which is affiliated with the Child Study Society and the National League for Physical Education and Improvement, has for its objects mutual assistance in the promotion of school dentistry and the holding of meetings for the consideration of subjects connected with the special work of school dentists.

JOURNALS AND MAGAZINES.

The Journal of Laryngology, Rhinology, and Otolaryngology.—The May number contains an article by Dr. Raymond Vétel on the Significance of Fever in Cases of Mastoiditis complicating acute and chronic suppurative otitis media. The article is a report of an investigation to test the accuracy of the statement that mastoiditis of itself does not cause the temperature to rise above 99° or 100° F. The investigation is based upon 125 cases operated upon in the ear and throat department of the Royal Infirmary, Edinburgh, during the years 1910 and 1911. The cases of chronic otorrhœa which underwent the complete operation because conservative treatment failed to cure the discharge were excluded, since in them there was never any question of acute mastoiditis, nor was there any elevation of temperature before operation. The following conclusions are arrived at: (1) In 96 of the 125 cases in which acute mastoiditis was associated with acute or chronic otitis media the temperature was under 100° F.; (2) of the remaining 29 cases in which fever was present an intracranial complication was found in 22 cases, while in two cases the temperature could be explained by the presence of such conditions as septicæmia and pulmonary tuberculosis, in another two cases there was no mastoiditis; (3) in only three of the cases no condition other than the mastoiditis was found at operation to account for the fever. Thus mastoiditis of itself very rarely gives rise to a temperature of 100° F. or over; if a higher temperature be present an intracranial complication or some general toxic condition must be suspected.—The articles on Diffuse Cranial Osteomyelitis from Nasal Sinus Suppuration, by Dr. Dan McKenzie, which appeared in the January, February, and March numbers have been reprinted in pamphlet form. It is generally agreed amongst rhinologists that the frontal sinus is undoubtedly the more common site of origin of osteomyelitis, both localised and diffuse. Of the 38 valid cases collected by Schilling, Gerber, and Luc, 36 originated in the frontal sinus and two in the maxillary antrum. After adding to these the cases appended to Dr. Dan McKenzie's paper there are 45 cases originating in the frontal sinus and three in the antrum. The questions naturally arise, Why is frontal sinus suppuration more prone to lead to osteomyelitis than is suppuration in the maxillary antrum? And why does frontal sinus suppuration lead to fatal osteomyelitis more frequently than does maxillary antrum suppuration? Schilling, and others, are inclined to suggest that the answers are to be found in the disposition of the diploë of the frontal bone with relation to the sinus. Until the etiology of this fatal disease is ascertained every operation on the frontal sinus will be lacking that full and comfortable assurance which mastery of all the natural eventualities of the situation alone can confer.

Jahreskurse für ärztliche Fortbildung. March, 1913. Munich: Lehmann. Price 18 marks per annum.—The subjects reviewed in the present issue are diarrhœa and constipation, diseases of the stomach, pseudo-leukæmia, myeloma, and splenomegaly, with some remarks also on gout, diabetes, and some physical processes.—Professor Fleiner divides the varieties of Diarrhœa into the following groups: 1. Dyspeptic diarrhœa due to gastric causes, such as relaxation of the pylorus associated with deficiency of hydrochloric acid in

