

and many more such masses must be carried to the end of the film in preparation. Ruptured eosinophil cells also are sometimes seen, and are very obvious, provided that the granules of the cells have not been scattered too far apart. It appears that the eosinophil is very easily ruptured, and the polymorphonuclear comes next in this respect. In a drop smear evidence of ruptured cells is seldom observed, and, considering that the film is made by passing a drop of blood over the slide, it is not likely that cells will suffer mechanical injury.

5. In drop smears the cells of the central zone are well separated one from another, they suffer little if any distortion, and they take the stain well. Red blood cells can be studied at the margins of the film, but it is in conditions where information regarding the white blood cells is required that the above method would appear most useful.

The question of the comparative accuracy of differential counts in the two methods is rather complicated. For instance, in comparing counts of 100 cells from a blood film made in the ordinary way it is not uncommon to find a difference of 10 per cent. in the polymorphonuclears, and the final result after counting 300 or 500 can only be an approximation. For the present I am not prepared to make any statement regarding the comparative accuracy of the two methods.

The following advantages of examination of pathological fluids by the drop smear method are worth noting: the films are thin and evenly spread; the results are far better than those obtained by using the end of a slide or the platinum loop; the cells suffer no damage; casts are often spread out in a beautiful fashion, and, owing to the thinness of the film, micro-organisms are readily recognized. There is no difficulty in making the films, and others may be able to devise further useful modifications of the method.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### OEDEMA OF THE UPPER EYELIDS.

APPARENTLY trivial symptoms and signs may frequently be indications of serious disease, and, conversely, the opposite occasionally holds good—grave signs and symptoms resulting from comparatively simple conditions.

Oedema of the upper eyelids is a particularly instructive example of the latter, and requires especial wariness on the part of the practitioner.

A robust schoolboy is seen, presenting an alarming oedema of one or both upper eyelids and a raised temperature. The swollen area is so tender and so suggestive that an exploratory operation is undertaken for supposed acute frontal sinusitis, but no disease is discovered. Despite operation the oedema persists, until the actual cause of the condition becomes self-evident by the staining of the patient's dressings or pillow, which indicates a septic wound or abrasion on some part of the scalp, originally sustained some days previously and completely overlooked. Antiseptic fomentations produce rapid resolution of the oedema, which operation had failed to relieve.

I have seen two cases of this type, both in young schoolboys. One case followed the course just depicted, while the other rapidly resolved after less drastic treatment. Curiously, in both cases the wound was found in the occipital region of the scalp.

The swelling of the upper eyelid is no doubt due to the spread of infection along the lymphatic network in the subcutaneous tissue of the scalp, which is continuous with that in the loose areolar tissue of the lid. The condition, I believe, is well known to ophthalmic surgeons, but seems to deserve wider appreciation.

Liverpool.

JOHN ROBERTS, M.B., F.R.C.S.

#### FOREIGN BODY IN THE BLADDER.

ON observing a case reported under the above heading in a recent number of the JOURNAL (December 17th, 1927, p. 1140), I thought the following somewhat similar case might be worth recording.

An unmarried woman, aged 20, was admitted to hospital on November 8th, 1927, having been diagnosed as a case of ischio-rectal abscess (right-sided) by her own medical attendant. For about a fortnight previous to her admission she had had pain and tenderness in the right buttock. For about six months she had been treated for pyuria, which, in spite of clearing up on the exhibition of hexamine, always recurred when the hexamine was discontinued.

On admission she complained of intense pain on defaecation and of pain in the right buttock. There was an indurated, red area about 1½ inches in diameter over and just external to the ischio-rectal fossa.

