

remain stationary, or even tend to become smaller. Whether the fibrosis is the result of an inflammatory or a degenerative change I am not prepared to say; possibly both types occur. When an attempt is made to enucleate such prostates there is a tearing through of the fibrous tissue, which later contracts to form a stricture. And it is this tearing through of a gland that is richly supplied with nerve fibres, instead of enucleating in a plane of cleavage, that is largely responsible for the operative shock.

When the adenomatous enlargement affects the lateral lobes the urethra is compressed throughout its length. Removal of the obstructing mass by diathermy is very difficult, and, as the enlargement is progressive, the relief obtained is at the most temporary. On the other hand, when the middle-lobe alone is enlarged, the obstruction is limited to the bladder neck, and if not of a very large size can be removed by the diathermy punch. But both these types of enlargement are those most suitable for enucleation, and should not be submitted to diathermy, except, perhaps, where the middle lobe is slightly enlarged and the symptoms are not sufficiently severe to justify a major operation.

With the fibrous and atrophied prostates the urethra is not compressed throughout its length, and the obstruction is at the bladder neck. When the bladder is opened in these cases it will be found that there is a narrowing of the internal meatus, but that when the finger is passed through this the prostatic urethra appears more dilated than usual. Here we have a type of prostate that does not tend to become progressively larger and where the obstruction is localized to the bladder neck; the latter can be easily destroyed and removed, and does not tend to recur. After treatment by diathermy shock and haemorrhage are never severe enough to cause any worry, the convalescence is much shorter than after prostatectomy, the functional result is better, and the mortality is less. In 20 cases done so far by me there has been one death. When it is remembered that the type of prostate which is treated by diathermy is that which is largely responsible for the mortality after prostatectomy, it is obvious that a careful selection of cases will lead to an improvement in the statistics of this operation.

Should infection of the bladder or signs of renal failure be present and no improvement follow catheterization, a preliminary cystostomy is advisable. It may appear reasonable that, as there is now an opening in the bladder, the best line of treatment at the second stage would be removal of the gland. A preliminary cystostomy, however, does not make the operation of prostatectomy easier; it makes it, if anything, more difficult, and merely improves the condition of the patient so as to diminish the operative risk. Consequently the indications for treatment by diathermy will be all the more urgent here.

There is, of course, a danger of malignant disease arising in the part of the gland left behind; this has happened in one of my cases. Surgeons with a large experience of prostatectomies will, however, have come across cases where, after the removal of an apparently simple adenomatous prostate, malignant changes have developed in the part of the gland left behind. The temporary relief I had hoped for from diathermy in malignant prostates did not ensue; and here the operation is not worth while. This is probably due to the obstruction being throughout the prostatic urethra and not localized to the neck of the bladder.

So far as the clinical selection of cases suitable for diathermy is concerned, little difficulty will be experienced in the small fibrous and the atrophied prostates. When a rectal examination is performed in the latter the finger comes up against the posterior wall of the pubis, the hardness of which may lead to the impression that one is dealing with a malignant prostate. The examination carried out with a metal bougie in the urethra enables this error to be avoided. With the large fibrous prostate a careful cystoscopic and rectal examination is essential, and sometimes the differentiation between this and the adenomatous enlargement is by no means easy. The fibrous prostate is somewhat firmer, and on rectal examination there is not that projection backwards into the rectum, nor on cystoscopic examination that projection into the bladder, which

is found with the adenomatous prostate. The following cases are typical of my series.

1. W. C., aged 50, was sent to me by Dr. Bowen-Jones with a history of difficult micturition for five years. In August, 1922, the symptoms became worse, and were not relieved by the passage of metal sounds. In December, 1922, attacks of retention occurred, and in January, 1923, he was admitted under the surgical unit. Rectal examination showed atrophy of the prostate, and cystoscopy a bar over the internal meatus. The bar was destroyed by diathermy applied through the cysto-urethroscope, and he was discharged from hospital with a good stream and no difficulty. In August, 1923, obstruction to micturition again developed. Cystoscopy showed a tag of mucous membrane attached to the posterior lip of the internal meatus, which was destroyed by diathermy. Since that time he has been able to micturate without difficulty and has now no urinary symptoms.

