formerly director of the Nerve Polyclinic and Institute of Cerebral Anatomy at Zurich University, founder and editor of the Schweizer Archiv für Psychiatrie und Neurologie, joint founder of the Society of German Neurologists and founder of the Swiss Neurological Society, aged 77; Professor Emile Gley, professor of general biology at the College de France, and formerly president of the Académie de Médecine, aged 73; Dr. Paul Busquet, librarian of the Académie de Médecine and author of several works on the history of medicine; Dr. F. Ubaldo Fernandez, professor of puericulture at Buenos Ayres; Dr. Andre Léri, an eminent Paris physician; Professor F. Croner, a Berlin chemist and bacteriologist; and Dr. Eduard Pietrzikowski, extraordinary professor of surgery at the German University of Prague.

The Services

Deaths in the Services

Lieut.-Colonel Samuel Ferguson Bigger, who died at his residence in Bray, co. Wicklow, on February 2nd, was born in Belfast in 1854. He received his medical education in Liverpool, and became a member of the Royal College of Surgeons of England in 1875. Subsequently, during one of his periods of leave, he obtained the M.B. of the University of Edinburgh. In 1877 he passed the entrance examination for the Indian Medical Service, obtaining a high place, and was gazetted surgeon in 1878 and attached to the 3rd Punjab Cavalry. His service in India, which was chiefly on the military side, included the Afghan war of 1879-80, in which he took part in the Zaimusht expedition, the operations in the Kurum Valley, and the capture of Zawar (medal). For his work with the Chin-Lushai Expeditionary Force in 1899-90 he was mentioned in dispatches, and received the medal and clasp. He was principal medical officer of the Third Brigade in the Waziristan expedition of 1900-01, and was gazetted for his part in the action of Dargai in the Tirah campaign (mentioned in dispatches, medal with two clasps). While in India he established a considerable reputation as an operating surgeon, particularly in operations for stone and cataract. He was promoted lieutenant-colonel in 1898, and retired from the service in 1903. Since his retirement he had lived at Bray, where he was well known as a chess player and gardener and, in many parts of Ireland (as previously in
India), as a skilled fisherman. He is survived by his widow and two brothers—Colonel F. C. Bigger, I.S.O., and Sir Edward Coey Bigger, M.D.

Lieut.-Colonel Henry Thomson, Madras Medical Service (ret.), died in Edinburgh on December 16th, 1930, aged 73. He was born in Aberdeen on February 1st, 1857, the son of James Thomson of Aberdeen, and was educated in the University in that city, where he graduated as M.B. and C.M. in 1879, and as M.D. in 1880. Entering the Indian Medical Service as surgeon on September 29th, 1883, he became lieutenant-colonel after twenty years' service, was placed on the selected list on October 29th, 1910, and retired on February 1st, 1912. His first ten years' service were spent on military duty. In April, 1894, he entered civil employment as a district surgeon in the Madras Presidency, in 1898 was appointed Durbar physician to the native State of Travancore, and in April, 1906, sanitary commissioner of Madras, holding that post till his retirement. He served in the Burma campaign 1886-87, taking part in the operations of the 4th and 6th Brigades, and receiving the frontier medal with two clasps. In 1915 he rejoined for service in the war of 1914-18, returned to India, and was reappointed to his former post of sanitary commissioner, Madras, which he held up to 1919.

### Universities and Colleges

#### UNIVERSITY OF OXFORD

At a congregation held on February 14th the following medical degrees were conferred: 

- M.B.—C. P. Blocker.

#### UNIVERSITY OF CAMBRIDGE

**Cessation of Diplomas in Public Health, Hygiene, and Tropical Medicine and Hygiene**

The Registry announces that the University has decided to discontinue the award of Diplomas in Public Health, Hygiene, and Tropical Medicine and Hygiene when the present courses end, and that no further candidates for these diplomas will be accepted.

This notice does not apply to the Diploma in Medical Radiology and Electrology.

#### UNIVERSITY OF LONDON

At its meeting on February 11th the University Court had before it a letter from the London County Council stating that the Council's block maintenance grant to the University in each of the four academic years 1931-32 to 1934-35 would be £212,000. This figure represents an increase of £20,000 on the Council's grants for the current year, and of £44,000 on the grant to the University and its Colleges in the year 1929-30. An expression of the Court's high appreciation of the value of the work of the University has been conveyed to the County Council.

The regulations for the M.B., B.S. examination have been amended by the substitution of the following for the last paragraph under Group II (Red Book, 1930-31, p. 211; Blue Book, September, 1930, p. 263):

The examination in Obstetrics and Gynaecology will consist of: (a) a paper of three hours' duration, (b) a clinical examination, (c) an oral examination, including questions on specimens and instruments.

The date on which the change will become operative will be announced later.

