TABLE V.—*Anatomical State of the Prepuce of 278 Patients with Gonorrhoea*

	No. of Cases of Gonorrhoea	Per cent.
Circumcised	75	27
"Short prepuce"	30	10.5
Average prepuce	166	60
Phimosis	7	2.5

TABLE VI.—*Anatomical State of the Prepuce of 130 Patients with no Venereal Disease*

	No. of Patients	Per cent.
Circumcised	24	18.4
"Short prepuce"	17	13.0
Average prepuce	77	59.2
Phimosis	12	9.2

So far there appears to be no striking difference in the relative proportions of the various anatomical divisions of the prepuce in the three groups. Circumcision is noted a little more frequently in the cases of gonorrhoea than in those of syphilis and a little less frequently in the non-venereal group.

A comparison of the distribution of the various classifications of the prepuce in the syphilis group with that of the whole group of the 499 patients under observation reveals an extremely close similarity. (See Table VII.)

TABLE VII.—*Anatomical State of the Prepuce of the Syphilis Group Compared with the Whole Group*

	Syphilis Cases, Total 112	Whole Group, Total 499
Circumcised	22.3 per cent.	23.6 per cent.
"Short prepuce"	14.3 „	12 „
Average prepuce	60.7 „	60 „
Phimosis	2.7 „	4 „

When we compare the syphilis rate in the 118 circumcised, patients with that of the non-circumcised group of 381, we again find that there is no difference of any significance—namely, 20.2 per cent. in the circumcised group compared with 21.9 per cent. in the non-circumcised group.

We have already indicated that a prepuce that is very short or is rudimentary in extent is by no means uncommon among these patients. If the number of such patients is included among the circumcised, we have a composite group of patients in whom the prepuce has either been removed or is naturally extremely deficient, and in whom the glans penis is permanently exposed. The syphilis rate of this composite group compared with that for the remaining patients in whom the prepuce is of average extent or phimotic is shown in Table VIII; the figures indicating the syphilis rate are almost identical.

TABLE VIII.—*Syphilis Rate in (A) Circumcised Patients and others with Permanently Exposed Glans, compared with (B) Patients with an average Prepuce or Phimosis*

	Total Number of Patients	No. of Cases of Syphilis	Percentage of Cases of Syphilis
Number circumcised or with "short prepuce"	179	41	22.9
Number with average prepuce or phimosis	320	71	22.2

CONCLUSION

The total number of cases in this series is small in comparison with the large groups reported by others—for example, Breitenstein.[3] Attempts have been made to make up for this deficiency in numbers by greater accuracy in recording the anatomical condition of the prepuce and not relying upon racial classifications. It is probable that any large group of non-Jewish men will contain some who have been circumcised. A considerable number of men in the circumcised group of our series were not of Jewish faith. Also it appeared to us that the inclusion of a separate group for cases with a deficient prepuce is productive of some interest and value.

From the results of analysis of our cases it appears that the absence of the prepuce is not the important preventive factor in the acquisition of syphilis that is commonly believed.

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Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

TRAUMATIC DETACHMENT OF RETINA: OPERATION: RECOVERY

In view of the great interest aroused during recent years in the operative treatment of this condition the following case appears worthy of record.

F. C., male, aged 42, attended the casualty department of the Princess Beatrice Hospital on March 3rd, 1932.

History and State.—While he was chopping wood a piece flew up and struck him a violent blow on the right eye. He complained of misty vision and seeing double with the injured eye. He was given local treatment. When referred to me a few days later the affected eye was found to be bandaged and the pupil dilated with atropine. The margin of the pupil was dentated, showing that some fibres of the ciliary muscle were ruptured. At the time of my examination there was no hyphaema. Vision of the injured eye was 5/24, not improved. Vision of the left eye with −4 D sph. = 5/5. He had never worn glasses, and told me that the injured eye was always his good one, and that he relied on it chiefly for his work as a skilled repairer of antiques. On ophthalmoscopic examination he was found to have a detachment of the retina in the upper and outer quadrant. No tear of the retina could be seen. Local treatment—that is, atropine with bandage—was continued pending his admission to hospital. He was admitted as an in-patient on March 21st, 1932. By this time, however, it was noted that the detachment had definitely become more extensive, and had gravitated into the lower and outer quadrant. In hospital he was kept flat in bed, with both eyes bandaged, the use of atropine in the injured eye being continued. He was examined again after three days, but as the detached retina appeared to be losing transparency and showed no signs of spontaneous improvement from recumbent treatment it was decided to operate forthwith.

