COAGULEN-CIBA IN HÆMORRHAGE


Reports on the successful administration of Coagulen-Ciba were published in The Lancet, October 31st, 1925, p. 918, Intestinal Hæmorrhage; The Lancet, June 13th, 1925, p. 1238, Haemoptysis treated by Intrapulmonary Injections; The Lancet, January 24th, 1925, p. 176, Hæmorrhage following Tonsillectomy.

Three cases (two Haemoptysis, one Bowel Hæmorrhage) successfully treated with Coagulen-Ciba by the mouth are reported in the Journal of the Royal Naval Medical Service, No. 1, Vol. XII, pp. 64-65.

Full particulars and reports to Physicians on request.

THE CLAYTON ANILINE CO., LTD., Pharmaceutical Department, 40, Southwark Street, LONDON, S.E.I.
the patient has already been using his hand freely for two
or three weeks no further treatment is required.
I have been treating Colle's fractures by this method
for the past three or four years with uniformly good results
and with considerable saving in the cost of treatment.

HYPSPLENISM AND HYPOSPLENISM AND
SPLENECTOMY.

BY

F. PARKES WEBER, M.D., F.R.C.P.

Apart from the results of traumatism and the exceedingly
rare primary malignant neoplasms and some of the primary
(or "predominant") tuberculous and other chronic infec-
tions (parasitic) conditions of the spleen, the indications
and counterindications for splenectomy will doubtless be
more definitely formulated when moro is known about the
various functions of the organ in question. In regard to
the functional activity of the spleen it will probably
become more and more convenient to speak of "hyper-
splenism and "hypossplenism"—by analogy with the
terms "hyperthyroidism" and "hypothyroidism," "hyper-
pituitarism" and "hypopituitarism." It will probably
also be found that there are various forms of hyper-
splenism and hypossplenism corresponding to involve-
ment of the various functions of the spleen (and reticulo-
endothelial system), apart from the now well-recognized
function of the spleen as a blood reservoir (Beaumont, etc.).

In cases of harmful (not compensatory) hypersplenism
splenectomy or some effective depressor of splenic function
(radium, z rays, and other as yet undiscovered means)
will be indicated. At present splenectomy is not rarely
(sometimes with excellent result) performed for conditions,
such as congenital haemolytic jaundice, thromboepoetic
purpura haemorrhagica, and the Gaucher type of
spleenomegaly, where there is more or less clinical evidence
of hypossplenism. For cases of hypossplenism some effective
activator of the spleen and reticulo-endothelial system
will have to be searched out.

In regard to splenic infections it should be remembered
that, though one of the functions of the spleen, as of
the tonsils, is to resist and "hold up" infections, the
splenic spleens sometimes, like the tonsils, may become so
overwhelmed as itself to constitute a harmful focus of infec-
tion—a state of affairs for which splenectomy may con-
stitute a rational part of the treatment. In some such
cases the bulk and altered consistence of the enlarged
spleen may themselves become a source of danger for the
individual (possibility of rupture from relatively slight
traumata). Infections of infectious and parasitic splenomegaly,
besides the relatively transitory enlargements due to the ordinary
acute febrile infections, one would place the more chronic
due to malaria, syphilis, tuberculosis, hydrostatic cysts,
kala-azar, schistosomiasis (one of the endemic splenomegaly), the problematic splenic "myositis," and perhaps certain other cases that have been clinically
labelled as "Banti's disease."

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE ANATOMICAL METHOD OF OPENING
QUINSY.

Not everyone has been satisfied with the old method of
opening quinsy by cutting into the soft palate. The oedema
present often makes it difficult to find the pus, and more
than one cut may be necessary. On the other hand, imme-
diate enucleation is so drastic a form of treatment as to
appear unnecessary as well as risky. Both of these
extremes can be avoided by opening the abscess in the
right way.

A quinsy is a collection of pus in the supratonsillar fossa.
It forms because of inflammatory adhesions at the normal
orifice of the fossa. As pus accumulates the palate bulges
and is further swollen by oedema. In order to evacuate the
pus it is only necessary to break down the adhesions by
introducing a pair of sharp forceps with closed blades into
the supratonsillar fossa in the direction shown by the arrow
in the diagram. The point of insertion is immediately
under the arch formed by the anterior and posterior faucial
pillars on the same side. A slight push is needed. As
soon as they have penetrated the abscess the blades are
widely opened, the adhesions are broken down, and pus
pours out.