The regulations for the Diploma in Psychological Medicine for the year 1931-32 and subsequently have been amended by the omission from Regulation 4 for the diploma of the words in italics:

... A candidate who enters for both Parts A and B on the same occasion (March-April or October-November), but fails to satisfy the examiners in Part A, is ineligible to proceed to Part B, and the fee which he has paid in respect of Part B is returned to him;

and by the addition to Regulation 6 (regarding fees) of the following:

If a candidate enters for Parts A and B of the examination on the same occasion, but owing to failure in Part A is precluded from sitting for Part B, five guineas of the fee paid in respect of Part B shall be returned to him.

Professor W. W. Jameson has been appointed to represent the University at the forty-second Congress of the Royal Sanitary Institute, to be held in Glasgow next July.

Fellowships for grants from the Thomas Smythe Hughes and Beaverbrook Medical Research Funds, allocated annually for assisting original medical research, must be sent in between April 1st and May 15th, 1931. Full particulars can be obtained on application to the Academic Registrar.

#### CHARING CROSS HOSPITAL MEDICAL SCHOOL

An Easter vacation course in applied anatomy and physiology will be held at the Charing Cross Hospital Medical School, W.C.2, from April 15th to April 17th. All the departments of the hospital and medical school will be open to those taking the course, which is intended for undergraduates studying for the examinations in anatomy and physiology. The fee for the whole course is £10, and further information can be obtained from the dean of the medical school.

#### LONDON HOSPITAL MEDICAL COLLEGE

The Liddell triennial prize offered in 1929-30 has been awarded to William Evans, M.D., M.R.C.P. The subject of the essay for the prize was "The cause and incidence of duodenal ulcer."

#### UNIVERSITY OF GLASGOW

Professor A. Hunter has been appointed Dean of the Faculty of Medicine.


#### ROYAL COLLEGE OF SURGEONS OF ENGLAND

A Council meeting was held on February 12th, when the President, Lord Moyohnan, was in the chair.

Mr. Victor Bonney was re-elected the representative of the College on the Central Midwives Board for the ensuing year.

**Fellowship**

The Fellowship of the College was conferred upon Mr. R. W. Reid of St. Thomas's Hospital.

**Diplomas**

The diploma of Membership was conferred upon 149 candidates who had passed the examinations in medicine, surgery, and midwifery of the Examining Board of England.

Diplomas in Public Health were granted jointly with the Royal College of Physicians and Surgeons of Glasgow to the following successful candidates:

[The names of the recipients of the diplomas were printed in our issues of February 7th and 14th, pp. 250 and 292 respectively.]

#### Proposed Institution of Surgical Biological Research

A letter was read from Mr. G. Buckston Browne, F.R.C.S., offering to give to the College a sum of £50,000, and to add to it from time to time, for the purpose of building and endowing an Institution of Surgical Biological Research, in which surgeons, and particularly young surgeons, would have full opportunity for carrying out their investigations. Mr. Buckston Browne further offered thirteen acres of land at Downe, near Farnborough, Kent, on which the buildings could be erected, and where accommodation could be provided for the needs of the institution. The Council unanimously adopted the following resolution:

That the Council hereby express their deep sense of Mr. Buckston Browne's great liberality, and on behalf of the College undertake to be responsible for the proposed Institution for Surgical Biological Research, subject to the settlement under a Deed of Trust of conditions satisfactory to the Council and to Mr. Buckston Browne.

#### Council Election

The President reported that an election of three Fellows into the Council would take place on Thursday, July 2nd next, at 11 a.m., in the vacancies occasioned by the retirement in rotation of Mr. J. Herbert Fisher, Mr. G. E. Gash, and Mr. Graham Simpson; that notice of the election would be given to the Fellows by advertisement and circular on March 6th; that March 10th would be the last day for the nomination of candidates; and that a voting paper would be sent on March 31st to every Fellow of the College whose address was registered at the College.
Medical News

At the invitation of the Metropolitan Counties Branch of the British Medical Association Dr. H. C. Cameron of Guy's Hospital will give the annual address to newly qualified medical practitioners and senior students in the Great Hall, British Medical Association House, Tavistock Square, W.C.1, on Tuesday, March 10th, at 5.30 p.m. The subject of the address is "Children in hospital and in the home—a contrast; a lecture to young practitioners and senior students going up for the final."

Sir George Newman will deliver four lectures, entitled "Programme of the public service," at Gresham College, Basinghall Street, E.C.2, on February 24th, 25th, 26th, and 27th, at 5.45 p.m.; admission free.

The 158th anniversary dinner of the Medical Society of London will be held at the Trocadero Restaurant on Friday, March 6th, at 8 o'clock, with the president, Dr. R. A. Young, in the chair.

Particulars of the lectures and demonstrations arranged for next week by the Fellowship of Medicine will be found in our Diary of Post-Graduate Courses, published in the Supplement at page 60. Copies of syllabuses and tickets of admission may be obtained from the Fellowship, 1, Wimpole Street, W.1. The list of special courses arranged for 1931 is now available.