Operation (March 24th, 1932).—The patient was placed on the table and the eye cocainized. With the speculum introduced, the conjunctiva and Tenon's capsule were dissected back from the globe between the inferior and external recti and held back with a retractor by my assistant. The meridian of maximum detachment appearing to be at "8 o'clock," a point was stained with methylene-blue 7 mm. from the corneal limbus to mark the approximate position of the ora serrata, and another point selected on the same meridian 4 to 5 mm. further back. At this spot a hole was made through the sclerotic and choroid with a pointed electro-cautery heated to a bright red. The subretinal fluid oozed out with a speck of vitreous. When the flow had ceased, after a minute or two the cautery was again heated to whiteness and pushed

through the hole to a depth of 2 mm., but only for a moment. No surface cauterization of the sclera in the vicinity of the puncture was done. The conjunctival stitches were inserted, atropine instilled, and both eyes bandaged. The patient remained in bed for only five days, when the stitches were removed and he was discharged from hospital (April 1st). Just previous to his leaving hospital the eye was quickly looked at and the retina noted to have regained attachment, but no prolonged examination was made. The patient stated, however, that the sight of the eye had much improved. He was given atropine, and advised to keep the eye bandaged.

Progress.—A week later he came to the out-patient department, when the vision of the injured eye was found to be 5/6, partly, and the field, charted on the perimeter, full. He attended once a week for a month, the eye still under atropine, but after the first fortnight the bandage was replaced by a shade. As he was anxious to return to work the atropine and shade were now discontinued and permission given to resume his employment. At my request he came to see me at the hospital on September 26th—that is, over six months after the accident—when the sight of the operated eye was found to have improved to nearly 5/5. With a correction of slight myopic astigmatism in this eye he got full normal vision. The field was again charted, and noted to be full. With the ophthalmoscope the site of the cautery puncture was easily seen as a circular area about a disk-breadth diameter in the "8 o'clock" meridian, dead white, and having a margin of pigment. No creasing of the retina or vitreous opacities were detected. The patient volunteered the statement that the operated eye had become, as formerly, his better eye, and that he could see with it as well as ever. Seen again as recently as May 23rd of this year, when he was shown at a Kensington Branch meeting of the British Medical Association, held at the Princess Beatrice Hospital, the vision and field of vision of the operated eye were found to have remained normal. The cure may therefore be regarded as permanent.

The procedure adopted was on the lines advocated by Gonin, and the aim underlying this and other diathermic methods is to produce, after evacuation of the subretinal fluid, an area, or areas, of agglutinative inflammation which will tack down the detached retina to the subjacent choroid and sclerotic. A very good account of Gonin's work—and indeed of the whole subject—with bibliography, is available to the practitioner in Anderson's *Detachment of the Retina.*

The excellent result obtained in this case points to the desirability of early operation as opposed to expectant treatment of this condition, since, as is well known, the prognosis becomes progressively less favourable with the lapse of time. When, indeed, the detachment becomes total—as partial detachments ultimately tend to—no operative procedure is likely to be of any avail.

A. S. WORTON, M.D., F.R.C.S.,
Ophthalmic Surgeon, Princess Beatrice Hospital.

CIRSOID ANEURYSM OF THE SCALP

The interesting account of a case of cirsoid aneurysm of the scalp, which Mr. R. A. Kerr contributed to the *British Medical Journal* of September 23rd, 1933 (p. 566), prompts me to record my experiences with such a case with which I was closely associated some twelve years ago, while acting as house-surgeon to Mr. Donald D. Day at the Norfolk and Norwich Hospital, Norwich.

Our patient was a man of about 45, who had had the tumour on his scalp for as long as he could remember; he sought medical aid on account of the fact that during the previous two years the "lump" had more than doubled its size.

On examination he presented a smooth tumour, about 4 by 2 inches, with the long axis directed antero-posteriorly, which was situated about 3 inches above the base of the right mastoid process. It presented all the signs of a typical cirsoid aneurysm, and was fed by numerous strongly pulsating vessels all round its periphery. Operation was decided upon, and with Mr. Day's assistance I ligated both occipital and both superficial temporal arteries, exposing each through a small incision, ligating in two places, and cutting between. All the obvious feeding vessels around the circumference of the tumour were similarly dealt with. This procedure, however, had little apparent immediate effect on the aneurysm, so the patient was returned to bed with a firm pad compressing the tumour, with the hope that the combined effect of partially cutting off the blood supply and of pressure would cause thrombosis. In this we were disappointed, for our activities had little or no effect; the tumour was as large, and the pulsation as active, as ever.