On November 11th she was given an anaesthetic and an incision was made into the inflamed area. About a cupful of purulent and necrotic material was evacuated, and then the scoop which was being used impinged on something hard and slightly mobile. On digital examination this was felt to be a spicule of unknown material. A piece about 1 inch long was broken off and turned out to be lead pencil. Slight bleeding from the urethra led to investigation there, and on passing a finger into the bladder—an operation rendered simple by the fact that the urethra was dilated so as to admit a finger easily—it was found to be almost completely filled by a soft, crumbling mass of phosphatic material. This calculus was broken down, and embedded in it was found the remainder of the pencil, which had pierced the posterior wall of the bladder just to the right of the trigone. The pencil was removed, and, with the piece removed via the ischio-rectal fossa, measured 4½ inches in length. The bladder and sinus in the buttock were irrigated very thoroughly with boric lotion, and drainage of the sinus provided for. An uninterrupted recovery was made, the opening in the bladder healing up spontaneously, and the patient was discharged on January 1st, 1928. Micturition was normal, and the urine was normal also.

On being questioned the patient stated that two years previously she dreamt she was going to have a child, and inserted the pencil then with the object of preventing this.

It seems remarkable that the pencil, after penetrating the bladder, should reach the ischio-rectal fossa without doing any damage to the vagina or rectum, alongside both of which it lay.

I am indebted to Mr. C. J. Pinching, O.B.E., for permission to publish this case.

HARRY D. CHRISTIE, M.B., Ch.B.,  
Resident Medical Officer, Gravesend and North Kent  
Hospital.

#### THREE PERFORATIONS OF THE ILEUM CAUSED BY FISH-BONES.

THE following is an unusual case of general peritonitis resulting from perforations of the ileum due to swallowed fish-bones. The patient, being a staunch devotee to Christian Science, at first refused admission to hospital, then relented; she later refused operation, and finally consented only when *in extremis*.

During the night of April 6th–7th, 1927, an unmarried domestic servant, aged 49, was admitted to hospital with a history of sudden onset of severe abdominal pain, stabbing in character, on April 3rd, necessitating confinement to bed. There was some relief the next day, when she vomited two or three times. The bowels were quite normal. In the early morning of April 5th the pain was much worse, but this passed off, and she was able to perform her domestic duties. In the evening of this day a marked increase of the abdominal pain compelled her to return to bed. She vomited several times during the night, and was unable to retain food or fluids. In spite of all this she did not consult her doctor until the evening of April 6th, when he advised immediate removal to hospital. To this she objected, but when he repeated the advice three hours later she consented.

On admission the abdomen was somewhat distended, there was generalized rigidity, particularly in the lower abdomen, and a diagnosis of general peritonitis was made with no little assurance, but the cause remained obscure. Operation was advised but refused, and for four hours the patient remained adamant, consenting to operation about 3 a.m. on April 7th.

*Operation.*—The abdomen was opened through a paramedial incision. Free brownish, stinking sero-pus was found in the abdomen, the intestines being generally distended and inflamed; the appendix and pelvic viscera were normal. In the course of searching the pelvis for a cause of the peritonitis a sharp point was felt in the wall of the ileum; this proved to be the point of a fish-bone projecting from the wall of the gut, around which the intestinal contents had escaped. The bone was removed and the perforation sutured. The whole of the gut was then carefully examined and two other similar points were found; the bones were taken out and the wall was repaired. Pelvic drainage was instituted and the abdomen closed.

The patient's condition was extremely poor at the end of operation, but convalescence proceeded without hindrance to complete recovery.

Questioned as to the mode of introduction of these bones, the patient admitted having hurriedly taken a large meal of brill on the night of April 1st, and that she had had difficulty with the large coarse bones. These have been examined by Mr. Henry Crowther, curator of the Leeds City Museum, who states that the specimens are probably brill bones, and draws attention to certain characteristics—namely, the fluting, the elasticity, the hollowness, and finally, the very sharp point.

GEORGE ARMITAGE, M.B., Ch.M., F.R.C.S.  
Leeds General Infirmary.

## SUPERNUMERARY THUMBS.

A CASE of bilateral polydactylism has recently come under my care, and may be of some general interest.