2. W. R., aged 66, was sent to me by Dr. Jeffrey Jones with a history of frequent micturition since 1918 and difficulty for three months. In November, 1924, there was a diffuse enlargement of the prostate to be felt on rectal examination, and the bladder was midway between the pubis and umbilicus. In December, 1924, he was admitted under the surgical unit. There were marked signs of renal failure, and the blood urea was 80 mg. No improvement followed the tying in of a catheter, and a preliminary cystostomy was done on December 18th; during the next two days the tongue became dry and the blood urea rose to 120 mg. The general condition then improved, and as cystoscopy showed no large intravesical projection, diathermy was applied to the region of the internal meatus on January 7th, 1925, and again on January 26th. Following each of these applications there was no shock and no signs of uraemia, the blood area not rising above 60 mg. The suprapubic tube was later removed and the fistula closed. When seen one month ago he had a good stream, there was no undue frequency of micturition, and no residual urine.

#### Summary.

1. The application of diathermy is useful in certain cases of prostatic obstruction.
2. It should not be employed in the adenomatous prostate where such good results follow enucleation.
3. It should be reserved for the large and small fibrous prostates and the atrophied prostate.
4. Its application in these cases leads to a better functional result and a lower mortality than after prostatectomy.

In conclusion, I wish to express my indebtedness to Professor A. W. Sheen, director of the surgical unit, for the facilities he has placed at my disposal and for many useful suggestions.

#### REFERENCES.

- 1 Walker, Kenneth: BRITISH MEDICAL JOURNAL, January 31st, 1925, p. 201.
- 2 Guthrie, G. J.: *On the Anatomy and Diseases of the Neck of the Bladder and of the Urethra.*

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### ERYSIPELAS TREATED BY FOREIGN BLOOD INJECTION.

THE note by Dr. Pines (December 5th, 1925, p. 1062) on the value of haemotherapy in erysipelas leads me to record the following case treated last May.

A Moroccan Jewess, aged 49, on whom I performed a submucous resection of the septum, was discharged from hospital after the usual forty-eight hours' stay. When she returned for inspection on the fifth day after operation a patch of erysipelas the size of half a crown involved the left ala nasi and extended towards the left lower eyelid. She had not used the nasal wash provided. In spite of nasal washes, followed by careful drying and dusting of the site and the usual methods adopted in such cases, the erysipelas spread rapidly, the left eye becoming involved.

On the seventh day, with the patient lying on her right side, 20 c.cm. of blood was removed by a cold non-citrated syringe from a vein in her right arm, and without delay injected intramuscularly into the left buttock, which had been previously prepared. The whole procedure was a matter of seconds, and so much was her attention concentrated on the withdrawal that she was quite unconscious of the buttock injection, for before leaving she asked how long the blood analysis would take, and would not believe that the blood had been injected. The effect was dramatic, for in the course of the next two or three days the erysipelas rapidly faded away.

When a wound is complicated by erysipelas the subsidence of the latter is usually followed by rapid healing or cleaning of the former, and so it was in this case, for with the clearing of the eruption the infection of the nasal mucosa rapidly diminished.

In making blood injections the longer the blood remains in the syringe the greater the colloidal change occurring in the protein particles of the plasma; such change is beneficial, and so some slight delay should be made in transferring the blood. In this case, owing to climatic conditions in Tangier, delay was inadvisable.

London, S.W.

J. NISSEN DEACON.

#### LABOUR COMPLICATED BY UTERO-VESICAL FISTULA.

THE unusual conditions present in the following case are the reason for placing it on record.

A woman, pregnant for the second time, was brought to me from a distance of about a hundred miles for confinement. She had been married four years, and had a child after a difficult labour two years ago. Convalescence was fairly normal, but she had continuous dribbling of urine. She was sent to me as a case of difficult labour, the local midwives having failed to do anything for her. She was seven months pregnant, and labour pains had started three days before her admission; the membranes had ruptured about the same time. On admission the pulse was 120 and very feeble, and the temperature was 102°. A foul red discharge was present and her general condition was bad. Abdominal examination showed no signs of any foetus, but by rectal examination a foetal head was felt lying on the perineum.

