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KEY TO DATES AND PAGES.

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Of the cases coming under treatment in the first half of 1927 the following is the result.

	Quiescent.	Improved.	Not so Well.	Died.	Left Area.	
+1	4	12	—	—	—	Jan. 1st, 1928—6 months or more after commencement of treatment.
+2	2	15	1	1	—	
+3	1	26	6	3	—	
+1	9	5	1	1	—	At present—12 months or more after commencement of treatment.
+2	6	7	4	1	1	
+3	0	12	5	18	1	

Every case, however severe, is placed on this treatment, and when it is remembered that patients attending municipal clinics come mostly from the poorest section of the community—unsuitably housed, overcrowded, often ill nourished—then I think that the results will compare favourably with those obtained by other methods. With selection of cases for treatment the results would be much better.

Very little change has been made in the method of treatment given in previous articles, except that the collosol antimonium has been increased up to 2 c.cm. twice weekly, and in cases where the muscle will not tolerate this amount it is given intravenously. So far I have found no contra-indications to the use of antimony, and with some 30,000 injections there has been no worse result than a swollen and slightly painful arm.

The present article deals mainly with the results obtained by the use of colloidal antimony, but good results cannot be expected without the usual rest, fresh air, good food, and other measures which are generally accepted as essential to the treatment of all cases of pulmonary tuberculosis.

REFERENCE.

¹ British Medical Journal, February 26th, 1927. Public Health, July, 1927.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

THE PAPILLAE FOLIATAE AND CARCINOPHOBIA.

The papillae foliatae are a row of small vertical projections of mucosa on the side of the tongue immediately anterior to the attachment of the palatoglossal folds. Wholly vestigial in human beings, they contain a few taste buds, and represent much larger structures such as are seen in the rabbit. It would seem that but little pathological significance could be ascribed to them, yet during the past few years they have quite frequently come under my attention in two types of circumstances.

In the commoner type they are in no way diseased, but they have caused grave worry to the patient, who, both mentally and physically introspective, has discovered at the side of the tongue these warty structures, alongside which as a rule a few largish veins are evident. It is characteristic of these cases that the tongue can be protruded almost for its whole extent from the mouth. It should at once be recognized that the sole duty then of the medical practitioner is to make the emphatic statement, "You have not a cancer"; with very few exceptions this utterance is rewarded by a look of intense contentment. In some instances, however, they are inflamed—oedematous and swollen—and are causing pain. The infection is from an adjacent molar tooth or tonsillar crypt (the pain sometimes is probably referred along the lingual nerve); treatment is obvious.

C. JENNINGS MARSHALL, M.S., F.R.C.S.,
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OVERLOOKED ALVEOLAR ABSCESS.

In view of the renewed interest in the effect of dental conditions on the general health I think it worth while recording two cases of a condition more obvious than infected pulpless teeth. Such cases are not rare in dental practice, but in view of the prolonged medical treatment that was given ineffectively they may help to direct attention to them at this time.

(1) A girl, aged 13, had noticed pain and swelling on the left side of the lower jaw, and had been receiving medical treatment for more than twelve months. Examination revealed the presence

of two diseased roots of the lower left first molar tooth, the crown having broken off. The gums were chronically inflamed from the irritation, but no obvious signs of pus were visible in the mouth. Externally there was an indurated swelling with a discharging sinus. A probe could be passed along the sinus into the body of the mandible. The carious roots were extracted, and were found to be surrounded by a mass of granulation tissue and a small amount of pus. A suitable mouth-wash was prescribed, and at two subsequent visits the socket was examined, and syringed once. Two months later the sinus had completely healed up, and a year later appeared quite healthy. The scar was still visible.

(2) A girl, aged 17, had noticed fifteen months previously a swelling of the lower left jaw region, associated with much pain and tenderness, for which various remedies were tried. She was pale and anaemic, with almost a chlorotic tinge of the skin. On the left side of the mandible was a raised red area, two inches long and 3/4 in. wide; it was indurated and painful on the slightest touch, and pus oozed from a sinus. In the mouth a carious lower left first molar tooth was surrounded by highly inflamed gingival tissue and three pea-like swellings containing pus. The breath was fetid, and the whole mouth had an offensive odour. On extracting the tooth foul-smelling pus welled up, and the roots were very offensive. Pus was expressed and the socket and sinus were thoroughly syringed. The usual treatment at home was prescribed, and within two weeks improvement was observable. Two months later the patient's general health and digestion were much better, and the swelling and sinus had almost completely healed.