There are many advantages in this method:
1. It is simple, certain, easy, and only one instrument
   is required.
2. Trismus is no obstacle.
3. There is no pain beyond pressure from the forceps
   points.
4. There is hardly any bleeding because nothing is cut.
5. The abscess is freely drained by its natural outlet.
6. The tonsils can be unceulated without risk at a later
date.
7. There is no unnecessary mutilation of mobile parts.
8. No anaesthetic is necessary, either local or general.

London, W. H. MORTIMER WHARRY, F.R.C.S.

HEREDITARY ANGIO-NEUROTIC OEDEMA.

That heredity plays an important part in the causation of
Quincke's disease is well established, and numerous authors
have reported genealogies. The hereditary form would
seem to be of a much milder type than the compar-
atively common acquired cases, and this is illustrated by
the cases of Griffith, where both father and daughter
were cases of acute oedema of the larynx. J. R. and T. R.
Crowder report five generations of a family, and of
63 known descendants 27 inherited it; of these, 14 died
as a direct result. Although a number of cases are on
record, the hereditary form would appear to be of sufficient
rarity that the individual experience to justify a case report.

A woman, aged 56, was referred to me on account of angio-
neurotic oedema of lifelong duration; the disease was of the
cutaneous type, and there was a complete absence of any of
the pulsating attacks of abdominal colic due to intestinal oedema.

The attacks occurred every two or three weeks, and the reason
that advice was sought was the alarming increase in severity
and frequency of the laryngeal involvement; the area of oedema
were peculiar in the absence of itching. Physical examination
revealed little apart from a slight degree of dermatographism—
nothing less than is usually seen in the common variety of case.

The patient was considerably apprehensive as to the outcome of
the disease, as her mother and her only two brothers died of it;
in an effort to avert the family tragedy the patient was desensi-
tized by a course of pepton in small doses, and she was in-
structed to keep the strain of spleen sulphate at the
first warning of an attack. Up to the time of writing the results
have been most happy.

The following is the genealogical tree.

(unknown) M. — F. (unknown)

F. — M. D.

M. D.

M. F. M. D. M. F. M. F.

(unknown) M. — F. (unknown)

F. — M. D. M. D. (Patient) F. — M.

M. F. M. F. M. D.

An asterisk indicates that the individual was affected.
D = Death from oedema of the larynx. M. = Male. F. = Female.

ERNST BULMER, M.D.,
Assistant Physician, General Hospital, Birmingham.

NINETY-SEVENTH ANNUAL MEETING
of the
British Medical Association,
MANCHESTER, 1929.

The ninety-seventh Annual Meeting of the British Medical Association will be held in Manchester next summer under the presidency of Mr. Arthur H. Burgess, F.R.C.S., Professor of Clinical Surgery in the University of Manchester, who will deliver his address to the Association on the evening of Tuesday, July 23rd. The sectional meetings for scientific and clinical work will be held, as usual, on the three following days, the morning sessions being given up to discussions and the reading of papers, and the afternoons to demonstrations. The Annual Representative Meeting, for the transaction of medi-co-political business, will begin on the previous Friday, July 19th, at 9.30 a.m. Preliminary notes of the subjects for discussion in the nineteen Scientific Sections are published in the Supplement this week, together with the names of the officers of Sections, and further details of the arrangements for the Annual Meeting will appear from time to time in later issues. The sectional meetings will be held for the most part in the buildings of the University. During the week, and in particular on the last day of the meeting (Saturday, July 27th), there will be excursions to places of interest in the North-West of England. We publish below the third of a series of descriptive and historical notes on Manchester and neighbourhood written for the occasion by Dr. E. M. Brockbank. The first article appeared on December 1st, 1928 (p. 1003), and the second on January 26th, 1929 (p. 167).

THE HOSPITALS OF MANCHESTER AND SALFORD.

There are fifteen voluntary hospitals in Manchester and one in Salford, with approximately 2,500 beds in all. In Manchester the Royal Infirmary, Ancoats Hospital, the Jewish Hospital, and in Salford the Royal Hospital, are general hospitals, the remaining twelve being devoted to one or other special form of disease. Two of the special hospitals, those for diseases of the eye and of children, have the Royal patronage.

According to the report of the local Medical Charities Fund the ordinary annual expenditure of these sixteen hospitals is about £350,000, and the ordinary income is about £320,000—a deficit of £30,000 per annum. Some hospitals work at a loss, others are able to keep within their income. This, like that of all voluntary hospitals, comes from subscriptions and donations, interest on investments, collections from various sources, contributions from patients according to means to pay, payments from approved societies and local authorities (tuberculosis and venereal disease), etc. As in other towns, the number of subscribers is comparatively few, and the names of most of them are to be seen on several of the hospital lists.