The vagina was very shallow, admitting a finger to the depth of 1½ inches only; no signs of cervix or fornices were present. One inch from the urethral orifice there was a small opening admitting a finger with difficulty; the edges of the opening were rounded and hard, almost cartilaginous in consistence. A red discharge was seen coming out of the opening. On passing a soft rubber catheter through it a small quantity of urine and blood was withdrawn. There was obviously a large utero-vesical fistula, both the uterus and bladder communicating with the vagina through a small opening. As no abdominal operation was possible I incised the posterior edge of the opening, and, on exposure, another hard band was felt higher up, obstructing delivery of the head. This also was divided and the decomposed foetus was removed. The patient died thirty-six hours later of septicaemia.

Apparently there had been much sloughing after the first delivery. She menstruated through the fistula, and had also conceived through the same opening. The second band I divided was probably the os, but as no necropsy was possible I cannot be quite certain.

Lady Lansdowne Hospital, Bhopal.

ADELINE RUBINS, M.B.,  
D.T.M. and H.Lond.

#### APPENDICITIS IN A HERNIAL SAC.

THE chief interest in the case here recorded is the youth of the patient.

A Malay boy, aged 5, was transferred from an out-station hospital, whither he had been taken for treatment for subtertian malaria, to the Malay Hospital in Kuala Lumpur on September 18th, 1925, because a right inguinal hernia, present since birth, had been irreducible for twenty-four hours; there was no great disturbance of pulse or temperature; vomiting had occurred, but was not severe or persistent. The hernia was scrotal, and presented a tense, rounded, non-resonant swelling without impulse.

Before I saw him he had been given an enema, and an ice-bag had been applied. The enema produced an action of the bowels, in which were thirty-five round-worms, but the hernia remained unaltered. As operation is not, as a rule, one of the treatments in favour with Malays, I was relieved to get the father's consent to it.

On exposing the sac and opening it the appendix was found. Both were intensely congested, and the sac tore easily. On making traction on the distal end of the appendix it was found to be held in the fundus of the sac by a mass of oedematous fat, which readily broke away from the appendix, and was extracted separately. It was at first thought that the appendix was strangulated by the neck of the sac; on passing the finger up, however, no constriction was found, but a necrotic patch on the appendical wall. The caecum was lightly adherent above the internal ring, and enough of it was easily drawn down to permit of the usual removal and invagination of the stump. There was no sign of constriction of either the appendix or its mesentery. The sac was separated from the cord and ligatured as high as possible. The tunica vaginalis was reconstituted by a purse-string suture. A small drain was left in the inguinal canal for twenty-four hours and only the external oblique muscle and the skin were sutured.

The wound healed by first intention, and no trouble ensued for lack of drainage of the iliac fossa; a collection of pus in the tunica vaginalis had, however, to be evacuated by incision six days later. Recovery was otherwise uninterrupted.

I think it is safe to assume that the appendix had occupied the sac for some considerable time, and that the symptoms were due, not to strangulation, but to appendicitis.

Kuala Lumpur.

T. W. H. BURNE, M.B., B.S.,  
Acting Chief Surgeon, Selangor,  
Federated Malay States.

### British Medical Association.

#### CLINICAL AND SCIENTIFIC PROCEEDINGS.

##### SOUTH-WESTERN BRANCH.

At the annual meeting for 1925 of the South-Western Branch of the British Medical Association, held last summer, Mr. L. C. PANTING, F.R.C.S., honorary surgeon to the Royal Cornwall Infirmary, Truro, delivered his presidential address. His subject was the present position with regard to malignant disease, and the lines along which advance in its treatment may be hoped for. The following is an abridged version of Mr. Panting's address.