Both these patients had been under treatment for more than a year with no apparent improvement; in the second case, the general health was getting worse, in spite of ultra-violet ray treatment, among other remedies adopted. The most effective treatment for such cases appears to be extraction of the tooth as early as possible, since this nearly always has to be performed eventually, before the condition can be cured. It is, of course, regrettable that teeth, especially children's, should ever get to this stage, when proper dental treatment of early caries can usually save them.

G. GRAHAM MACPHEE, M.B., Ch.B., L.D.S.Glas.

DUPLICATION OF THE TESTICLE.

With reference to the interesting account by Mr. Edington on June 2nd (p. 937) of a case of duplication or subdivision of the testicle, the following details of another case encountered a few days after the publication of Mr. Edington's article may be worthy of record.

A boy, aged 6, was admitted to the North Staffordshire Royal Infirmary with a diagnosis of double inguinal hernia associated with double undescended testicles. On examination the right testicle was felt high up, just outside the external abdominal ring. It was smaller than normal in size and could be brought down easily into the scrotum. The ring was slightly enlarged and a definite impulse was obtained when the patient coughed. On the left side no testicle could be palpated and no hernia was demonstrable. A condition of penile hypospadias was present.

Operation.—The right external ring was exposed. A congenital sac was found, at the lower end of which was present a small testicle with a well-formed epididymis and vas; this was the testicle palpable before operation. About 1 1/2 in. higher up the sac a second body, exactly similar in size and shape, was present; it had a well-formed epididymis and vas. No communication between the two swellings was apparent. The two vasa did not communicate as far up as the abdominal ring. The testes measured 1.25 cm. in length and 0.5 cm. in breadth. The neck of the sac was tied and divided, and the distal portion of the sac was left *in situ*. In view of the failure to demonstrate any testicle on the left side, it was considered desirable to leave both testicles on the right side.

This case would seem to come into class "B" in Mr. Edington's group—namely, pseudo-duplication or transverse ectopia; it is of interest to note its association with hypospadias.

I am indebted to Mr. Hartley for permission to record the case.
Stoke-on-Trent. JOHN S. RAMAGE, M.B., F.R.C.S.E.

TRAUMATIC RUPTURE OF TUBERCULOUS ILEO-CAECAL GLANDS.

RUPTURE by violence of tuberculous mesenteric glands is perhaps sufficiently rare to render the following clinical details worthy of record.

A child, aged 5 years, was brought to hospital with the story that she had been playing on her sister's back some three hours previously, when she had fallen off and her sister had fallen on top of her. The child had at once cried out in pain, and shortly afterwards had vomited.

I found the child suffering severely from shock; she had a weak thready pulse of 156, and a temperature of 101.4° F. She complained of pain all over the abdomen and the legs were drawn up; the abdomen moved very slightly on respiration and was almost board-like in its rigidity, and very tender on palpation.

Nothing localized could be made out on palpation; there was no free fluid in the flanks; the absence of liver dullness was doubtful. A diagnosis of ruptured viscus was made and immediate operation was undertaken under open ether by Dr. Bark.

The abdomen was opened in the middle line, and some free fluid at once escaped, in which were bits of what looked like milk curds. On examining the stomach, however, no perforation was found nor was there any evidence of rupture of the bowel on tracing down the small intestine as far as the ileo-caecal valve. Here, however, in the right iliac fossa, was a big mass which seemed at first to be an intussusception. Careful examination of this, however, revealed it as a mass of tuberculous glands about the size of a tangerine orange, situated in the ileo-caecal angle. The glands were soft, and in the mass was a ragged cavity from which had come the "milk curds" we had found on opening the abdomen. The child's condition and numerous adhesions of bowel to the mass made any attempt at resection out of the question, and we had to content ourselves with covering in what raw surfaces we could with peritoneum, and closing the abdomen with through-and-through sutures. Rectal salines were given for the first twenty-four hours, after which convalescence was entirely uneventful.