the peptic juice, or to reduced activity of the pancreatic ferments. These may lead to fatty diarrhœa or to excess of proteins or of starch in the stools, undigested meat fibre being particularly characteristic. The same effects may also be due to over-feeding, and are, of course, exaggerated when the bowel wall is damaged by bacterial toxins. Some light may be thrown upon the exact action by means of skiagraphy after bismuth feeding. This has shown that castor oil excites the small intestine to increased peristalsis, that senna acts on the large intestine, colocynth on the large and small bowel, and magnesium sulphate increases the amount of fluid in the large and small intestine, and so stimulates peristalsis. 2. Hæmatogenous diarrhœa. Here belong the diarrhœa which follows a chill, producing intestinal catarrh, uræmic diarrhœa, and various occupation diarrhœas, such as that due to mercury. There is also a form due to anaphylaxis, cholera, typhoid, &c. 3. Nervous diarrhœa, following emotional upsets. The discussion of the treatment follows routine lines.—The article on Constipation contains an appreciation of the value of large enemata of warm olive oil, half a pint to a pint, for spastic constipation.—A good general review of the Diagnosis of Diseases of the Stomach and Duodenum contains nothing of importance which is not to be found in the best English literature.—Schade discusses the application of osmotic methods to the investigation of disease, and particularly in cases of renal insufficiency.—Professor E. Meyer writes on Pseudo-leukæmia, in which he includes Hodgkin's disease, and classifies the various forms thus: (1) Lymphatic Pseudo-leukæmia, presenting swellings of all the lymph glands and of the spleen, without leukæmia; (2) Lymphosarcomatosis, in which a large malignant growth appears, usually in the abdomen or thorax, and later forms metastases in the lymph glands elsewhere; and (3) malignant granuloma (Sternberg's disease), with granulation tissue occupying the lymph glands, at first localised but afterwards spreading to other gland groups. This is distinct from tuberculosis and syphilis.

New Inventions.

AN IMPROVED URETHROSCOPE.

IN THE LANCET of July 21st, 1906, p. 169, I described a urethroscope the feature of which was the use of a condensing lens for concentrating the rays of light. The introduction of the three-filament lamp has necessitated a remodelling of the design, and an instrument has now been produced which gives a brilliant illumination, and when used with air inflation of the urethra and an external telescope is by far the most satisfactory and least irritating method of examining the anterior urethra. The light is thrown down the cannula in parallel rays, and dulness due to distance is to a great extent obviated. The telescope, if used, must be focussed during a trial use of the urethroscope. The object of the operating attachment is to allow applications and small operations to be performed in the air-distended urethra under direct control of the eye. The rubber concertina-like mount, while allowing free movement, prevents the air escaping from the urethra, and is interposed between the nozzle of the urethroscope and the cannula. The intra-urethral probe is fixed into a female screw, which is fastened to the inner surface of the nozzle of the urethroscope, a spare nozzle being used. The urethroscope thus becomes the handle of the probe. By the action of closing the rubber mount the probe is projected beyond the distal end of the cannula, and any duct, lacuna, or sinus can be easily entered, owing to the flatness, smoothness, and fixity of the urethral wall. A mere trace of solid silver nitrate is melted on to the end of the probe. A little force

is necessary to overcome the internal air pressure. The lower disc of the rubber mount should be firmly grasped with the finger and thumb of the left hand, and the body—not merely the handle—of the urethroscope held with the right. A preliminary trial of the instrument must be made before use on every occasion, as, owing to the necessary mobility of the rubber mount, the rays of light can be easily misdirected. This is liable to happen if the probe should point in a faulty direction. The probe must be bent if necessary into the correct position while retaining the best rays of light down the tube.

The trial use is carried out by pressing the end of the cannula against a towel or by plugging its end. A couple of knives, a curette, electrolytic needle and probe, and a fine syringe complete the intra-urethral armamentarium. The actual cautery requires a separate nozzle. For electrolysis the rubber mount is already insulated, and all that is necessary is to fix the battery wire, usually the negative, on to the metal part of the urethroscope, the other wire being connected with the patient's thigh by a large plate moistened with salt solution. After inserting the cannula into the urethra the rubber mount must be firmly and securely fixed into it, and its side-binding screws which keep it in the extended position must not be unfastened before the light has been switched on and air let in under direct visual control.

Messrs. Down Brothers make rectal, vaginal, and aural specula for use with this instrument, and it is also in common use for sigmoidoscopy.

W. WYNDHAM POWELL, F.R.C.S. Eng.

Wimpole-street, W.

THE SEVENTEENTH INTERNATIONAL CONGRESS OF MEDICINE (1913).

SECTION OF STOMATOLOGY.