##### *Malignant Disease: The Present Position.*

There seems to be no doubt that the incidence of cancer has considerably increased in recent years. Deaths from this cause have about doubled in number between 1880 and 1920; during this period the average age of man has considerably advanced, but the incidence of cancer does not seem to have altered proportionately, and cancer cases occur at least as early in life as they did forty years ago. I will therefore discuss the efforts being made to find its cause and the way Nature attempts to deal with it; along these lines only can we look for cure.

Turning to the experimental method, which is the only scientific method, we find two general lines: (1) investigation of the normal and of the malignant cell, together with their mutual relation; (2) investigation of the relation of the malignant growth to its host. These lines converge and sometimes cross as the work proceeds, but I think that the division is broadly true.

There is at the outset, unfortunately, great difficulty in deciding what may be considered as a true malignant growth. There is a gradation between what is called a pre-cancerous condition and true cancer; and there is also the question of the relation of experimentally produced conditions to cancer. In recent years a technique has been developed by which individual cells can be cultivated and transplanted in much the same way as bacteria are dealt with. It is found that a simple saline medium, such as tyrode, is sufficient for cellular life, but for growth and multiplication the addition of some organic material is necessary. Tissue cells are divided into two classes—those which require embryonic tissue extract, and those which can digest and utilize serum. Of the first class fibroblasts and pavement epithelium have been obtained in pure culture and maintained in healthy condition for a year or more. The addition of serum inhibits their growth, and this inhibition becomes more marked as the age of the donor increases. Of the second class—those cells which digest serum—large mononuclear leucocytes, thyroid cells, and other types have been obtained in pure culture. In both classes the cells remain true to type, and do not revert to their embryonic forms. The growth of the cells appears to depend entirely on the medium; waste products must be removed and certain necessary ingredients be present. Fibroblasts and epithelial cells require stimulants for their growth (hormones) and food for their sustenance (trephones); these are absent from adult serum, but present in embryonic tissue. We must hence conclude that embryonic cells can produce these substances from the protein of the egg or the blood of the mother, while the cells of the adult have no longer this power. It is further believed that the blood contains stimulating and inhibitory substances acting in opposition and that in post-natal life the inhibitory substances are in excess. Considering the medium and not the cell as the controlling factor, it follows that fibroblasts do not find the substances required for their growth in the blood, since otherwise they would overgrow rapidly and block up all the vessels. Mononuclear leucocytes and cells of the second class can, however, multiply on serum, digest it, and, since leucocyte extract contains hormones and trephones, it is probable that they can convert the serum into these substances and so enable the fibroblast and epithelial cells to grow in certain circumstances, as in the case of tissue reaction in a wound.

The next step was to investigate similarly the malignant cell: for this purpose a Rous sarcoma was chosen, since from the ground-up growth a filterable virus could be obtained which, when inoculated, reproduced the original growth. The sarcoma consists chiefly of fusiform cells, but when cultivated in a suitable medium several forms of cell appeared—polymorphonuclears, large mononuclears, and lymphocytes, as well as fibroblasts. From this growth pure cultures were obtained of large mononuclears and fibroblasts, the other types of cell disappearing. Each of these cultures, after sufficient time had elapsed for the disappearance of the virus from the medium (it soon disappears in the presence of serum), were injected into fowls. From the fibroblasts no result was obtained, but with

**WILLIAM JOHN NAISMITH, D.S.O., M.D.,  
F.R.C.S. Ed.,**

Consulting Surgeon, Ayr County Hospital.

