

has been pierced. On the other end of the glass tube an unperforated teat or finger-stall is placed and the tube filled with milk. Gentle pressure on the unperforated end forces the milk to flow from the opposite end of the tube and the baby gets its food with little or no work. Glaxo and other firms place a bottle for premature babies on the market, which is supplied with extremely small teats and is most useful. Should the infant refuse all fluid for any length of time it may be given its food by a nasal or gastric tube. This is very seldom necessary.

Blue Turns in Premature Infants.

Premature infants are extremely liable to sudden attacks of cyanosis or blue turns. There may be a variety of causes for this. The infant may have had a slight hæmorrhage round about the respiratory centre in the medulla. On the other hand, it may be due to a congenital atelectasis of the lungs, a portion of one or both having failed to expand. The child may have congenital heart disease due to its prematurity, there may be a communication between the two sides of the heart, or a patent ductus arteriosus. Finally, attacks of sudden cyanosis occur in infants if they become unduly dehydrated. This is seen occasionally where an infant has refused its food or has slept so soundly that it could not be wakened for its feeds. Insufficient fluid is taken and on possibly the second, third, or fourth day a sudden attack of cyanosis with difficulty in breathing occurs. The giving of fluids to such a case will rapidly right it. Various observers, however, have quoted cases in which there have been blue turns proving fatal and no explanation can be offered. When these attacks of cyanosis come on the infant is best kept quiet and fed in its cot and not picked up or handled in any way. Oxygen should be administered and in cases of extreme urgency a mustard bath may require to be given.

Prevention of Rickets in Premature Infants.

In the last two months of intra-uterine life the infant receives both calcium and iron in large quantities from its mother. Should it be born prematurely it is of necessity short of calcium and iron, and therefore both anæmic and an incipient rickets. The incidence of fully developed rickets in premature infants is extremely high. This need not be. From birth the infant requires small doses of cod-liver oil; a half teaspoon of a well-made emulsion will suffice twice daily. Where possible artificial sunshine should be given, and if it be summer-time and the direct rays of the sun are obtainable, these should be made full use of. From an early age raw meat-juice or bone and vegetable soup should be added to the midday bottle. This can be done safely after one month, in teaspoon doses, gradually increased until two tablespoons are being given. Strong milk mixtures are preferable to very weak ones and additions of cereals and soups to the mother's breast milk, if the child be breast fed, should be made at an early date.

EDITORIAL NOTES

ABOUT 50 members of the Inter-State Post-Graduate Assembly of North America are paying a short visit to London at the beginning of June. The session opens at Dartmouth House, the headquarters of the English Speaking Union, 37, Charles-street, W. 1, on Wednesday, June 1st, at 10.15 A.M., with a reception by the Marquis of Reading, G.C.B., and Lord Dawson of Penn, G.C.V.O. On Thursday, June 2nd, at 5.30 P.M., Sir Arthur Keith will demonstrate interesting and unique specimens in the Museum, and on Friday, June 3rd, at 8.30 P.M., the President of the Royal Society of Medicine and Lady Berry will receive the members of the Assembly and the ladies at the Royal Society of Medicine. The morning of Wednesday, Thursday, and Friday will be occupied by short lectures, and each afternoon special programmes have been arranged in certain of the London hospitals. Lady Swaythling will receive the ladies at Dartmouth House on Thursday, June 2nd, from 4 to 6 P.M.

* * *

The letter which appeared in our last issue under the title of "Desiderata of New Zealand Post-Graduates" has our warmest sympathy, and we know that the Fellowship has taken a great deal of trouble in trying to arrange clinical assistantships and resident posts for those from overseas. But the difficulty is this: every physician or surgeon in this country desires to see the would-be clinical assistant or resident before he trusts his patients to him. On the other hand, the worker from New Zealand naturally wants to know what appointment he is likely to hold before he leaves his home. However, great as this difficulty is, it should not prove insuperable, and the Fellowship is going to attack it afresh.

* * *

The fourth paragraph of our correspondent's letter expresses the desire of some of the older members of the profession from overseas to see certain men at work in their own hospitals in this country, and wishes that some arrangement could be made for this. The difficulty here is that many teachers are attached to undergraduate hospitals, and are therefore not under the organisation of the Fellowship. But we can assure our correspondent that he need not be diffident; any teacher, whether of undergraduates or post-graduates, will always be pleased to see him.

* * *

We have often referred to the growth of the post-graduate habit within the last two or three decades. In this country it may be said to have begun after the Boer war, when post-graduate

study became compulsory for officers in the R.A.M.C. One of the more remarkable developments is that described by our Canadian correspondent in our last number. The Sun Life Association of Canada grant a considerable sum of money yearly to pay for teachers to go even to the most distant parts of Canada to give post-graduate instruction to practitioners. The Fellowship has a panel of those willing to go about this country to give post-graduate teaching, and any application should be addressed to the offices of the Fellowship, 1, Wimpole-street, London, W. 1, but, alas, we have no insurance company to help us.