The patient is a woman, aged 25, under treatment for bronchitis. The deformity consists of supernumerary thumbs. The thumb of the right hand has two almost parallel proximal phalanges, and is nearly twice as thick as the normal from the head of the carpal to the interphalangeal joint, which is greatly enlarged; here the thumb is cloven into two perfectly formed terminals, inclining at an angle to each other in a forceps-like fashion. The left thumb had also a completely formed but rather small extra top, projecting at a right angle from the lateral aspect of the interphalangeal joint. As this had no communication with the joint cavity, and as it seemed to be a nuisance, I removed it, under local anaesthesia, by the simple expedient of transfixing it through its base, tying a double ligature and cutting away the redundant part. Both thumbs function to the full extent, and the left one has now a normal appearance. The closest inquiry into the family history reveals nothing abnormal on either side, and the woman is herself the mother of three normal children.

The evident lack of hereditary influence and the bilateral, and almost symmetrical, nature of the deformity make the case somewhat remarkable.

Leeds.

R. H. MITCHELL, M.B., B.Ch.Dub.

## Reports of Societies.

## VESICO-VAGINAL FISTULAE.

At a meeting of the Section of Obstetrics of the Royal Academy of Medicine in Ireland, held in the Royal College of Physicians on February 3rd, the president, Dr. GIBBON FITZGIBBON, read a note on two cases of twisted broad ligament with cyst, and showed specimens. The interest in the specimens was that both showed necrosis from strangulation. Both patients had a period of symptoms pointing to an "acute abdomen," but these tended to subside, and the condition might have been overlooked in the first case, except that the patient complained of pelvic pressure, which it was thought might be due to prolapse. In the second case a history of an acute attack suggestive of acute abdomen two years before the present attack was obtained. The symptoms, however, subsided, and from the nature of the adhesions and the condition of the pedicle of the tumour it seemed likely that the attack was due to twisting of the pedicle, while the present attack was most probably due to some intermittent and partial intestinal obstruction caused by adhesions. The president then showed a third specimen of an ovarian cyst with a twisted pedicle. This patient was operated on soon after the torsion had occurred, and while the symptoms were still acute; she showed haemorrhage infarction, and it was doubtful whether the symptoms would have subsided without operation.

Dr. L. L. CASSIDY read a paper on vesico-vaginal fistulae occurring during labour. He said that injuries to the urinary tract during labour might be due either to wounds caused by instrumental delivery or to trophic disturbances, the result of prolonged labour. The nature and extent of the injuries due to the latter cause depended upon the amount of pressure and the length of the labour, resulting in (1) ischuria puerperalis, with puerperal cystitis if infection follows; (2) pressure necrosis; (3) vesico-vaginal fistula, following necrosis. The last-named condition was more likely to arise in the case of flat pelvis than in a generally contracted one, where the pressure was more evenly distributed. He mentioned the suggestion put forward by Fritsch that the frequency with which vesico-vaginal fistulae occurred amongst Polish Jews was due to the early age at which they married, the immature pelvis causing such compression and over-stretching of the soft parts that fistulae followed. Where injuries to the bladder resulted from interference with delivery their more common causes were false indications for interference, deficient technique, or both combined. The lesion most commonly arose after forceps delivery, especially high forceps, and sometimes after perforation. Brow presentations, delivered as such, might also cause severe bladder injuries. Ureteric fistulae sometimes arose. According to Bumm there were thirty-one such cases, eighteen

following difficult forceps delivery. He attributed such traumata to the inclusion of a portion of the cervix in the blade of the forceps. Continuing, Dr. Cassidy said that delivery of an impacted breech by a blunt hook, where the point of the hook had been insufficiently guarded, was another source of injury. The operations of symphysiotomy and pubiotomy had been known to cause fistulae, and Sigault's operation had been abandoned on this account. Its modifications by Morisani and Zweifel lessened this danger. Bumm and Doederlein each advocated an operation for the closure of such fistulae, but the operation of lower uterine segment Caesarean section would probably take the place of the methods which necessitated splitting of the pelvic bones. Intraperitoneal lesions of the bladder should not arise during the course of gynaecological operations. During vaginal Caesarean section the bladder should be carefully kept out of the way by means of an anterior speculum during division of the cervix. Difficulty was sometimes encountered in the recognition of fistulae, both by the patient and by the obstetrician. Should such doubt arise careful measurement of the amount of urine passed in the twenty-four hours should be made, and catheterization or even cystoscopic examination carried out if doubt still exist.