THE death occurred, on January 3rd, of Dr. W. J. Naismith, at his residence in St. Andrews. Dr. Naismith had practised for many years in Ayr until his retirement some seventeen years ago, when he went to reside in St. Andrews. He was the son of Deputy Surgeon-General Naismith of the Agra circle of Bengal, and was born in 1847 at Suttanpore, Oudh, India. As a boy of 10 he was sent home to Scotland to escape the Indian Mutiny, and before his departure he had seen the Indian regiments in cantonments at Lucknow, which afterwards formed the besieging forces of the Lucknow Residency. Dr. Naismith graduated at Edinburgh University in 1869, taking the M.D. degree in 1872, and joining the College of Surgeons, Edinburgh, as a Fellow in 1886, and the Faculty of Physicians and Surgeons in Glasgow in 1875. In 1869 he began to practise at Ayr, where he subsequently held numerous appointments. These included the posts of surgeon to Ayr County Hospital, medical officer of Ayr Industrial Schools, surgeon to H.M. Prison at Ayr, and surgeon to the Glasgow and South-Western Railway. From an early period he took great interest in the Volunteers and later in the Territorial Force. He was one of the first lecturers on ambulance and first aid in Scotland; this was prior to the formation of the St. Andrew's Ambulance Association at Glasgow. Dr. Naismith served with great distinction in the Boer war with the Ayrshire Yeomanry, and gained the King's and Queen's medals with five clasps; he was mentioned in dispatches, and received the honour of the D.S.O. During the South African war he acted as surgeon-major to the 6th Battalion of the Imperial Yeomanry, and he later became surgeon lieutenant-colonel of the Ayrshire Yeomanry, with medical charge of the Ayrshire R.H.A. During the course of practice he found time for several contributions to current medical literature, including articles upon surgical cases in the Ayr County Hospital, and on abdominal pain in slow intrapericardial hæmorrhage. He was for one term a member of Ayr Town Council and was a member also of the Burgh School Board, as well as being an ardent supporter of many local associations and clubs, to many of which he acted as president. On his return from South Africa he received a great welcome in Ayr, and was made a Guild Brother of that Royal burgh.

**THE REV. GEORGE HENSLOW, M.A., F.L.S.**

THE REV. GEORGE HENSLOW, who died on December 30th, 1925, at Bournemouth, at the patriarchal age of 90 years, though not medically qualified, was a familiar figure as the lecturer on botany to the generations of students at St. Bartholomew's Hospital between 1866 and 1890. Some of them, no doubt, will look back with kindly feelings of regret on this rather sorely tried gentleman who sought to interest the wild spirits of those now far-off days in a subject which they regarded much as schoolboys of the John Bull type did the ministrations of their French masters. A botanist by heredity, he was the son of the Rev. J. S. Henslow, professor of mineralogy (1822-28) and then of botany (1825-61) in the University of Cambridge, who by his teaching engendered real enthusiasm for the subject, and attracted as pupils Berkeley, C. C. Babington, his successor (1861-95), and Darwin, his favourite pupil, whom he recommended for the post of naturalist to the *Beagle*, and whose specimens, as they were sent home, he took charge of during the five years (1831-36) of the voyage. Young Henslow became a scholar of Christ's College, Cambridge, in 1854, and in 1859 was second in the first class, with distinction in mineralogy, botany, and physiology in the Natural Sciences Tripos, being beaten by the late P. W. Latham, who had the record of distinctions in this tripos—namely, in chemistry, mineralogy, physiology, botany, and comparative anatomy. Henslow, however, made up for his deficiency in two subjects by taking second class honours in two other triposes—divinity and mathematics. It may be noted that in the next year the only name in the first class was that

of Sir Clifford Allbutt, with distinction in chemistry and geology. Taking orders, Henslow was headmaster of two schools, and then lectured on botany at St. Bartholomew's Hospital, at the Birkbeck Institute, and Queen's College, London. As assistant minister to St. James's Chapel, Marylebone, on the site now occupied by the Heart Hospital, his fine physique and dignified bearded face formed a rather remarkable contrast to the appearance of the mentally gifted incumbent, the Rev. H. R. Haweis, author of *Music and Morals*, *My Musical Life*, *Old Violins*, *Winged Words*, and other interesting works. Henslow wrote much both on botany and religion, and latterly became interested in spiritualism. With him goes one of the last links with the Cambridge when Sir Clifford Allbutt and Latham took first classes, with, as their examiner, the late Professor G. D. Liveing, who died in December, 1924, at the advanced age of 96.

**Universities and Colleges.****UNIVERSITY OF LONDON.****PRINCIPAL OFFICERSHIP.**

THE University is about to appoint a Principal Officer at a salary of £2,500 a year: the selected candidate is to take up his duties on September 1st, 1926. Further information can be obtained from the Secretary to the Senate, to whom applications must be sent by February 1st.