All the hospitals suffer from want of beds, which is the natural result of the growth of the population and of the great increase in the treatment of disease by surgery, especially of appendicitis, gastric and duodenal ulcer, and car disease. Nearly all the voluntary hospitals have hundreds of patients awaiting admission for treatment, the latest exacting demand being for investigation of glycosuria and its treatment by insulin. Furthermore, the modern methods of laboratory diagnosis and of physical and electrical treatment require an amount of space undreamed of by architects even of this century.

The heavy waiting lists are due to the very large number of cases sent from outside the two cities. The cost per bed in hospitals has trebled since August 4th, 1914, and for a variety of reasons, an important one being the above-mentioned methods of diagnosis and treatment and the cost of special food—for example, for the treatment of glycosuria. Two large collecting organizations help matters materially in the neighbourhood.

1. The Manchester and Salford Medical Charities Fund, formerly known as the Hospital Sunday Fund, collects and annually distributes about £40,000 among the hospitals and a few dispensaries and allied treatment centres; the amount allocated to each institution being calculated on the number of beds and patients, and work done, generally speaking. In addition to collections in places of worship in the two towns...
those cases where the inquest is begun, the sworn evidence taken, and the examination is then ordered on adjournment. Usually the first intimation of any charge against the medical man comes out at the inquest, when it is too late for him to avoid himself of the right especially provided in the Act of 1826; by then, indeed, he may have already performed his examination.

It would be an advantage if the provision of Section 23 (4), conferring on an accused person the right to be represented at a post-mortem examination, could apply even in cases where the accusation was not made on oath, but as an ordinary statement to the coroner's officer.—I am, etc.,

EDWARD F. HOARE, M.D.

RINGMER, near Lewes, April 12th.

PLEURAL ADHESIONS AS A POSSIBLE CAUSE OF ASTHMA.

Sir,—In the literature on asthma to which I have access I can find no reference regarding pleural adhesions in this disease. Oiler mentions that the disease may be induced reflexly from the stomach, intestines, or genital organs, or by direct irritation of the bronchial mucous membrane. My edition of Cunningham's Anatomy does not even mention the supply of pleura.

It would be of interest to know if any animal experiments have been performed to discover what happens to the bronchial muscleature on stimulation of the surface of the lung.—I am, etc.,

Crewe, April 18th.

W. L. ENGLISH, M.B.

THE ORIGIN OF "QUARANTINE."

Sir,—Under the caption Nova et Vetera in your issue of January 19th (p. 123) appears an interesting article by Dr. F. G. Clemow with reference to the origin of the word "quarantine" and the probable reasons which led to the adoption of a period of forty days as one suitable for that purpose. As so often happens, the study of the origin of words in our language opens up a fascinating field for investigation and speculation.

It would seem that the determination of a fixed period of forty days, or years, is one that has been transmitted from remote antiquity in the literature of the Old Testament. It was the period of time deemed suitable for purposes of trial, punishment, preparation, or purification in matters either mundane or spiritual.

Dr. Clemow makes mention of one passage in Leviticus, but the Old Testament is teeming with references to the precise period of time under consideration. The world was purged of evil by the Great Flood in forty days (Genesis vii, 17); Moses was forty days in the mount at the giving of the law (Exodus xxiv, 18), presumably a period of preparation and communion with the Deity; and the Israelites spent forty days searching and making a survey of the land of Canaan (Numbers xiii, 25). Other references with analogous applicability are found in I Samuel xvii, 16, in I Kings xix, 6, and in Jonah iii, 4.

The Israelites wandered forty years in the wilderness as a punishment—'to humble thee and to prove thee' (Deuteronomy viii, 2). The maximum number of stripes, or staves, to be inflicted on a man under a similar factor was also forty (Deuteronomy xxx, 3). The Messiah fasted in the wilderness forty days tempted of Satan, as a period of trial and preparation (Mark i, 13). [The neighbourhood is still known as Mount Quarantana or Jebel Kuruntul.]

In the early centuries of the Christian era, and especially in the medieval ages, there existed an intimate correlation between the Church and medicine. The priests and monks of the day were also the healers and quasipractitioners of medicine. It would seem unreasonnable to suggest that in casting about for a suitable quarantine period they would adopt (or continue, rather) a custom sanctioned by Biblical usage, and therefore familiar to them, and one which, for that especial reason, would receive the imprimatur of the Church.—I am, etc.,

BROODPORT, Transvaal, March 12th.

S. M. Γ ΚΚΩΝ, M.D.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

The following candidates have been approved at the examination indicated:


UNIVERSITY OF GLASGOW.

At the graduation ceremony on April 20th the following degrees were conferred:


* With high commendation. With commendation.