In regard to treatment Dr. Cassidy held that the most important point was that no attempt should be made to repair the fistula until three months had elapsed since the birth of the child, on the grounds that safe union would not take place, and that spontaneous healing, though rare, might occur. This was favoured by a normal puerperium. Should there be signs of spontaneous healing a retention catheter should be used. Three important principles were to be borne in mind in connexion with the repair of vesico-vaginal fistulae: (1) Great care must be taken that no trauma of the bladder was occasioned during previous cystoscopic examination. (2) There must be thorough exposure of the parts and complete separation of the bladder wall from the vaginal mucous membrane, so that the edges might be brought together without tension and tied loosely. (3) A retention catheter should be left in for seven days. Dr. Cassidy concluded by bringing to the notice of the Section a series of ten cases which had been treated in the Coombe Hospital since 1922, and in which the above principles were observed. In nine of these cases the patients were completely cured; one was considerably improved and could retain urine for three hours, but there was still slight leakage. Nine of the women were delivered previously by forceps. One fistula followed upon amputation of the cervix.

The PRESIDENT remarked that in some of these cases there was considerable loss of tissue in the process of sloughing, and there was practically no cervix left. He thought that the question of closing vesico-vaginal fistulae really depended on the amount of cicatrization, and in being able to hold the bladder wall together. If this could be done the case usually healed up very well. Dr. Cassidy had referred to fistulae occurring following pubiotomy; he (the president) did not think that this often happened. While he was Master of the Rotunda he had seen only one instance; in no other case had he ever had any bother with bladder fistulae. After confinement a patient often suffered from loss of control for some time, but he thought it better to leave time—even as long as three months—for cicatrization to occur before operating. It was important not to operate in a hurry. Mobility of the bladder seemed to him the essential point in closing bladder fistulae.

Dr. D. G. MADILL suggested that with large fistulae it would be very difficult to get the amount of separation necessary in order to bring the bladder wall together. He had not had experience of large fistulae, but in some cases of small fistulae he had had difficulty in getting an absolute closure of the bladder; when the catheter was taken out there was a slight leakage, and the operation had to be performed over again before this cleared up. He had recently adopted Mayo's type of operation in three cases, and the fistulae all successfully closed straight away. He had experience of other operations, such as flap splitting, but in his opinion the essential part of the operation was separation of the bladder from the anterior vaginal wall for a considerable area all round.

the forceps were left in the body from want of care on Dr. Graham's part. But the mere fact that such actions at law are possible when surgeons are called upon to make instant decisions in the interests of the patient on the operating table is, to say the least, disquieting.

A point of some importance, not mentioned in the above account of the action at law, is that Dr. Graham himself reported the circumstances to the coroner, with the result that an inquest was held, when all the facts came out, and the verdict returned was death from natural causes—perforated gastric ulcer. The defence of the case was undertaken by the Medical Defence Union.

#### A CLERICAL ABORTION-MONGER.

THE "Jekyll and Hyde" career of the Rev. Francis Bacon, aged 70, who, while performing duties as vicar of All Saints, Spitalfields, was also, as "Howard Barron, LL.D.," carrying on three businesses which advertised and supplied varieties of treatment to pregnant women with the object of procuring abortion, ended in a sentence at the Old Bailey on February 20th of fifteen months' imprisonment in the second division.