The following candidates have been approved at the examination indicated:

M.D.—BRANCH I (*Medicine*): D. E. Bedford, F. Brockington, Gwenyon M. Griffiths, D. Krestin, J. Maxwell, A. A. Moncrieff, D. C. Muir, S. E. Tanner, H. N. Williams. BRANCH III (*Psychological Medicine*): A. Walk. BRANCH IV (*Midwifery and Diseases of Women*): D. C. Corry, Gladys Hill, Dorothy M. Howgate. BRANCH V (*State Medicine*): J. V. Landau.

**UNIVERSITY OF LIVERPOOL.**

THE following candidates have been approved at the examinations indicated:

MASTER OF HYGIENE (*First, Part II*).—B. L. Davis.  
D.P.H. (*Part II*).—G. L. Brocklehurst, C. Cookson, A. O. Ross, C. H. Walsh.

**The Services.****HONORARY SURGEON TO THE KING.**

SURGEON REAR-ADMIRAL J. F. HALL, R.N., has been appointed Honorary Surgeon to the King in succession to the late Sir Henry Norbury, Inspector-General of Hospitals and Fleet.

The Royal Naval Volunteer Reserve Officers' Decoration has been awarded to Surgeon Commander D. D. F. Macintyre.

**DEATHS IN THE SERVICES.**

Surgeon Rear-Admiral John Cassilis Birkmyre Maclean, C.B., R.N. (ret.), died at Devonport on Christmas Day, 1925, aged 76. He was born on August 28th, 1849, the son of the Rev. A. Maclean, D.D., and was educated at Aberdeen, where he graduated as M.A. in 1868, and as M.B. and C.M. in 1871. Entering the navy as surgeon on March 30th, 1872, he became staff surgeon by special promotion on July 11th, 1882, fleet surgeon in 1890, deputy inspector-general in 1898, and inspector-general in 1903, retiring in December, 1907. He served as surgeon of H.M.S. *Alexandra*, flagship of Vice-Admiral Sir Beauchamp Seymour (Lord Alcester), at the bombardment of Alexandria, and during the Egyptian war of 1882, receiving the medal with a clasp, the Khedive's bronze star, and special promotion to staff surgeon. As inspector-general he was in charge of the Royal Naval Hospital at Stonehouse, Plymouth. He rejoined for duty in the recent great war, when he served in the naval transport service. In January, 1917, he received the C.B., and in 1918 was appointed surgeon rear-admiral. In 1892 he married Maude, eldest daughter of Mr. E. Hewlett, of The Priory, Totnes. His widow and one son survive him.

Brevet-Colonel Anthony Dodd, R.A.M.C. (ret.), of Windycroft, Instow, North Devon, died in a nursing home in London on December 27th, 1925, aged 63. He was born at Winton, Durham, on February 1st, 1862, and was educated at Durham University and at University College, London, taking the M.R.C.S. and L.S.A. in 1882. Entering the R.A.M.C. as surgeon on February 2nd, 1884, he became lieutenant-colonel after twenty years' service, and retired on September 18th, 1912. He served in the Burma campaign in 1885-86, receiving the Indian frontier medal with a clasp; in the Nile expedition of 1898, when he took part in the battle of Khartoum, was mentioned in dispatches in the *London Gazette* of September 30th, 1898, and received the medal with a clasp, and the Egyptian medal; and in South Africa in 1899-1900, when he was present at the relief of Ladysmith, was twice mentioned in dispatches, in the *London Gazette* of February 8th and April 16th, 1900, and gained the Queen's medal with a clasp. After his retirement he rejoined for service in the recent great war, and received a brevet-colonelcy on June 3rd, 1917.