Six weeks after the operation the child was quite well; she was eating well and sleeping well, and having no trouble with the bowels. She had, of course, medical treatment during the convalescence, and had been in the open air for the last five weeks.

The mass of caseating glands must have been ruptured by the force of the sister's fall on to the child's abdomen, and it was interesting to see what an acute peritoneal crisis was thereby produced.

Earlestown, Lanca.

J. SIMS, M.B., Ch.B.

A CASE OF MUSCULO-SPIRAL NERVE PARALYSIS.

IN view of the comparative rarity of lesions of the musculo-cutaneous nerve the following case is, I think, worthy of record.

In June, 1927, a paper-maker, aged 32, had forcible traction applied to his left arm while it was in the semi-abducted position. As the lower part of the limb had been caught between revolving rollers there was considerable bruising, which extended above the elbow. It was not until this had subsided and he had started to move the joint freely that he noticed that he had little strength with which to flex the forearm, and was unable to hold it semiflexed for any length of time without support. Wasting of the biceps brachii now became apparent, and an area of anaesthesia was found to be present over the outer border of the forearm from the elbow to the base of the thenar eminence. Neither the coraco-brachialis nor the biceps responded to faradism, and the reaction of degeneration was present when the nerve was stimulated with the galvanic current.

Some slight improvement has taken place after some months' treatment with the sinusoidal current and massage. There would appear to be a slight reaction to faradism, and the cathodal closing contraction is definitely greater than the anodal on galvanic stimulation. However, the muscle bulk remains the same. The patient shows signs of a return of the appreciation of coarse stimuli in the proximal part of the previous anaesthetic area. He thinks his arm is stronger, but has noticed no improvement for the past month.

The main point of interest in this case is that there was no apparent injury either to the lateral cord of the brachial plexus or to the lateral head of the median nerve. Hence the lesion may be accurately localized as being distal to the bifurcation of the lateral cord and proximal to the point of entry into the coraco-brachialis of the musculo-cutaneous nerve. That some regeneration of nerve has taken place is obvious from the change in electrical reaction. It is therefore assumed that the original lesion was incomplete, or perhaps due to pressure from a haematoma, which later became, in part, absorbed. The question of whether a neurolysis would be of any benefit is now under consideration.

Ottawa, Canada. C. MERLIN EYNON, M.D., F.R.C.S.Ed.

PIGMENTATION ASSOCIATED WITH LOW BLOOD PRESSURE WITHOUT SUPRARENAL CHANGES.

The following details of a case in which progressive debility, skin pigmentation, and a low blood pressure terminated fatally are of special interest in view of the apparent absence of endocrine abnormality.

A married woman, aged 44, was admitted to St. Mary's Hospital for Women and Children, Plaistow, on March 3rd, 1927, with a history of debility and loss of weight since the previous December, and bouts of nausea, retching, and occasional vomiting after food. These attacks had become steadily worse, and were accompanied by some pain in the lower lumbar region. The bowels were usually regular. She had noticed brown pigmentation of the face, neck, and wrists for a few months before admission. There had been no previous serious illnesses, and there were six healthy children, the youngest being aged 9.

On admission the patient was well covered. The complexion was sallow; there were small patches of vitiligo on the face and neck, and marked patches on the wrists. There was slight pigmentation of the face, neck, arms, and abdomen. Several carious stumps were present in the upper jaw. Examination of the abdomen and lungs revealed no abnormality. The heart was normal in size and position, but the heart sounds were weak and the rhythm tick-tack. The central nervous system was normal, and investigations of the urine and faeces gave negative results. A fractional test meal showed the presence of complete achlorhydria. A blood count showed: red cells 5,128,000 per c.mm., total leucocytes 16,000 per c.mm., haemoglobin 75 per cent., and colour index 0.7. The blood pressure on admission was 100 systolic and 50 diastolic; this rose to 120 systolic before the patient was discharged on April 4th, 1927. With rest and light diet the gastric symptoms had disappeared and the patient felt stronger. She attended the out-patient department for several weeks and improved until the end of May, when she complained of loss of power, and pain in the legs and arms. The blood pressure had fallen to 95 systolic and 45 diastolic.