* * *

The profession of medicine has sustained a very great loss by the death of Prof. E. H. STARLING. He was, as everyone knows, one of the foremost physiologists who have ever lived, a man of great imagination, who loved truth passionately, and was a master at devising and carrying out experiments. But he was a physiologist who was deeply interested in medicine, and he would have made a first-rate physician. All his fellow-students and teachers who worked with him at Guy's Hospital were aware of this. When war broke out he began going round the medical wards at the hospital, and with incredible rapidity regained his clinical skill. It had not rusted from want of use, and for a time he did ordinary clinical duties in a military hospital, but he was soon given war work in which his genius and knowledge could be more suitably employed. He was always willing, and indeed pleased, to use his physiology for the teaching of practitioners, for he enjoyed being brought into contact with problems of immediate practical importance. Thus, it will be remembered, not long ago he opened a debate on high blood pressure, and he intended to write on the importance of the work of Richard Bright. The atmosphere around medicine has become dimmer by his death.

* * *

The *Medical Journal of Australia* has a leading article in its issue of March 12th which begins by telling us that the College of Surgeons of Australasia has set itself an important, albeit a difficult, task. The founders have determined to raise the standard of the practice of surgery. The article concludes thus: "A medical practitioner's behaviour . . . must be guided not by words, but by the conscience of the individual. The patient's trust in his medical attendant is a sacred thing. It should be honoured, not because of the risk of penalty if an offence be discovered, but because each member of the medical profession should place honour before personal advantage." We must earnestly wish all success to the propaganda of the College of Surgeons and of the *Medical Journal of Australia*. The glory of the medical profession is well expressed in the last few words we have quoted.

OFFICIAL INTIMATIONS.

THE following clinical demonstrations have been arranged by the Fellowship of Medicine for June:—

In Medicine:

- June.
16th .. 5.0 P.M.—The Infants Hospital, Dr. Eric Pritchard, Recent Improvements in Infant Feeding.
(Post-graduates will be shown over the Hospital at 4 P.M., and tea will be provided. Intending visitors please notify Hospital—Victoria 5242.)
20th .. 2.30 P.M.—Prince of Wales's General Hospital, Dr. A. J. Whiting.
22nd .. 2.0 P.M.—Westminster Hospital, Sir James Purves-Stewart.
29th .. 2.0 P.M.—St. Mary's Hospital, Dr. C. M. Wilson.

In Surgery:

- June.
13th .. 2.30 P.M.—Royal Northern Hospital, Mr. F. D. Saner.
16th .. 2.0 P.M.—London Temperance Hospital, Mr. H. J. Paterson.
22nd .. 4.0 P.M.—Royal Free Hospital, Mr. C. A. Joll, The Surgical Treatment of Goitre.
29th .. 1.30 P.M.—Royal Waterloo Hospital, Mr. J. A. Cairns Forsyth.

In Ophthalmology: The demonstrations will take place at the Royal Eye Hospital. Time 3 P.M.

June.

9th.—Mr. T. W. Letchworth.

13th.—Mr. A. F. MacCallan.

24th.—Mr. E. Dorrell.

27th.—Mr. A. D. Griffith.

These clinical demonstrations are open to all members of the medical profession without fee. Syllabuses will be sent regularly from the Fellowship of Medicine, 1, Wimpole-street, W. 1, to any post-graduate making application.

* * *

The members of the staff of the Chelsea Hospital for Women will hold a special course in Gynæcology from June 8th to June 21st. The instruction offered comprises operative technique and lectures on various subjects connected with diseases of women. Case-taking and pathological demonstrations are also provided. Fee £5 5s.

Also beginning on June 8th, and continuing for one month, a special course in Ophthalmology will be undertaken at the Central London Ophthalmic Hospital. Clinical teaching will be given in the afternoons in the Out-Patient Department, as well as lecture-demonstrations on the more important diseases of the eye. Fee £3 3s. An operative surgery class will be held by arrangement for an additional fee of £5 5s.

In diseases of children Dr. Myers has arranged, in association with the Children's Clinic, a course from June 13th to June 25th. A number of sessions will take place at the Children's Clinic situated in Cosway-street, Marylebone-road, N.W., but others are to be arranged at other hospitals, as heretofore at the Royal Waterloo Hospital, the National Hospital for Diseases of the Heart, and elsewhere, each

hospital dealing with disease in children only. Fee £2 2s.

For those interested in Diseases of the Chest, the staff of the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park, E., will provide a fortnight's course of special work from June 27th to July 9th. The various aspects of chest diseases will be dealt with, and facilities will be afforded to those enrolling to attend the practice of the Hospital, including the laboratories and X ray departments. Fee £2 2s.