The following prizes were presented to the successful candidates:

The Captain H. S. Ranken, V.C., Memorial Prize of £3 10s., awarded to the student who obtained the highest marks in the subject of pathology in the professional examinations held in the year 1928 to W. S. Macleod; the Ithelahsomon Gold Medal for eminent marks in the thesis for M.D. to R. H. Smith; the tristals Settlements Gold Medal for thesis for M.D. on a subject in tropical medicine to J. W. Graham; the Macleod Gold Medal for surgery to J. W. Robertson; the Macleod Gold Medal for surgery to J. W. Robertson.

CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the examinations indicated:


Out of 75 candidates examined following the final examination, passed the final examination were admitted to the B.C.E., L.R.C.P.Ed., L.R.C.P.Ed., and S.Glas.

L.R.F.P. and S.Glas.:


THE SERVICES.

INDIAN MEDICAL SERVICE DINNER.

The annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant on Wednesday, June 19th, at 7.15 p.m. Lieut.-Colonel D. G. Crawford, "the historian of the service," has been invited to take the chair. Tickets, and all particulars, may be obtained from the joint honorary secretary, Major Sir Thomas Carey Evans, M.C., 31, Wimpole Street.

DEATH IN THE SERVICES.

Lieut.-Colonel William Henry Steele, R.A.M.C. (ret.), died at Clifton on March 26th, aged 84. He was born in Dublin on April 4th, 1844, and was educated at Trinity College, Dublin, where he graduated M.B. in 1865, and M.R.C.S. I. and as M.D. in 1871. He had previously taken the L.R.C.S.I. in 1865, and became F.R.C.S.I. in 1869. He entered the army as assistant surgeon on 2nd October, 1866, attained the rank of brigade surgeon lieutenant-colonel on October 31st, 1892, and retired on March 3rd, 1897. When on the retired list he was employed at Devonport, in 1897-98, at Horfield, Bristol, in 1898, and at Oxford, in 1905, and from 1906 until the old regimental days he served in the Royal Artillery. He served in the Abyssinian war of 1897-98, and in the Ashanti war of 1918-19, receiving the mct lenta for each of these campaigns.
Cairo in 1908. He found full employment for his great talents in coping with the sanitary problems of one of the twenty largest cities of the world, with a death rate unknown in Europe, and a mixed population drawn from most of the races of the Near and Middle East. In this he was so successful that, in 1912, by Lord Kitchener's express wish, he was appointed director-general of the Alexandria municipality. The complicated affairs of this city had necessitated an inquiry, and a firm and steady hand and general reforming influence were needed, and were forthcoming in the person of Grauvillé. This was one of his greatest successes; all his knowledge of men, tact, and powers of conciliation, and profound grasp of languages were needed to reconcile the differences and reform the abuses which had sprung up in the management of the affairs of this great cosmopolitan city, with all the undercurrents of Levantine and Oriental influence. After the death of Ruffer in 1914 he succeeded him as president of the International Quarantine Board, giving up his position as director-general, but retaining his connexion with Alexandria as vice-president of the Municipal Commission. He also took over Sir Armand Ruffer's position as commissioner of the British Red Cross in Egypt, Palestine, and Syria. This was a very large and important administration, which did an enormous amount of work for the comfort of the sick and wounded, and which collaborated in a most friendly and willing fashion with the official Army Medical Service. After the war he became president of the Labour Commission on labour troubles in Egypt, and his services the dignity of Pasha was conferred upon him by King Fuad in 1922. He was also appointed president of the Egyptian medical delegation to the League of Nations. On retirement from the Egyptian Government Service in 1923 his services were retained to attend the meetings of the Office International d'Hygiène Publique in Paris as representative for Egypt. It was on one of the journeys from Paris to Geneva that he was stricken with illness so severe as to necessitate his gradual retirement from active work.

This brief sketch of his career gives some idea of the varied accomplishments of Dr. Grauvillé, the force and erudition that he was among his fellow men, not only British, but also among all the nationalities which comprise the mixed population of the people of Egypt. His intimate colloquial knowledge of languages enabled him to penetrate the minds of the people of various nationalities with whom he had to deal—French, Italian, Greek, or Arab—in a way that is given to few Britons. In addition, his sympathetic interest and his remarkable capacity for friendship gave him an influence over individuals of all classes, from the highest to the lowest, of a most exceptional kind, and caused him to be regarded with a very great affection by all with whom he came in contact.