On readmission on June 2nd the pigmentation was much more marked on the face, arms, and abdomen, and had now spread to the chest. Patches of vitiligo were present in all these regions. Adrenaline *mv* t.d.s. was given; the blood pressure rose to 110 systolic and 55 diastolic, but fell again after a few days to 100/50, where it remained steady. A diagnosis of Addison's disease having been made, the chest was examined radiologically for evidence of tuberculosis, but only root-thickening on both sides was found; there was no clinical evidence of tubercle. The patient again improved and was discharged on June 21st.

She was again readmitted on August 11th complaining of marked debility and severe pains in the limbs, especially the legs. The pigmentation was more marked. Muscular power in the legs and arms was poor, but the reflexes were normal and there was no alteration of sensation. The blood count now was: red corpuscles 3,584,000 per c.mm., total leucocytes 24,000 per c.mm., polymorphonuclears 81 per cent., lymphocytes 15 per cent., eosinophils 4 per cent.; the haemoglobin percentage was 55, and the colour index 0.8. The blood pressure was maintained at a steady level of 95-100 systolic and 45-50 diastolic. She was given suprarenal gland *gr. j* t.d.s., and adrenaline *mv* t.d.s. by the mouth. She seemed to improve and felt better until August 29th, when she complained of nausea and severe shooting pains in the legs, and took food badly. The general condition became worse, and on August 31st the blood pressure rose to 115 systolic, and later to 130. There was some oedema of the legs and dullness at the base of the right lung; the liver was palpable and tender. No reflexes could be elicited in either leg. Symptoms of heart failure increased, and the patient died at 10.45 p.m. The blood pressure two hours before death was 70 systolic and 40 diastolic.

At the necropsy the heart muscle was thin and showed degenerative changes. No evidence of pulmonary tuberculosis was found, but both lungs, especially the right, were oedematous at the bases. The suprarenal glands showed *post-mortem* changes only. The kidneys were slightly enlarged, and the left one showed some thinning of the cortex. The other organs, including the brain, showed no abnormality. Sections of the suprarenal glands and of the heart muscle by Dr. H. E. Harding showed that the former organs were normal, while the latter showed myocardial degeneration.

This case was clinically very similar to another recorded by one of us (N. B.) in 1926.¹ In the previous instance, however, there were definite symptoms of hyperthyroidism to account for the sympathetic exhaustion. In the case now reported there were no such symptoms.

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Reports of Societies.

MOVABLE KIDNEY.

At a meeting of the Section of Urology of the Royal Society of Medicine, held on June 28th, with the President, Mr. FRANK KIDD, in the chair, Professor JURASZ (Poznan) read a paper on movable kidney.

Professor Jurasz said that the well-known mechanical effects of movable kidney were only a part of the clinical picture. The symptomatology of mobile kidney was little understood and therefore the disease presented many difficulties in diagnosis. Movable kidney had been wrongly diagnosed as appendicitis, gall-bladder disease, and gastric ulcer, since the signs and symptoms were often referred to these organs. The clinical picture of movable kidney was not clear-cut, and there was nothing pathognomonic in the disease. Renal symptoms were often slight or absent, and from his wide experience Professor Jurasz only blamed the kidney after careful elimination of diseases of the other

¹ *Proc. Roy. Soc. Med. (Sect. of Dermat.)*, January, 1926.

Anatomical Examination of Unclaimed Bodies.—Mr. KELLY asked the Minister of Health, on June 28th, why his department had requested that the unclaimed bodies of deceased patients in the Park Prewett and Brookwood hospitals and other mental institutions under the Farnham Union should be handed over to the University of Oxford for anatomical examination. Mr. CHAMBERLAIN said these and similar institutions had been requested to assist in the provision, under proper safeguards, of unclaimed bodies for anatomical examination, which was indispensable to medical education.