The Hospital for Diseases of the Skin, Blackfriars, will hold a course in the afternoons from June 20th to July 1st. Instruction will be given in the Out-Patient Department, and on both Tuesdays demonstrations of interesting cases will be undertaken by Dr. Haldin-Davis. Fee £1 1s.

There is still six weeks remaining of the special course in Neurology at the National Hospital, Queen-square, and arrangements can be made to take at proportionate fees the remainder of this course.

The Fellowship of Medicine will be pleased to forward information concerning its general course of instruction at the hospitals with which it is associated, also to supply information concerning

courses in Obstetrics and Anæsthetics and clinical assistantships in Gynæcology.

Applications for syllabuses of above-mentioned courses should be addressed to the Secretary, Fellowship of Medicine, 1, Wimpole-street, W. 1.

Will our readers please note that although the office of the Fellowship of Medicine is in the house of the Royal Society of Medicine, it is an entirely separate body, and that post-graduates are not permitted the use of the library and other accommodation of the Royal Society of Medicine without joining that Society.

* * *

The following lectures (open to Medical Practitioners free of charge) will be given at the Post-Graduate College, West London Hospital, at 4 P.M.

- June
 2nd..Dr. E. N. Snowden—The Development of the Mind.
 9th..Dr. Snowden—The Anxiety Neurosis.
 13th..Staff Consultation (5 P.M., in Massage Dept.).
 16th..Dr. Snowden—The Conversion Neurosis.
 20th..Mr. Hamblen Thomas—Nasal Obstruction.
 23rd..Dr. Dowling—Preservation of the Skin (4.30 P.M.).
 27th..Mr. Hamblen Thomas—Tinnitus.
 30th..Dr. Dowling—Common Eruptions of Early Infancy (4.30 P.M.).

Reviews

VENEREAL DISEASES.

Practical Methods in the Diagnosis and Treatment of Venereal Diseases. By DAVID LEES, D.S.O., M.A., M.B., F.R.C.S., Surgeon in Charge of Venereal Diseases, The Royal Infirmary, Edinburgh. Edinburgh: E. and S. Livingstone. 1927. Pp. 605. 15s.

THE most interesting and perhaps the most important malady is syphilis. Our knowledge has increased greatly of late. Sixty years ago Wilks showed the disease could affect internal organs. The next step forward was the discovery of the *Spirochaeta pallida*, then came the Wassermann reaction, then the discovery of the value of arsenic and bismuth, and during the last 30 years we have grasped the widespread effects of syphilis on the central nervous system.

Venereal diseases constitute such an extensive subject, and our knowledge of them is so constantly increasing, that they certainly justify a text-book to themselves, and even a book such as this which chiefly deals only with diagnosis and treatment. The author does not profess to cover the whole subject of syphilis and gonorrhœa and therefore but little space is devoted to visceral syphilis. The book is exactly what its title says it will be. Difficult as the subject is the author has dealt admirably with it. Take, for example, the treatment of syphilis. The student is often justifiably bewildered, he learns that many compounds of mercury, iodine, arsenic, bismuth, and silver are used, and they are all given in many ways. Here he will find a clear, intensely practical, concise account of each method and be well guided in his choice. So with diagnosis, the reader is gently and surely led in the right path, and the latter part of the work, which deals with gonorrhœa, is as good as that which treats of syphilis. The book is well written; the illustrations are numerous and excellent, but we notice one confusion, for the treatment by mercury and iodides has got into the chapter headed administration of bismuth.

Mistakes in the diagnosis and treatment of venereal diseases are so numerous and the results of these mistakes are so disastrous that we should like to know that every doctor owned this book and that he frequently consulted it,

for it is an excellent, thoroughly up-to-date practical guide to one of the most important and difficult departments of medicine.

CAVERNOUS SINUS THROMBOPHLEBITIS.

By WELLS P. EAGLETON, M.D. New York: The Macmillan Company.

THE author describes in detail the history of 25 cases of thrombophlebitis of the cavernous sinus of which there are two separate types, an acute, caused by extension from a large venous trunk, and a chronic where no venous trunk is involved. The history in many cases is accompanied by a reproduced temperature chart which makes the records easy to follow. Twenty-one of these cases proved fatal. The innumerable sources of infection—viz., from all parts of the face, teeth, and sinuses—cannot fail to impress the reader, and the description of individual patients is so arranged that the special symptoms which establish points in the diagnosis, prognosis, and treatment can be emphasised accordingly; and in this way object-lessons are drawn to indicate the line of treatment for such cases in the future. Amongst other diagnostic methods the author lays stress on the blood culture, points out that a positive blood culture is evidence of involvement of a large venous trunk, that it is important to establish the difference between a septic and aseptic thrombus, the latter being of a protective character, and that therefore the aim of surgical interference should be to encourage the formation of an aseptic thrombus.