The University of Sheffield has arranged for a series of post-graduate clinics on the cardio-vascular system from February 26th to April 24th, at 3.30 p.m. The clinics, which will be held at the Royal Hospital and the Jessop Hospital, are free to all qualified medical practitioners.

The post-graduate lectures and demonstrations on medical, surgical, and special subjects given by the honorary staff of the Manchester Royal Infirmary will be resumed on Tuesday, February 24th, when Dr. R. F. Ferguson will discuss disseminated sclerosis. They will be continued on Tuesdays and Fridays (except April 3rd and 10th) till May 19th. All the lectures and demonstrations commence at 4.15 p.m., and are free; tea will be served at 3.45 p.m.

At a meeting of the British Institute of Philosophical Studies, to be held at the Royal Society of Arts, 18, John Street, Adelphi, W.C., on Tuesday, February 24th, at 8.15 p.m., Professor John Macmurray will give a lecture on "Modern civilization and the moral ideal." A course of three lectures, entitled "Biological and social life," will be given by Professor Julian Huxley on Tuesdays, at 5.45 p.m. at University Hall, 14, Gordon Square, beginning on March 3rd.

Under the supervision of Dr. Maurice Chevassu a post-graduate course on diseases of the male genital organs will be held in the Cochlin Hospital, 47, Rue du Faubourg-Saint-Jacques, Paris, daily from March 16th to 26th. In addition to numerous lectures and demonstrations there will be facilities for radiological, pathological, and cytoscopic work, and a diploma will be subsequently awarded to those who pass an examination on the subjects dealt with. The fee for the course is 500 francs, and further information may be obtained from Dr. Chevassu, Bacteriological Laboratory, Cochlin Hospital, or from the Faculty of Medicine of the University of Paris.

The German Society for Combating Rheumatism has arranged a practical course in rheumatic diseases from March 2nd to 14th. The fee is 100 marks. Applications should be made to the secretary, Dr. Max Hirsch, Stiegliterstrasse 66, Berlin, W.35.

The Halley Stewart Trust has provided freehold premises at Hightown for an independent institute, the equipment of which will be shortly completed, where Miss Chevassu's research and the clinical work on disseminated sclerosis and kindred diseases will be continued in collaboration with a physician. The resources of this research institute will be open to all members of the medical profession and to all hospitals. Communications should be addressed to the secretary, Halley Stewart Trust, 30, Chesterfield Gardens, N.W.3.

The People's League of Health announces that the Sims Woolhead series of thirteen constructive educational health lectures is being given in the board room of the National Union of Teachers, Hamilton House, Mabledon Place, W.C.1, on Mondays at 6 p.m. from February 16th to May 18th, excepting April 6th.

Dr. F. P. Sturm, aurist and laryngologist, Leigh Infirmary, Lancashire, has been elected an honorary member of "Le Carrefour de Cos."

Dr. Astley V. Clarke has been appointed vice-chairman of University College, Leicester, for the ensuing year.

The King has appointed Major H. J. H. Symons, M.C., I.M.S., to be Vice-Consul at Bushire. (with effect from November 6th, 1929), and Captain W. H. Critien, I.M.S., Vice-Consul at Seistan.

The King has confirmed the appointment of Dr. G. C. Strathairn (Director of Health) to be a nominated member of the Council of the Colony of Cyprus for a further period.

Dr. Kenrick Stanton Wise (Surgeon General) has been appointed a member of the Executive Council of the Colony of Trinidad and Tobago.

In 1930 the death rate in Madrid, which was the lowest for the last ten years, was 17.90 per mile, and the birth rate 27 per mile, the number of births exceeding the deaths by 7,563.

The number of medical women in Germany has increased from 82 in 1909 to 2,562 in 1929. In Berlin alone there are 476 women practitioners. In the various German medical faculties there are at present 3,428 female students. Since 1911 the number of female medical students has increased sevenfold, while that of the male students has only doubled. A memorial tablet has recently been affixed to a house in Quedlinburg, which was the birthplace of Dorothea Erxleben, the first German medical woman, who was born in 1715 and who qualified in 1754.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the British Medical Journal alone unless otherwise stated. Correspondents who wish to have their communications authenticated should state their names, not necessarily for publication.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the Journal, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the British Medical Journal are MUSEUM 9061, 9062, 9063, and 9064 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), Articulate Westcote, London.
MEDICAL SECRETARY, Mediseca Westote, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: Baceias, Dublin; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: Associate, Edinburgh; telephone 24361 Edinburgh).

QUERIES AND ANSWERS

Majorca

"C. M." asks for information about the climate and diseases of Majorca. "Is there any water sanitation such as we understand it in England? Is the climate from October 1st to March 31st an eminently suitable time for patients who suffer from recurring chest colds or rheumatism, and who find the rigours of the Northern climates too severe? Book information is scanty, and it is difficult to give advice without adequate knowledge. The prevalence of both