Inspector of Medical Supplies, War Office.—In a reply made on June 27th to Mr. Palin, Sir L. WORTHINGTON-EVANS said the inspector of medical supplies employed by the War Office was a qualified pharmacist. There was only one army medical store depot, and the inspection of it was not part of the duties of this inspector. His advice had been taken on what medicinal preparations could be conveniently and economically prepared in the dispensing laboratories of army hospitals.

Biochemical Research.—Mr. H. G. WILLIAMS told Miss Wilkinson, on July 2nd, that a considerable amount of biochemical research was conducted by the Department of Scientific and Industrial Research, particularly in relation to its investigations on the preservation and transport of foodstuffs. The department also made grants to a number of co-operative research associations, organized by various industries to investigate their own special problems, whose work was partly of a biochemical nature. As this work was closely linked up with other work not directly biochemical in nature, it was impossible to estimate its cost separately.

Welsh Board of Health.—Questions concerning changes made in the Welsh Board of Health were put to Mr. Chamberlain on June 28th by Mr. Mardy Jones, Mr. T. Griffiths, Mr. John, and Mr. Ernest Evans. Answering them together, Mr. CHAMBERLAIN said the objections raised to the new arrangements seemed largely based on misunderstanding. The status of the Board had not been lowered. He did not anticipate any need for the appointment of a chairman or secretary in the future. The National Health Insurance Act, 1924, provided for the appointment to the National Health Insurance Joint Committee of "a person having special knowledge and experience of national health insurance in Wales." Sir L. Forestier-Walker fulfilled this condition, though not officially connected with the Welsh Board of Health, and Mr. Chamberlain did not propose to make any change. Mr. John Rowland had been appointed to succeed Sir Thomas Hughes as deputy to Sir L. Forestier-Walker. In future, as in the past, the Welsh Board of Health would carry on work in its individual capacity rather than in its collective capacity. It was not a board in the ordinary sense of the word, and the Act said nothing about a chairman. It was originally constituted of three members; later the administrative officer for public health became an *ex-officio* member of the Board. Mr. Chamberlain added that he was willing to discuss the subject with a deputation of Welsh members of Parliament.

Assessment of Voluntary Hospitals.—On July 2nd Sir KINGSLEY WOOD informed Captain Cazalet that the Central Valuation Committee had reported the existence of considerable diversity of practice in the assessment of voluntary hospitals. The Minister of Health had circulated the committee's recommendations on this matter to the local authorities concerned, but he was not empowered to interfere with their discretion in the assessment of any class of hereditament. The matter was not germane to the Government's proposals for giving relief from rating burdens to agriculture and industry. Sir COOPER RAWSON asked if the Parliamentary Secretary was aware of the effect of the operation of the 1925 Rating and Valuation Act on some hospitals. For instance, in the case of the Middlesex and Westminster Hospitals the rate was £4 per bed, whereas the new rate in Brighton for the new Sussex Hospital was £25. The rates had been increased twenty or thirty times in amount.

Spitting in Public Places.—On July 2nd Sir W. JOYNSON-HICKS informed Major Colfox that no fresh legislation was required to prohibit the practice of spitting in public places in the interests of public health. The matter could be dealt with by the local authorities by means of by-laws under the Municipal Corporations Act and Local Government Act. By-laws on the subject were in force in a number of places.

Diseases and Processes Scheduled under the Workmen's Compensation Act.—Sir W. JOYNSON-HICKS, replying on July 3rd to Colonel J. Ward, said that he would send him a list of the diseases and processes scheduled under Section 43 of the Workmen's Compensation Act, 1925. It must be remembered that the scheduling of certain processes in the case of particular diseases did not have the effect of limiting to persons engaged in that process the right to claim compensation in respect of the disease; it merely established a presumption that where the workman was employed in a scheduled process at or immediately before the time of disablement, the disease was due to the nature of that employment. Where the workman was employed in some other process the onus of proof that the disease was due to the nature of the employment rested upon him. In addition to the scheduled diseases, two schemes had been made under Section 47 of the Act for silicosis—one for the refractory industries and the other for the metal-grinding industries.