It appeared that Bacon for many years had done good work in facilitating emigration among boys in the East End of London, and had taken part in voluntary missionary work and lecture tours in America. In 1917, while lecturing on war films, Bacon met a man named Carlton, who was similarly engaged, but who also ran the Powell Manufacturing Company, Limited, which gave advice and treatment to women in early pregnancy. An agreement was entered into between the two men whereby Carlton assigned half the shares in the company to Bacon. Apparently the concern proved profitable, for two further businesses, advertised as "Dr. Mary Lane" and "Hannah Brown, Ph.D.," were started with the same illicit object, the promoters employing a permanent manageress named Annie Bolton, daughter of a chimney-sweep, who was unable to follow her occupation as a school teacher owing to deafness.

When the police commenced criminal proceedings Carlton escaped to Bermuda, but Bacon and Bolton found themselves in the dock at the Old Bailey to answer charges of conspiring to supply noxious things to women knowing that they were to be used with intent to produce miscarriage. "Dr. Hannah Brown's female remedies" were variously classified as: "No. 1 treatment," price 5s., "No. 2 treatment," price two guineas, and "No. 3 treatment," price five guineas—the actual cost of the drugs being but a few shillings. The cumulative effect of these treatments was described by Sir William Willcox, consulting medical adviser to the Home Office, Dr. Lynch, senior official analyst to the Home Office, and Dr. Malcolm Donaldson, gynaecologist, as likely to cause illegal miscarriage.

The cross-examination of Annie Bolton showed without shadow of doubt what was the real object of the businesses. Bacon and Carlton had said to her that it was breaking the law to send the treatment to pregnant women, but at the same time they drew a distinction between pregnancy of a few weeks and of some months. A stock letter was sent to all customers stating that the treatment was not for women who were pregnant, but "quite a lot" of the women who wrote for treatment said they were in the early stages of pregnancy. They were all supplied, and Bolton unhesitatingly agreed with the counsel who was cross-examining her that the stock letter was "eyewash." Bolton's damning admissions forced her counsel to withdraw her plea of "not guilty" and to enter a plea of "guilty." For his part Bacon threw the whole blame on the shoulders of the woman defendant. The stock letter, he said, was not "eyewash." Such a warning that the treatment was not for pregnant women was not an incitement to them to take it, and it was contrary to his intentions that Bolton sent the treatment to such women. He admitted he had no medical training. Why he chose the name of Hannah Brown was "because it was a good old family name" suitable for the business.

Bacon was subjected to searching questions by the Recorder on his use of degrees. His counsel had said he was given the LL.D. in Canada and the D.D. in the United States. In reply to the Recorder Bacon said that he used the business name of Hannah Brown, Ph.D., not to deceive the public, but rather to attract the public! Admittedly it was a false statement. Strictly, he supposed his description of himself on a pamphlet as "Howard Barron, D.Sc.," was a lie too, but "it is the ordinary commercial morality." The jury performed their plain duty in finding him guilty. Bolton received six months in the second division, as the Recorder felt that she had been carrying on the traffic too long for him to treat her as a first offender. Bacon's conduct was described by the Recorder as despicable and deplorable. Concealing an illicit traffic under the cloak of hypocrisy, Bacon had made money by preying upon the agony of poor expectant mothers, jeopardizing their health. A preacher of the Gospel, he had pleaded commercial

morality as an excuse for deceiving the public, and, most contemptible of all, he had sought to shield himself behind a subordinate.