Apart from the onerous duties of his official career, his private life was a very full one. Until he fell into very poor health he thoroughly enjoyed every moment of his life, and even towards the end his unquenchable spirit seldom failed to see the silver lining to the cloud. For instance, on partial recovery from a slight stroke which affected his speech some months before his death, he smilingly remarked that it was the first time in his life that he had ever stopped talking. He was a fluent and ready speaker and a brilliant raconteur, gifted with a very retentive memory. He had a critical appreciation of art in all its forms. His private letters were full of wit, and humour, and were generally illustrated with delightful little sketches of people and places and events in line or colour, dashed off on the spur of the moment by his facile hand. Indeed, these gifts were such that his career tended in that direction he could have become an artist of renown. Literature and music were no less attractive to him, and wood-carving, self-taught, from his own designs was one of the hobbies of his later years.

There is no doubt that Granville Pasha's was one of the ablest and cleverest brains in Egypt during his time, and he had the will and the power to employ them to the greatest advantage whether at work or play. He was most versatile, and interested in everything around him; he enjoyed good food and wine and pleasant company, was the life of any party or gathering, whether grave or gay, and was the very soul of hospitality in his own house and elsewhere. On the death of his friends, who were sure that they will never look upon his like again. He was buried in Chiswick cemetery, and his funeral was attended by a large number of his Egyptian friends and associates, including the Egyptian Chargé d'Affaires.

THE LATE SIR BERTRAM WINDLE.

Dr. R. Allan Bennett (Talcahuano, Chile) writes: The announcement on February 22nd (p. 258) of Sir Bertram Windle's death will carry many an old Birmingham man back in spirit to the prehistoric dissecting rooms of the Queen's College, and to the dark and dangerous stone stairs that obviously led to them. Now, nearly forty years after, one can see Dr. Windle's tall figure dash into the lecture room; I feel again the lurch that used to fall upon the most turbulent as his grey apocalyptic eye ranged over the class; and I can remember, as though it were but yesterday, the patience, the brilliance, the vivacity of his enthralling lectures. He never appeared to bother much about his surroundings. He rarely spoke to us, and hardly ever had a word of encouragement or of praise; but in after years one awoke to the fact that he had always taken the keenest interest in the performances of his men, and the realization dawned that behind that singularly un-demonstrative manner lay innumerable springs of kindness and of loyalty. He was just, and fierce, and self-sufficing, and he was the greatest teacher I ever knew.

Dr. Arthur Murray Masters, who died on March 9th at the age of 48, was born in New South Wales, received his medical education at Edinburgh, and graduated M.B., Ch.B. in 1910; four years later he proceeded M.D. After holding the appointments of assistant resident medical officer to the Westmorland Sanatorium and assistant tuberculosis officer at the Stepney Dispensary, he joined the county of Durham health service as a district tuberculosis officer in November, 1914. During the war he served as a captain in the R.A.M.C. from 1916 to 1919 in India, where he contracted the illness which caused his untimely death. He had exceptional experience of tuberculosis disease, and his opinion as a consultant was much valued by medical practitioners in his district. His friends and colleagues on the Durham county medical staff respected him highly for his great sincerity and his integrity of character.

Dr. Masters was a member of the British Medical Association, the Northern Branch of the Society of Medical Officers of Health, and the North of England Tuberculosis Society. He leaves a widow but no family.

Dr. Robert Samuel Trotter, who died in Sydney on March 10th, aged 59, was the eldest son of the late Dr. Robert Bruce Trotter of Perth, Scotland, and a brother of Dr. Alexander Trotter of Perth. He received his medical education at Aberdeen, London, and graduated M.B., C.M. in 1898, proceeding M.D. in 1903. In 1908 he obtained the B.H. and D.P.H., and in 1911 the D.H. He was awarded the certificate of the Royal Medical-Psychological Association. He succeeded his uncle, Dr. James Trotter, in practice at Bedlington in 1899, and was medical officer of health there and a member of the Northumberland County Council until 1914, when he left to take up the appointment of medical officer, Fiji. In 1916 he became chief medical officer of Ratongga, capital of the Cook Islands. In 1920 he was appointed medical officer of health for Broken Hill, New South Wales, but after six months he resigned owing to ill health. Dr. Trotter was the author of some valuable contributions on miner's phthisis, and wrote the article on this subject in the Encyclopaedia Medica. He was for many years a member of the British Medical Association; in 1912 he was vice-chairman of the Blyth Division, and chairman from 1915 to 1915. He was a member of the North of England Branch Council from 1912 to 1915. Dr. Trotter married Miss Janetta Stevens Martin of Perth, who, with a son and daughter, survives him. He will be remembered by a large circle of friends from the North of England as well as in the Islands of the Pacific.

The following well-known foreign medical men have recently died: Geheimrat Paul Donnel, formerly professor of pathology at Kiel University, aged 73; Dr. Alois Khein, professor of physiology in Vienna; and Geheimrat Koppen, the oldest medical practitioner in Germany, aged 83.
Notes in Brief.