THIS section will hold its meetings in the lecture theatre of the Royal Dental Hospital. The President of the section is Mr. Morton A. Smale and the secretary Mr. J. F. Colyer, 11, Queen Anne-street, W.

The following discussions have been arranged: The Pathology and Treatment of Periodontal Disease, with Dr. N. M. Znamensky and Mr. E. B. Dowsett as reporters. The Relation of Nasal Obstruction to Dental Disease, with Dr. Jules Ferrier and Mr. J. G. Turner as reporters. Dental Disease in Relation to Public Health, with Dr. Harold Williams and Dr. J. Sim Wallace as reporters. The Supervision of the Health of Children between Infancy and School Age. This discussion will be held conjointly with the Section of Hygiene and Preventive Medicine. Mr. W. W. James will report on behalf of the Stomatological Section, and Dr. Leslie Mackenzie on behalf of the Section of Hygiene and Preventive Medicine. The final discussion of the meeting will be on Reflex and Functional Disturbances in Connexion with Teeth, Dr. Rousseau-Decelle and Dr. A. W. W. Baker being the reporters.

A useful list of papers will be read and the chief interest will probably centre around the following: Some Observations on the Enamel Organ and its Products, by Mr. A. S. Underwood and Mr. A. W. Wellings, assisted by Professor T. G. Brodie and Mr. Lovatt Evans.

In a paper dealing with the Relation of Mouth Conditions to Cancer of the Alimentary Canal, Mr. S. F. St. J. Steadman will place before the section the result of an extended clinical investigation of cases in various London hospitals. Dr. J. Zilz, of Hungary, has promised a paper on the Question of General Infection *via* the Pulp of the Tooth, and Dr. Besson will discuss in another paper Suppuration in the Temporal Fossa of Mouth Origin. Mr. K. W. Goadby is contributing a paper on Arthritis Deformans of Mouth Origin. Altogether, 18 papers have been promised.

An important feature of the meeting will be a clinical gathering at the Royal Dental Hospital on Monday, August 11th, at 5 o'clock, of cases of interest collected from the various dental hospitals in London. It is anticipated that between 70 and 80 patients will be shown. In addition there will be an exhibition of pathological specimens and stereoscopic skiagrams. To this gathering the Stomatological Section welcomes any members of the Congress.

A few special entertainments have been arranged. A dinner will be held at the Hôtel Métropole on Friday, August 8th, and on Saturday the President of the Section will give a garden party at Phyllis Court, Henley.

MEDICAL SOCIETY OF LONDON.—At a general meeting of this society held on May 19th, the following officers were appointed for the next session. President: Sir David Ferrier, F.R.S. Vice-Presidents: Percy Lush, M.D., Arthur E. Barker, F.R.C.S., J. Walter Carr, M.D., and James Berry, F.R.C.S. Treasurer: J. Mitchell Bruce, M.D. Librarian: Arthur Francis Voelcker, M.D. Honorary Secretaries: Robert A. Young, M.D., and George E. Gask, F.R.C.S. Honorary Secretary for Foreign Correspondence: F. Parkes Weber, M.D. Council: W. Ironside Bruce, M.D., Guthrie N. Caley, M.D., Sir Watson Cheyne, Bart., F.R.S., Herbert S. Clogg, M.S., Edred M. Corner, M.C., Sir Anderson Critchett, Bart., C.V.O., Duncan Fitzwilliams, Ch.M., S. H. Habershon, M.D., T. B. Hyslop, M.D., Corrie Keep, C.M., Frederick Langmead, M.D., H. J. Marriage, F.R.C.S., Zebulon Mennell, M.B., D'Arcy Power, F.R.C.S., Guthrie Rankin, M.D., David Lloyd Roberts, M.D., W. J. Sheppard, M.D., James Sherren, F.R.C.S., F. J. Smith, M.D., and Sir John Tweedy, LL.D. Dr. F. M. Sandwith has been appointed Lettsomian lecturer, and Mr. Robert Jones (Liverpool) orator.