Blind Pensioners and Poor Relief.—Sir J. GILMOUR, answering Mr. Buchanan, on July 3rd, said that he was not aware that blind persons in receipt of pensions, who were regarded for purposes of poor relief as being in the same position as old age pensioners, were penalized by parish councils refusing to provide clothing and medical attendance. Parish councils must, on application, consider the circumstances of each case, and where it was found that the pension, together with any other resources, was inadequate for the pensioner's requirements, it was the duty of

the parish council to render what assistance was considered necessary. There was no necessity for the issue of a general circular on the matter.

Notes in Brief.

Sir Kingsley Wood, on July 2nd, told Lieut.-Colonel Heneage that the Minister of Health had received a petition from inhabitants in Louth calling attention to the burning refuse pit in the town, and he was communicating with the town council on the matter.

Sir W. Joynson-Hicks states that in the Metropolitan Police District the accommodation for the reception of strayed and lost dogs was adequate. It was a condition required of the contractors that the dogs handed over to them which were not claimed should be destroyed in such manner as to cause as little pain as possible.

The cancer death rate per 1,000 of the population in the metropolitan borough of Southwark was 1.04 per 1,000 in 1914 and 1.41 per 1,000 in 1927.

During 1925 120 boys under 18 years of age were killed and 21,419 disabled for more than three days by accidents in mines under the Coal Mines Act. The corresponding figures for 1927 were 88 and 18,832 respectively.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on June 28th the following medical degrees were conferred:

D.M.—A. A. F. Peel, F. E. Fremantle.
B.M.—F. G. Parker.

Research Fellowship at Magdalen College.

John Farquhar Fulton, B.A., D.Phil.Oxford, and B.Sc., M.D. Harvard, U.S.A., has been elected to a Research Fellowship in Natural Science at Magdalen College. Dr. Fulton entered Magdalen as a Rhodes Scholar in 1921. He obtained a first-class in the Final Honour School of Physiology in 1923, and subsequently the degree of D.Phil. by research. He returned to Harvard and completed his courses for the M.D. degree of that University. Since then he has been working in Dr. Harvey Cushing's Clinic at the Harvard Medical School. He proposes to carry on research in physiology under Sir Charles Sherrington, and to write on the history of physiology and the bibliography of the works of the Hon. Robert Boyle. He is the author of an important work entitled *Muscular Contraction and Reflex Control of Movement*.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on June 16th the following medical degrees were conferred:

M.D.—W. Edwards.
M.B., B.CHIR.—D. E. Oakley, R. C. L'E. Burges, G. S. W. Evans.
M.B.—E. J. E. Topham.

UNIVERSITY OF BIRMINGHAM.

At a congregation held on June 30th the following degrees were conferred:

M.D.—I. de B. Daly, J. F. Brailsford, F. W. M. Lamb.
FINAL M.B., CH.B.—*G. H. Knight (distinction in medicine and surgery), *A. B. Taylor (distinction in medicine and midwifery and diseases of women), M. Badr-El-Din, C. Davies, I. K. Donovan, R. E. Johnson, C. E. Perry, F. R. Roberts (distinction in midwifery and diseases of women), Margaret C. Rosser, M. D. Sandoz, J. G. Stooke, N. Yacoubia.

* With second-class honours.

UNIVERSITY OF SHEFFIELD.

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—*K. J. G. Milne, *G. B. Thomas, W. Alcock, E. D. Dewar, T. E. Gumpert, T. K. Owen, W. A. Timperley, Joan J. J. Wallace.

* With second-class honours.

UNIVERSITY OF GLASGOW.

At the graduation ceremony on June 29th the degree of M.D. was conferred upon Mary P. McCunn (with commendation), R. Armstrong, and D. Henderson.

The History of Medicine Prize of £60, for an essay on some subject in the history of the science or practice of medicine, other than a subject on some limited branch thereof, was presented to Dr. W. J. Rutherford for an essay entitled "A cock to Aesculapius."

UNIVERSITY OF DUBLIN.