Three education authorities in Wales—Cardiganshire, Carmarthen Borough, and Pembroke Borough—at present make no provision for the medical treatment of school children. A Slaughter of Animals Act, Bill presented by Colonel Moore and supported by Dr. Drummond Sholes, was read a first time in the House of Commons on April 28th.

The proposal of the German Government to ratify the Geneva protocol prohibiting the use of poison gas in war was passed by the Prussian cabinet on April 21st, but the British Foreign Office were not aware on April 18th that Germany had yet formally ratified it. According to the Registrar-General’s statistical review the estimate for the United Kingdom, for the year ending March 31st, was 44,886,000, 45,040,000, 45,219,000 and 45,455,000 respectively, an average annual increase during that period of 83,705.

The chief alchemist of the Ministry of Health has made a report on the emission of fumes from artificial silk works. The Ministry of Health is arranging for the publication of the report.

Medical News.

The Prince of Wales will lay the foundation stone of the Eastman Dental Clinic (adjoining the Royal Free Hospital in Gray’s Inn Road) on Tuesday, April 30th, at 2.30 p.m.

The fifteenth annual conference of the National Association for the Prevention of Tuberculosis will be held on October 10th, 11th, and 12th at Newcastle- upon-Tyne. Further particulars will be issued shortly by the association. The American Council, that is, the American Medical Association, is also conducting a series of popular educational lectures on the prevention of tuberculosis in the following parts of the country: North Uist, Oxfordshire, and Sirophire.

Applications for lectures in aid of King Edward’s Hospital Fund for London will be given at the London School of Economics, Houghton Street, Aldwych, at 5.30 p.m. on Tuesdays, April 30th, May 14th, and 28th, and June 4th. Further information and tickets may be obtained from the Secretary of the Fund, 7, Wabrook, E.C.4.

At a meeting of the Illuminating Engineering Society (52, Victoria Street, S.W.) on Tuesday, April 30th, at 7 p.m., Mr. Copley Scott, the chief engineer of the National Grid Company, will open a discussion on some properties of glass and their application in illuminating engineering.

The annual general meeting of the London and Counties Medical Protection Society will be held at Victory House, Leicester Square, W.C.2, on Wednesday, May 1st, at 4 p.m., to receive the annual report and balance sheet, to elect officers, and to transact other business.

The special M.R.C.P. course arranged by the Fellowship of Medicine from May 7th to June 24th will consist of sixteen lectures, on Tuesdays and Fridays, at the lecture hall of the Medical Society of London, 11, Chandos Street, W.1. An introductory discussion of the throat, nose, and ear will be held at the Central London Throat, Nose, and Ear Hospital from April 29th to May 18th. A special course in psychological medicine, with lectures and demonstrations, will conclude at the Maudsley Hospital from April 29th to May 31st. The Fellowship of Medicine has arranged a summer programme of clinical lecture-demonstrations in medicine, to be held at the West End Hospital for Nervous Diseases. From May 2nd to June 1st the London School of Dermatology (St. John’s Hospital) will hold a special course consisting of clinical instruction in the out-patients’ department, and lectures, demonstrations, and practical work, will also be arranged. A four weeks’ course in venereal diseases will be available at the London Lock Hospital, Dean Street, W.1, from May 6th to June 1st. On May 17th Professor Lockwood will give a lecture on antinaeal diagnosis and treatment, limited to ten postgraduates. The last of the lecture-demonstrations at the Hospital will be held on May 1st, and will be given in conjunction with the Royal Society of Medicine, with electro-therapeutic methods and apparatus in use in the department. Detailed syllabus of any of the foregoing courses may be obtained from the Secretary of the Fellowship of Medicine, 11, Chandos Street, W.1, who will also supply information relating to the general coarse work at the various London general and special hospitals and copies of the Post-Graduate Medical Journal.

The thirty-third postgraduate course organized by the Vienna Medical Faculty on surgery, orthopaedics, urology, obstetrics, and gynaecology will be held from June 3rd to 15th. Further information can be obtained from the secretary, Dr. A. Kronfeld, Forcellangassell, Wien IX.

The Joint Tuberculosis Council announces that from May 10th to 18th a post-graduate course will be held in Paris at the Clinique de la Tuberculose, Hôpital Laennec, 42, Rue de Sévres. The course will include lectures and visits to those antituberculosis institutions which are most interested and at the same time representative of French organization. The majority of the lectures, the subjects of which include isery and tuberculosis, the clinical value of aliravenous reactions, the use of lipiodol in differential diagnosis, prophylaxis in early infancy, B.C.G. vaccine, treatment by sanotherapy, and French antituberculosis organization and legislation, will be given in French; the rest will be translated immediately. Further particulars may be obtained from the honorary secretary, Dr. William Brand, the Larches, Farnham Royal, Bucks.