## Medical News.

THE courses of lectures at the Royal College of Surgeons of England will be resumed on Monday, January 18th, when Professor Sir Arthur Keith, F.R.S., will give the first of six lectures on fossil remains of ape and man, and their bearing on the evolution of human races. Other lectures will be by Mr. Arthur Edmunds, C.B., on pseudo-hermaphroditism and hypospadias and their surgical treatment (February 1st); Mr. J. E. Adams, on the surgery of the jejunum (February 3rd); Mr. Musgrave Woodman, on malignant disease of the oesophagus (February 5th); Mr. Tudor Edwards, on the surgical treatment of phthisis and bronchiectasis (February 8th); Mr. Lawrence Abel, on the treatment of cancer of the oesophagus (February 10th); Mr. H. W. B. Cairns, on neoplasms of the testicle (February 12th); Mr. Stanford Cade, cholecystography (February 15th); and Dr. Alfred Pacey, two lectures on the importance of haematology in surgery, February 17th and 19th. The lectures will be given at the College at 5 p.m. on each day.

A NEW series of post-graduate clinics arranged by the University of Sheffield began on January 15th and will be continued on each Friday, alternately at the Royal Infirmary and the Royal Hospital, at 3.30 p.m., up to and including March 19th. On Tuesdays, January 26th and February 23rd, clinics have been arranged at the Jessop Hospital for Women, and on February 9th at the South Yorkshire Asylum. They are open to all medical practitioners without fee.

THE opening lecture of the new series, free to members of the medical profession, arranged by the Fellowship of Medicine will be given on Thursday, January 21st, at 5 p.m., in the lecture hall of the Medical Society of London, 11, Chandos Street, W., by Dr. Herbert Spencer, on abdominal palpation in pregnancy. A course in venereal diseases will take place at the London Lock Hospital from February 1st to 27th. At the Blackfriars Hospital for Diseases of the Skin an afternoon course in dermatology will be held from February 1st to 8th. A three weeks' combined course in diseases of children will be given from February 8th, in which the Paddington Green Children's Hospital, Victoria Hospital, and the Children's Clinic will participate. A late afternoon course (4.30 to 6) will take place at the London Temperance Hospital from February 8th to 19th for the convenience of general practitioners. The Queen Mary's Hospital (Stratford) has arranged a general intensive course in medicine, surgery, and the special departments daily from February 15th to 27th. Opportunity will be given for practical study in gynaecology and obstetrics. A copy of each syllabus of the foregoing courses and of the programme of the general course arranged by the Fellowship may be had from the Secretary at No. 1, Wimpole Street, W.1.

THE General Council of King Edward's Hospital Fund for London at its meeting on January 12th adopted a resolution of regret at the death of Dame Louisa Aldrich-Blake and of its high appreciation of her services as visitor, and as a member of the Council and of the Hospital Economy Committee.

A SPECIAL two weeks' course in cardiology will be held at the National Hospital for Diseases of the Heart, Westmoreland Street, W.1, from January 18th to 29th. Systematic and clinical instruction in the wards and out-patient department each day. The fee for the course, which is limited to sixteen, is £7 7s.

A POST-GRADUATE course, consisting of clinical lectures and demonstrations, teaching in the out-patient department, and lectures on the anatomy, physiology, and pathology of the nervous system, will be held at the National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.1, from February 1st to March 26th.

A LECTURE on insanity, legal and medical, will be given at University College, London, by Sir Theodore Piggott (late Judge in the Allahabad High Court), on Wednesday, January 20th, at 5.30 p.m. The chair will be taken by Sir Archibald Garrod, Regius Professor of Medicine in the University of Oxford. The lecture is addressed to students of the University of London and to others interested in the subject. Admission is free without ticket.

THE annual general meeting of the Medical Officers of Schools Association will be held at 11, Chandos Street, Cavendish Square, W.1, on Friday, February 5th, at 4.15 p.m. After tea Dr. R. A. O'Brien, C.B.E., D.P.H., Director of the Wellcome Physiological Research Laboratories, will read, at 5 o'clock, a paper on the prevention of diphtheria and scarlet fever by modern methods. If possible, reactions will be shown.

THE title of the address to be given at the social evening of the Royal Society of Medicine on February 1st, by Dr. F. J. Poyntou, has been changed to "The part taken by doctors in the early days of aeronautics."