The following degrees were conferred on June 30th:

HON. M.CH.—Sir John Bland-Sutton, Bt., Past President, Royal College of Surgeons of England.
HON. D.Sc.—Dr. George Linus Streeter, Director of the Department of Embryology in the Carnegie Institute of Baltimore, Maryland.
HON. M.A.—Miss Margaret Huxley, in recognition of distinguished service to the nursing profession in Ireland.
M.D.—C. R. Boland, G. S. Dickson, J. J. Hugo (*in absentia*).
M.B., B.CH., AND B.A.O.—E. S. Addeley, R. F. G. K. Allen, R. H. Bland, D. M. Brink, A. J. Burden, L. R. H. Keatinge, Marie M. E. Lea-Wilson, F. A. G. A. Mahon-Daly, I. C. Malone, C. P. Martin, G. G. F. Pratt, H. J. Robinson, H. S. Smithwick, H. R. F. Tweedy, D. S. P. Wilson.

Medical News.

THE Fellowship of Medicine announces that Dr. A. C. Roxburgh will give a dermatological demonstration on July 10th, at 2.30 p.m., in the out-patient department of St. John's Hospital, at 262, Uxbridge Road, W.12. On July 11th there will be a urological demonstration at 2.30 p.m. at All Saints' Hospital, Vauxhall Bridge Road, and on July 12th, at 3 p.m., Mr. M. L. Hine will give a clinical demonstration at the Royal Westminster Ophthalmic Hospital. These demonstrations are free to medical practitioners. A course of clinical demonstrations, operations, and lectures on medicine, surgery, and the specialities will be held at the Prince of Wales's Hospital, Tottenham, from July 9th to 21st, from 10.30 to 5.30 daily. A special course in proctology at St. Mark's Hospital, from July 9th to 14th, will consist of lectures, demonstrations, and operations. A whole-day course at Queen Mary's Hospital, from August 27th to September 8th, will include demonstrations in medicine, surgery, and the specialities. There will be a course in diseases of the chest at the Brompton Hospital from July 30th to August 4th; one in diseases of infants at the Infants Hospital, Westminster, from August 13th to 25th; and another in urology at All Saints' Hospital, from August 7th to September 1st. Copies of all syllabuses and information on other post-graduate work may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

DR. E. A. COCKAYNE, physician to the Middlesex Hospital, has joined the Medical Advisory Committee of the Asthma Research Council, and Dr. F. E. Fremantle, M.P., has joined the Council. Active steps are now being taken to prosecute the investigation of the causes and possible cures of asthma and its kindred complaints. An advertisement will be found elsewhere in this issue for a part-time research scholar to investigate inhalation and physical treatment. The selected candidate will be required to visit Mont Dore and other Continental resorts for the treatment of asthma prior to taking up his appointment in London.

THE June issue of *The World's Health* appears as a special number published jointly by the League of Red Cross Societies and the International Union against Venereal Diseases. It contains articles by Professor A. Bayet, chairman of the Union; Dr. Cavaillon, chief of the department of venereal disease control in the French Ministry of Health; and Dr. F. Humbert, chief of the health division, League of Red Cross Societies. Reports are given of the measures adopted and the progress made in different countries, and there are accounts of the work in this respect carried out by the League of Nations and the International Labour Office. The review may be obtained from the League of Red Cross Societies, 2, Avenue Velasquez, Paris VIII^e; price 1s.

THE large number of guides to London's complex transport system indicate that few have been found entirely satisfactory; some have been too complicated for ordinary use, and others have been too bulky. *The Tube-Bus Guide to London*, however, escapes these faults, and it should prove exceedingly useful to visitors and Londoners alike. It gives in unambiguous terms the most convenient methods of travel between all the principal landmarks and in an area where the streets are counted in hundreds. This is as much guidance as one is entitled to expect. The information regarding such matters as omnibus stopping-places appears to be more precise than usual, while the chief centres are illustrated by unusually clear little maps. In size the booklet is no larger than the third part of a pack of ordinary playing-cards. It has been prepared by Mr. J. C. Willis, M.A., Sc.D., F.R.S., and is published at the price of 6d. by Messrs. W. Heffer and Sons, Cambridge.