The author does not hesitate to bring to light all cases of surgical failure, and from this honest standpoint he comes to the conclusion that the only possible hope of recovery in these serious cases is an early diagnosis followed by what may be termed a somewhat heroic line of treatment. He advocates ligation of the common carotid artery, as in this way alone is it possible to place the cavernous sinus at rest, and in addition he sometimes excises portions of the jugular vein which are septic. Moreover, he adds that vaccino-therapy is of no value where a large vein is infected. He also states that many of the worst cases often bear operation well, a fact which he thinks is a matter for surprise.

There is a copious bibliography from the work of scientific observers of all nationalities, the book is nicely printed and easy to read, and is well worth studying by those specially interested in this type of case.

Fellowship of Medicine

AND

Post-Graduate Medical Association.

TELEPHONE : MAYFAIR 2236.

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The Secretary (Miss M. ROY, at 1, Wimpole Street, W. 1), to whom all inquiries should be addressed, is in attendance daily from 10 a.m. to 5 p.m. (Saturday 10 a.m. to 12 noon).

The Fellowship provides open Post-Graduate Lectures; Special Courses in all the specialities of Medicine and Surgery, at individual hospitals, for fees and details of which application should be made to the Secretary of the Fellowship; a General Course at the 50 general and special hospitals affiliated to the Fellowship, the fees being as follows:—1 week, 2 gns.; 2 weeks, 3 gns.; 1 month, 5 gns.; 2 months, 9 gns.; 3 months, 12 gns.; 6 months, 18 gns.; 1 year,

20 gns. Holders of General Course tickets for one month or longer are entitled to certain privileges in regard to Special Courses. Arrangements are made to meet the needs of practitioners unable to do whole-time study. Cheques should be made payable to the Fellowship of Medicine and crossed "Barclay & Co."

The *minimum* Annual Subscription for Membership of the Fellowship of Medicine and Post-Graduate Medical Association is 10s. (or \$2.50) per annum, which includes the subscription to the POST-GRADUATE MEDICAL JOURNAL and admits the member to certain special lectures and demonstrations.

SPECIAL COURSES.

JUNE (Whit-Monday, June 6.)

Dermatology	June 20 to July 2—Blackfriars Skin Hospital. Afternoons. Fee £1 1s.
Diseases of the Chest	June 27 to July 9—Victoria Park Hospital. All day. Fee £2 2s.
Diseases of Children	June 13 to June 25—Children's Clinic. Afternoons and some mornings. Fee £2 2s.
Gynæcology	June 8 to June 21—Chelsea Hospital for Women. Mornings and/or afternoons. Fee £5 5s.
Ophthalmology	June 8 to July 2—Central London Ophthalmic Hospital. Afternoons only. Fee £3 3s. (Operative £5 5s.)

JULY.

Medicine, Surgery, and the Specialities	July 11 to July 23—Prince of Wales's General Hospital Group. All day. Fee £5 5s.
Cardiology	July 4 to July 16—National Hospital for Diseases of the Heart. All day. Fee £7 7s. (limited to 20).
Infectious Fevers	July 11 to July 30—Park Hospital. Two half-days weekly. Fee £2 2s.
Neurology	July 4 to July 30—West End Hospital for Nervous Diseases. Daily, 5 p.m. Fee £1 1s.
Proctology	July 11 to July 16—St. Mark's Hospital. All day. Fee £3 3s.

AUGUST (Bank holiday, August 1.)

Medicine, Surgery, and the Specialities	Aug. 29 to Sept. 10—Queen Mary's Hospital. All day. Fee £3 3s.
Diseases of Infants	Aug. 8 to Aug. 20—The Infants Hospital. Afternoons. Fee £3 3s.

SEPTEMBER.

Medicine, Surgery, and the Specialities	Sept. 19 to Oct. 1—Westminster Hospital. All day. Fee £3 3s.
Diseases of Children	Sept. 12 to Sept. 24—Queen's Hospital. All day. Fee £3 3s.
Ophthalmology	Sept. 12 to Oct. 1—Royal Westminster Ophthalmic Hospital. Afternoons, and 1 morning. Fee £4 4s.
Psychological Medicine	Sept. 6 to Oct. 1—Bethlem Royal Hospital. Tuesday and Saturday, 11 a.m. Fee £1 1s.
Orthopædics	(date not fixed) Royal National Orthopædic Hospital. All day. Fee £2 2s.

NOTE.—Practical Courses in Anæsthetics can be arranged at any time, and information on Clinical Assistantships in London Hospitals given. Courses in Obstetrics arranged.

Copies of the Syllabuses of above Courses and tickets of admission can be obtained from the Secretary to the Fellowship of Medicine, 1, Wimpole-street, W. 1.