The Recorder, in referring to the difficulties of the press, seems to have overlooked the fact that full information as to the nature of the traffic in remedies for "female irregularities" has been available to anyone interested in the subject since the publication of the report of the Select Committee on Patent Medicines in 1914. The committee recommended absolute prohibition, not only of all advertisements likely to suggest that a medicine is an abortifacient, but of all advertisements referring to sexual weakness. It also recommended legislation to prevent three very general practices of the vendors of these nostrums—namely, the enclosure with one remedy of printed matter recommending another, the invitation to sufferers to correspond with the vendor of the remedy, and the use of the name of a fictitious person in connexion with a remedy. Any newspaper manager sufficiently interested in the source of advertisement revenue to pursue the subject further might have learnt, from the evidence tendered to the committee by the representatives of what was held out as legitimate business of this nature, that no harm would be done by its total suppression. The report of the Select Committee deals very largely with methods of advertisement, and in spite of the general preoccupation with other matters at the date of its publication (August 4th, 1914), its existence should not be unknown to newspaper proprietors. In face of this fact it is difficult to agree with counsel for the Crown that "there was nothing in the wording of the advertisements to make the newspapers suspicious," or with the Recorder that "there was no blame to be attached to the newspapers," and that "the Press was placed in a very difficult position and did exercise a great deal of discretion and tact." In our opinion advertisements of this nature (however decently worded), which do not now appear in every newspaper, should not appear in any.

## The Services.

### DEATHS IN THE SERVICES.

Colonel Robert Hall Forman, Army Medical Service (retired), died in London on February 16th, aged 73. He was born at Halifax, Nova Scotia, on November 2nd, 1854, the son of J. R. Forman, C.E., of Craigpark, Ratho, Midlothian, and was educated at Merchiston School and at Glasgow University, where he was captain of the University Rugby fifteen. While still at college he obtained a commission as surgeon in the Imperial Turkish Army, and served in that capacity in the Russo-Turkish war of 1876-77. Returning to Scotland he qualified in 1877 as L.R.C.S.Ed. and L.F.P.S.Glas., and in the following year graduated at Glasgow as M.B. and C.M. Entering the army as surgeon on March 5th, 1880, he attained the rank of colonel on January 8th, 1906, and retired on November 2nd, 1911. After the great war began he rejoined for service on January 22nd, 1915, and served as inspecting officer on the staff of General Sir Francis Lloyd, commanding the London Division. He was a keen Freemason, and devoted much of his leisure to work on behalf of the craft. When he left India he held the rank therein of Grand Master of Scottish Lodges in India.

Major William Hunter Riddell, M.C., Indian Medical Service (retired), was accidentally killed by being knocked down by a motor on the Crieff-Muthill road, Perthshire, on December 27th, 1927, aged 45. He was born on September 22nd, 1882, and educated at Edinburgh University, where he graduated as M.B. and Ch.B. with honours in 1906. After studying in Paris, and filling the post of house-surgeon of the Staffordshire General Infirmary, he entered the I.M.S. as lieutenant on July 27th, 1907. He attained the rank of major on January 27th, 1919, and retired, on account of ill health, on April 4th, 1919. He served in the recent great war, was mentioned in dispatches in the *London Gazette* of July 27th, 1916, and received the Military Cross on June 24th, 1916.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on February 18th the following medical degrees were conferred:

D.M.—E. W. N. Hobhouse, H. A. Gilkes, D. S. Davies.  
B.M.—R. Oddie.

### UNIVERSITY OF LEEDS.

DR. A. MASSEY has been appointed Honorary Demonstrator in Public Health.

Unions Act, 1927, forbade local authorities to lay down the condition that their employees should be members of trade unions. Mr. Chamberlain said the Act contained such a provision, but he did not think it applied to this case.

**Wingfield Orthopaedic Hospital.**—In reply to Sir Robert Hamilton, on February 16th, Lord Eustace Percy said that on April 7th, 1927, the medical inspectors of the Ministry of Education, at the close of their inspection of the Wingfield Orthopaedic Hospital, Headington, Oxford, conferred with the house committee at the request of that body, and in the course of the discussion commented adversely on the efficiency and suitability of the secretary of the hospital and of the manager of the workshops. The inspection was under the Education Act and in accordance with the usual practice. Action subsequently taken by the managers was at their own discretion.

**Tinned Foods.**—The Minister of Health is advised that the nutritive value of tinned foods is, in general, comparable with that of other cooked foods. He has no evidence suggesting the necessity for him to set on foot expert inquiries into the effect of these foods on the public health.