The ninth congress known as the Journees Medicales de Bruxelles will be held from May 22nd to 26th in connection with meetings of other Belgian scientific societies, including the League against Rheumatism, the General Association of Dentists, the Society of Ophthalmology, and the Society of Preventive Ergonic Medicine. As usual, a large exhibition is being arranged, and there will be numerous social functions and excursions, including a visit to the Medical Faculty at Brussels. Further information may be obtained from the general secretary, Dr. R. Beckers, 62, Rue Froissart, Brussels.

The third international congress for sexual reform will be held in London, under the auspices of Drs. August Forel, and Magnus Hirschfeld, from September 8th to 12th, when the following will be the principal subjects for discussion: marriage and divorce, campaign against prostitution, Jewish religious control, and birth control. Further information can be obtained from Dr. Norman Haire, 127, Harley Street, W., or from the Institut für Sexualwissenschaften, in the Zeiten 2, Berlin, N.W.46.

The next French congress of orthopædics will be held in Paris on October 11th, when the following subjects will be discussed: pa-arthicular tuberculous lesions of bone, introduced by M. Andrieu of Berch-Piague, and recurrent dislocation of the shoulder, introduced by M. Louis Tavernier of Lyons.

The following German congresses will be held in May: Society of Oro-Phono-aryngologists at Königsberg, 16th to 18th; Physiological Society of Kiel, 21st to 23rd; and Physical Society at Bad Pyrmont, 23rd to 26th; Society for Psychiatry at Dantzig, 23rd to 25th.

The April issue of the Archives Médicales Belges contains a detailed programme, both English and French, of the International Congress of Military Medicine and Parapneumoricc, which will be held in London, principally at the British Medical Association House, from May 6th to 11th. Short articles are given also of the development of the Royal Naval Medical Service and the Royal Army Medical Corps. In this issue of the Archives there is also an article by Commander W. S. Bainbridge, of the United States Naval Medical Service, on the place of surgery in the treatment of malignant growths.

In the annual report of the committee of the University College, London, for the year ending February, 1929, it is made known that the department of hygienic education and public health at University College will cease to exist, but arrangements will be made for the instruction in hygiene which is required by students of municipal engineering and architecture.

The Health and Cleanliness Council announces that it has a number of attractive pictorial health posters and instructions for the use of the public. For sale at the Institute of Ophthalmology, 18, Great Portland Street, W.1, and at the offices of the London Missionary Society, 31, St. James’s Street, S.W.
our issue of April 13th as a member of the Fifeshire Education Authority, is not a member of the medical profession.

We are informed that a Department of Dietetics was established at University College Hospital last November to deal with the special diets, particularly those for diabetics, nephritis, and gastro-intestinal disorders. The department is under the control of a member of the Honorary Medical Staff and in charge of Miss E. M. Marshall, B.Sc., Lond., who is a fully qualified dietitian. It is hoped to inaugurate shortly for the training of dietitians, with adequate courses of lectures combined with the practical work, for which fees will be charged. At present these such lectures are not available an opportunity occurs for the training of one or two pupils in practical dietetic work; this course would be of six months’ duration and the instruction would be given from time to time so that should the pupil possess a degree in Domestic Science. Further information can be obtained from the Matron of University College Hospital, Gover Street, W.C.

Dr. T. STENER EVANS of Dowals, Glamorgan, has been appointed a Justice of the Peace for the County of Glamorgan, in the loan exhibition of old English silver (including Scottish and Irish) in aid of Queen Charlotte’s Maternity Hospital. It will be held at Seafield House, Belgrave Square, S.W., from May 1st to 25th.

The Académie de Médecine has awarded the Prince of Monaco prize of 100,000 francs to Professor Borel of Strasbourg for his work on the etiology of cancer.

**LETTERS, NOTES, AND ANSWERS.**

Dr. HUGH DONOVAN writes: I am incorrectly reported in the Birmingham Post of April 20th as having stated at the annual meeting of the Birmingham Skin Hospital that I am treating patients with injections of staphylococcus as a matter of popular interest, that an (unnamed) colleague of mine was doing this.