MR. C. E. KENNETH MEES, D.Sc., will give a public lecture on "Physics in Photography," on Thursday, July 12th, at 8 p.m., in the rooms of the Institution of Electrical Engineers, Savoy Place, Victoria Embankment, W.C.2, under the chairmanship of Sir William Pope.

DR. LEONHARD SEIF of Munich will give a lecture on individual psychology in general practice, diagnosis, and treatment of the neuroses, on Thursday, July 12th, at 8.30 p.m., in the rooms of the Adler Society, 55, Gower Street, W.C.1. A discussion will follow the lecture, to which practitioners and senior students are invited.

THE Harben gold medal of the Royal Institute of Public Health was presented on June 28th to Sir Ronald Ross, in recognition of his great work in making the tropics healthier. The medal is awarded every three years for "eminent services to public health, irrespective of nationality."

A NEW edition—the nineteenth—of volume I of Martindale and Westcott's *Extra Pharmacopoeia*, revised and brought up to date by W. Harrison Martindale, Ph.D., is published this week by H. K. Lewis and Co., Ltd.

THE current number of the *Police Journal*, a quarterly review for the police forces of the Empire, the first issue of which was reviewed on January 14th (p. 67), contains several articles of some medico-legal interest. One of these, Professor Sydney Smith's paper on "The identification of firearms and projectiles, as illustrated by the case of the murder of Sir Lee Stack Pasha," has been reprinted, by permission, from our issue of January 2nd, 1926. Dr. M. Hamblin Smith, medical officer to H.M. Prison, Birmingham, contributes an interesting article on "The value of psychology in court work," which should be of considerable use to those to whom it is primarily addressed. "The prosecution of offenders: English practice," by Sir Archibald Bodkin, Director of Public Prosecutions, gives a clear explanation of a legal process which is frequently misunderstood, but which deserves inclusion in the average person's stock of "general knowledge."

A PUBLICATION of some fifty pages entitled *Actino-therapy or Ultra-violet Radiation*, and illustrating the apparatus of the Cox-Cavendish Electrical Company, Limited (105, Great Portland Street, W.), contains particulars of a bewildering variety of mercury vapour and tungsten and carbon arc lamps; in one apparatus these three types are combined on the one stand, so that any one or more of them can be used by a simple adjustment. Attention is drawn to the quartz mercury arc lamp, supplied in various forms under the name of "ulviarc." In a quartz mercury vapour lamp termed the "uviator" the old type of water-cooled vacuum has been replaced by a forced draught. The latest developments in ultra-violet lamp production seem to relate not so much to the source of the radiation as to its adjustment to suit various positions and needs.

THE following appointments have recently been made in foreign medical faculties: Dr. Alfred Guttich of Greifswald, professor of oto-rhino-laryngology at Cologne; Dr. S. Weber of Kiev, professor of roentgenology at Riga; and Dr. Akira Agata, professor of hormone chemistry at Tokyo.

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 the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the **BRITISH MEDICAL JOURNAL** must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

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.

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

QUERIES AND ANSWERS.

INJECTION TREATMENT OF VARICOSE VEINS.

"G. W. I." would like to know whether there are any hospitals in Central London where varicose veins are treated by injection.

FINGER SUCKING.

"S. C. M." asks for suggestions for the cure of finger sucking in an infant aged 20 weeks. The habit started when she was 4 weeks old. Local application of aloes and tincture of asafoetida has been tried without success.

FORMICATION.

DR. JOHN THOMPSON (Lisburn) asks for suggestions in the treatment of formication of the skin. The patient's sensations commence in the back and pass into and over the head. At times they start in the epigastric region.

THE
British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

SUPPLEMENT

CONTAINING

CURRENT NOTES ON THE WORK OF THE ASSOCIATION

REPORTS OF CONFERENCES

MEETINGS OF BRANCHES AND DIVISIONS

THE GENERAL MEDICAL COUNCIL

MEDICAL BILLS IN PARLIAMENT

NATIONAL INSURANCE PROCEEDINGS

NAVAL AND MILITARY APPOINTMENTS

CORRESPONDENCE, Etc.

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