**Infant Death Rate in County Durham.**—Mr. R. Richardson, on February 16th, asked if Mr. Chamberlain's attention had been called to the report made in December, 1927, by the medical officers for Chester-le-Street and Houghton-le-Spring, and again in January for Houghton-le-Spring, to the effect that the infantile mortality rate in Houghton-le-Spring was over 200 and in Chester-le-Street 147. Mr. Chamberlain said he had not officially received these reports, but would obtain them. Mr. Richardson asserted that medical officers in various parts of Durham had reported increases in the infantile mortality rate, and had expressed the opinion that it was largely due to lack of nourishment for mothers and children.

#### Notes in Brief.

Three out of the necessary seven signatures by members of the Council of the League of Nations are still lacking to the International Opium Convention, signed at Geneva in February, 1925.

On February 20th Sir Shirley Benn presented a bill to amend the law relating to the marriage of persons with their nephew or niece by marriage, and it was read a first time.

There were 1,224,140 lb. of opium exported from India in 1926, including 88,000 lb. of medical opium sent to this country. In the same year the produce of the acreage in British India was 1,082,700 lb. Figures for 1927 are not yet available.

Twenty-six nursery schools are at present recognized by the Board of Education. The provision of two others has been approved, one of which is now in course of erection.

## Medical News.

THE Hunterian Oration will be delivered before the Hunterian Society of London at the Mansion House on Monday next, February 27th, at 9 p.m., by Dr. Anthony Feilding, on "Sciatica: its varieties and treatment." The Hunterian Society of St. George's Hospital has invited the Hunterian Society to take part in a joint commemoration of the bicentenary of John Hunter. A special meeting will accordingly be held in the board room of St. George's Hospital on Thursday, March 1st, at 9 p.m. The meeting will be in the nature of a *conversazione*, and short addresses will be delivered by Sir Humphry Rolleston and Sir Crisp English.

As a sequel to the conference on maternal mortality at the end of last October a further meeting will be held at the Central Hall, Westminster, on February 28th, at 3 p.m., when Mr. Arthur Greenwood, M.P., will speak, and the Hon. Mrs. Alfred Lyttelton will take the chair. It will be proposed that steps should be taken to obtain a medical inquiry into every maternal death due to childbirth; that further instruction in midwifery should be introduced into the medical curriculum; that an official committee should be appointed to consider the training and employment of midwives; that the provisions of the National Health Insurance Acts should be modified to make medical and midwifery services available for mothers, both for ante-natal care and during and after confinement; and that local authorities should be encouraged to make their maternity services adequate.

THE post-graduate course of lectures and demonstrations at the Manchester Royal Infirmary will be resumed on March 2nd, when Dr. A. H. Holmes will give a demonstration of medical cases. On March 6th Mr. Howson Ray will lecture on mucous colitis. The lectures and demonstrations, which are free to members of the medical profession, will begin at 4.15 p.m. each day, and tea will be served at 3.45.

A COURSE of three post-graduate lectures on cancer will be held at the Leeds Medical School on Wednesdays, March 7th, April 4th, and May 9th, at 3.30 p.m. Sir Berkeley Moynihan will deliver the first lecture, which will be of an introductory nature; Professor G. E. Gask will speak in April, on radium in the treatment of malignant disease; and Professor G. Grey Turner will deal with cancer of the rectum, in May. Those

who intend to be present are asked to inform the secretary of the British Empire Cancer Campaign, 47, Park Square, Leeds, at least two days before each lecture. The course is free to medical practitioners, and tea will be provided.