**ARROWROOT.**

Sir ALGERNON ASPINALL (secretary of the West India Committee) writes: From inquiries which I have made recently it would appear that chemists continue to sell at fancy prices “Arrowroot arrowroot” in spite of the fact that it is now produced in Bermuda for export for many years. In support of this statement I can produce documentary evidence, if required. The principal source of Arrowroot in St. Vincent, British West Indies, whose product is derived from a native plant, namely, Manirita arurinum—a species which was first isolated from Bermuda and among St. Vincent proprietors is arrowroot, which is quoted on the produce market at $1.40 to $1.44 per hundred, and is offered for sale to chemists in the pulverized condition at such exorbitant prices at a. 4d to a. 6d per pound, and even more in many cases.

I hope that by bringing this matter to the attention of the public and chemists, if not all the leading grocers are now selling pulverized St. Vincent arrowroot at ls. 6d, 4d, per pound, the chemists and druggists will adjust their prices to a more reasonable figure.

**DIAGNOSTIC VALUE OF THE WASSERMANN TEST.**

Dr. M. F. McGLOOLTY (Wrexham) writes: Are we absolutely justified in basing a diagnosis of syphilis on a report of a positive Wassermann reaction being present? Recently I had occasion to send a patient to Dr. Smith, who had several years ago been treated by a gynaecologist, who, while considering that operative intervention might help the patient to reach full term in the future, refused to undertake any form of operation in connection with a history, to perform a preliminary Wassermann test. The reaction was found to be positive, so we sent the patient to a medical diseases clinic with the report that in charge very properly took a blood sample, which, on investigation, gave a negative reaction. To be quite certain about this condition a second Wassermann test was performed a fortnight later, and again a negative finding was reported. I may say that, apart from the occurrence of frequent misinterpretations, there was no history and no clinical evidence of syphilis, and no anti-syphilitic treatment had been given. At the present day we have so many modifications of the original Wassermann test. Would it not avoid ambiguity if a strictly uniform method were employed in all laboratories? It is recognized that the history of the patient must be taken in consideration. When a Wassermann reaction is negative in the active state, it is possible that he is in the latent stage or has undergone curettage and the Wassermann reaction is negative because of too small a dose of antigen. Can we not persuade laboratories to use this method of testing? Is the possibility of a false negative figure always present? That which is positive is usually quite convincing, but a negative figure is so unconvincing that one can imagine how false it is. I feel that the use of the Wassermann reaction in the latent stage is far more accurate than the Routh test. It is quite easy to avoid a false negative finding if the serum is left standing for a few hours, and then tested by the Wassermann technique. The patient’s history has to be taken into consideration.

Dr. E. L. OICK (Lond.) writes: It is of considerable practical importance, but not yet sufficiently appreciated, that we possess a powerful instrument of enormous value in determining the presence of the alkaloid loline, which is now available in sterilized ampoules, and can be used safely by intravenous injection. The compound, which has proved very effective in poisoning by morphine, hystchystos and other depressants of the respiratory centre, and should certainly be given in cases like those described by the author, Dr. Elrington, in the British Medical Journal on March 16th (p. 499), when respiratory failure occurs after the administration of heroin. An ampoule of 1/20 grain should be given intravenously in immediate but transient, and the injection may be repeated every ten to fifteen minutes. Intravenous or subcutaneous injection of 2/40 grain is also useful, but less reliable. Loline should be used in every operating theatre.

**THE DOCTOR AND CHEMICAL WARFARE.**

Dr. A. T. JONES writes: Many of us will have read Dr. Arthur L. Jones’s letter of April 6th with the greatest satisfaction. The idea of our profession as a defunct and defenceless institution, and against chemical warfare in particular, should appeal to all and help to make the people of the empire wholehearted in the cause of this war. It has proved very effective in poisoning by morphine, hystchystos and other depressants of the respiratory centre, and should certainly be given in cases like those described by the author, Dr. Elrington, in the British Medical Journal on March 16th (p. 499), when respiratory failure occurs after the administration of heroin. An ampoule of 1/20 grain should be given intravenously in immediate but transient, and the injection may be repeated every ten to fifteen minutes. Intravenous or subcutaneous injection of 2/40 grain is also useful, but less reliable. Loline should be used in every operating theatre.

Dr. W. S. WIGHTMORE (Lond.) writes: Dr. McNamara’s letter in your issue of April 6th (p. 670) on “The use of the tonics” will, I hope, attract the attention it deserves. In my last published in the Lancet (December 25th, 1915) I drew serious attention to this grave subject, and I feel sure that more regard should be paid to those who, after long years of clinical experience, consider generalised toxidemis steady.

**VACANCIES.**

NOTIFICATIONS OF VACANCIES FOR CLINICAL INVESTIGATIONS, MEDICAL, SURGICAL, PATHOLOGICAL, AND OTHER CLERICAL WORK, AND APPOINTMENTS TO OTHER INSTITUTIONS, APPEAR IN THE SUPPLEMENT AT PAGES 176, 177.