AT a meeting of the Royal Sanitary Institute in the Town Hall, Bradford, on Friday, February 5th, a discussion on child welfare centres and their adjuncts will be opened by Dr. J. R. Kaye, M.O.H. West Riding, at 3 p.m. The subject of town planning and improvement areas will be discussed at 5 p.m.

A MEETING of the Central Midwives Board for England and Wales was held on January 7th. A penal session was held first, followed by the ordinary monthly meeting. Business dealt with included the appointment of Dr. Jervis to represent the Board at the Congress of the Royal Sanitary Institute to be held this year. Dr. T. O. Halliwell was approved as a lecturer at Dewsbury for a period of twelve months, and approval as teachers was granted to a number of applicants. The next meeting will be held on February 4th.

THE Royal Society of Medicine announces that the William Gibson research scholarship for medical women will be awarded in June, 1926. Applications, with schedule of proposed research, two testimonials, and a statement of professional training and appointments, should be sent to the Secretary of the society, 1, Wimpole Street, London, W.1, by June 1st.

THE International Stomatological Association has been reorganized with Dr. Chompret of Paris as president, Dr. Allaers of Antwerp as general secretary, and Dr. A. Asgis of New York as assistant general secretary.

DR. C. ACHARD has been elected general secretary of the Académie de Médecine for a further period of five years, and Professors Sabrazès of Bordeaux and Pic of Lyons have been elected corresponding members.

MR. HENRY KIMPTON announces for early publication a *Descriptive Atlas of Visceral Radiograms*, by Drs. A. P. Bertwistle and E. W. H. Shenton, and an *Introduction to Clinical Perimetry*, by Dr. H. M. Traquair.

SURGEON CAPTAIN M. H. KNAPP, R.N. (ret.), has been appointed a Knight of Grace and Dr. G. P. Meldon an Esquire in the Order of the Hospital of St. John of Jerusalem in England.

THE Hastings Town Council has taken over the White Rock Baths on the sea front and is about to remodel them. It has, we are informed, received the collective opinion of the medical men in the district and is now making inquiries as to arrangements at other spas.

THE Committee for Public Health Education, Federated Malay States, has issued a semi-popular pamphlet, written by A. Viswalingam, assistant medical officer, on yaws, which is there called "puru." It is an example of the interest now taken in the prevention of disease in tropical countries.

SIX new cases of leprosy have been notified in Norway this year, the highest number for several years. In five cases the source of infection was known and in one the infection probably originated in Sweden. In 1922 there were no new cases, and in 1923 only two.

AT the third congress of the Italian Society of the History of Medicine and Natural Sciences recently held at Venice the president, Professor D. Giordano, unveiled a bas-relief of Tommaso Rima, a Venetian surgeon who died in 1843.

FOLLOWING the examples of Brussels and Toulouse, Montpellier, Marseilles, and Bordeaux are to hold medical congresses under the name of Journées médicales in 1926, 1927, and 1928 respectively.

MEDICAL art-lovers within reach of London should not fail to visit during the next few weeks the forty-ninth winter exhibition of the Royal Academy of Arts at Burlington House, which is devoted entirely to the works of the late John S. Sargent, R.A. This wonderful loan collection of more than 600 oil-paintings, water-colours, drawings, sculpture, and architectural decorations, brings together, in almost overwhelming abundance, examples of the artist's work at every stage in his career. The versatility of Sargent's genius will impress everyone who makes a tour of the galleries. If he had never painted a full-dress portrait, his landscapes and studies alone would proclaim him master; and if he had never touched oil and canvas, the charcoal heads and pencil sketches, and above all the water-colours, would assure him a place among the great pictorial craftsmen. There are three medical portraits in the exhibition: the quiet and sympathetic oil-painting of Dr. Elizabeth Garrett Anderson, contrasting with the flamboyant society figures around her; the charcoal drawing of Sir St. Clair Thomson, dated 1913, and recognizable at a glance both as a Sargent and as the urbane President of the Royal Society of Medicine; and an interesting study in oils of Dr. William Playfair painted in 1887. War pictures include the immense mural decoration entitled "Gassed," showing parties of men blinded with mustard gas arriving at a dressing station on the Doullens-Arras road in August, 1918.