THE Fellowship of Medicine announces that Dr. Neill Hobhouse will give a lecture on amentia in relation to cerebral disease and abnormality on February 27th, at 5 p.m., at the house of the Medical Society of London, 11, Chandos Street, W. There will be a demonstration in surgery by Mr. Aleck Bourne at the Samaritan Hospital for Women on February 29th at 2.30 p.m., and Dr. Heald will demonstrate on cases treated by electro-therapy on the same day, at 5 p.m., at the Royal Free Hospital. The lecture and the two demonstrations are free to medical practitioners. From March 5th to 17th there will be three courses as follows: in diseases of children at the Queen's Hospital, taking up the whole of each day; in gynaecology at the Chelsea Hospital for Women, occupying some mornings and some afternoons; and in ophthalmology at the Royal Eye Hospital during the afternoons only. From March 19th to 24th there will be an all-day course in diseases of the chest at the Brompton Hospital. From March 19th to 31st a course in orthopaedics will be held at the Royal National Orthopaedic Hospital in the mornings and afternoons, and a practitioners' course in medicine, surgery, and the specialties in the late afternoons at the Hampstead General Hospital. The April courses begin on the 16th of that month. The general course of work, consisting of attendance at the ordinary practice of some forty London hospitals, continues without interruption. The programme for this course and the tickets, which may be taken for any period from one week to one year, together with the syllabuses of the special courses, may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A POST-GRADUATE course in recent advances in pediatrics will be held under the auspices of the Paris Faculty of Medicine at the Hôpital des Enfants-Malades, 149, Rue de Sévres, from April 2nd to 14th. The fee is 250 francs, and further information may be obtained from the secretary of the Faculty of Medicine, 12, Rue de l'École de Médecine, Paris.

THE Council of Industrial Medicine has arranged a meeting for Friday, March 2nd, at 5.30 p.m., at 12, Stratford Place, W., to discuss the treatment of industrial accidents and the value of adequate treatment of industrial rheumatism.

THE Irish Medical Schools' and Graduates' Association will hold its annual London dinner on Saturday, March 17th (St. Patrick's Day), at 7.45 p.m., at the Savoy Hotel, when the guest of honour will be General Sir Hubert Gough. The honorary dinner secretary is Dr. F. R. Holmes Meyrick (59, Kensington Court, W.8).

ALMOST simultaneously with the appearance of Sir Leonard Rogers's paper on small-pox and climate in England and Wales in our present issue there has been published by the Oxford University Press his Robert Boyle Lecture on "Climate and disease incidence in India: forecasting epidemics," delivered last June. The price of the pamphlet is 1s.

THIS week's issue of the *Autocar* is intended especially for new motorists; its contents include notes on learning to drive a car and a classified buyer's guide.

THE Bishop of Willesden preached at St. Andrew's Church, Holborn, on February 19th at the thanksgiving service for the centenary of the Royal Free Hospital; the Lord Mayor was present, together with the Mayors of Holborn, Finsbury, and Islington. The Bishop described the origin of the hospital, to which we referred on February 11th (p. 236), and commented on the valuable work it was now doing, particularly in the education of women for medical practice.

THE first congress of the German Society for Researches on the Circulation will be held at Cologne on March 5th and 6th, and the German Balneological Congress will be held at Baden, near Vienna, from March 28th to the 31st.

THE medical visit to Prague and the Czechoslovakian spas last Easter, of which some account appeared in our issues of May 14th, May 28th, and June 4th, 1927, is to be followed this spring by a tour through several Jugoslav provinces. We gather that it will be more of a pleasure party than a professional expedition, the only place with a special appeal to doctors being the Rockefeller Institute at Zagreb. The journey out and home will be by way of London, Harwich, the Hook of Holland, and Munich; apart from this all the travelling will be in motor cars. A most attractive itinerary has been arranged, and places in Jugoslavia will be visited which ordinary tourists rarely see. The party is due to leave on April 3rd and return on April 24th; the charge will be £41 16s., to include all travelling expenses, motor cars, hotels, and tips. Wives or daughters of medical men joining the tour will be welcomed. Typed particulars of the route, with information about passports, postal arrangements, and so on, may be had from Mr. Henry Baerlein (the Bath Club, 34, Dover Street, London, W.1), who organized so successfully last year's travel in Czechoslovakia.