A fortnight later Mr. Day adopted another procedure. A thin skewer was inserted through the scalp some distance from the margin of the tumour, and at right angles to its long axis; the skewer was passed down to the pericranium, and was then pushed along the surface of the skull below the aneurysm, and made to emerge through the scalp some distance on the other side of the pulsating mass. Two other skewers were inserted in the same manner, parallel to the first, with about one inch between each. A double silkworm-gut ligature was then passed with very firm tension in figure-of-eight fashion over the projecting end of a skewer, in such a way as to indent deeply the surface of the aneurysm, and similar strands were passed round the other skewers. The aneurysm now presented a markedly lobulated surface, with a deep depression corresponding to the position of a ligature over each skewer. A sterile dressing was applied and the patient returned to bed.

Four days later the area was dressed, and in about ten days the silkworm-gut strands were cut off and the skewers extracted. The result was surprising: the aneurysm was now replaced by a hard, non-pulsating, lobulated mass, and the numerous feeding vessels round about had entirely disappeared.

The patient was discharged, and, being highly delighted with the result, co-operated with us to the extent of reporting every month; in this way I was able to witness the gradual disappearance of the tumour, and when I last saw him, nine months after the second operation, the aneurysmal mass was represented by a hard nodule about the size of a hazel nut, and the scalp surrounding it was normal. It was a striking example of the originality of thought, simplicity of technique, and satisfactory result which characterized the work of that fine old surgeon.

Norwich. A. G. SMITH, M.D., F.R.C.S.

Reports of Societies

TREATMENT OF MUCOUS COLITIS

A meeting of the Section of Physical Medicine of the Royal Society of Medicine was held on January 19th, when the subject for discussion was the treatment of mucous colitis. Dr. M. B. RAY presided.

Dr. A. F. HURST said that specialism in therapeutics had dangers perhaps even greater than specialism in other branches of medicine, and this was illustrated by the condition of what was commonly called mucous colitis. Such a case might for months be treated with vaccines, or intestinal lavage, or possibly diathermy, when all the time the so-called mucous colitis was nothing else than achlorhydric gastritis, which could be cured with a few doses of hydrochloric acid; or, alternatively, it was something much more serious, a carcinoma of the colon, which during the time of treatment had passed from the stage of safe operation to that of complete inoperability. In his own view there was no such thing as mucous colitis. The colon, like every other mucous membrane, had as one of its important functions the secretion of mucus in order to protect itself from injury. The injury might be either mechanical or chemical irritation. Mechanical irritation occurred in inefficient defaecation, when impaction of faeces irritated the mucous

A "New" Type of Influenza?

SIR,—It may be of interest to mention that in North London during the last fourteen days a new clinical type of influenza (as far as we are aware) has presented itself. The initial cases caused a little anxiety on account of their lack of definite signs and continued pyrexia.

The clinical picture, typical in almost every case (twenty in all have been seen up to the present), was as follows:

The patients complained of swelling of the face, confined chiefly to the upper half over the supraorbital regions and eyelids. Puffiness of the lower lid was marked. In a high percentage there was chemosis and congestion of the conjunctivae, with increased vascularity. At this stage the patient was apyrexial. Within six to twelve hours headache, malaise, and feverishness, with moderate perspiration, were complained of, and the temperature and pulse rate were increased, typical findings being a temperature of 103° F. and a pulse rate of 120. The tongue was dry and coated with a dirty white fur. General physical examination was negative.

Acute nephritis was the tentative diagnosis arrived at in the early cases, but routine examination of the urine showed complete absence of albumin and blood in all cases.

Symptoms, with the addition in some cases of a slight hacking cough, continued from two to five days up to a week in severe cases.

This type is particularly resistant to treatment. Pulv. ipecac. co. and acid. acetylsalicyl., which we have used extensively in the past with success, was almost ineffective and tended to aggravate the lassitude. The most effective combination of drugs seems to be acid. acetylsalicyl. grains x, phenacetin. grains v, caffeina grains iij. Pyrexia in most cases began to fall within twelve hours, and there was a corresponding relief in the symptoms. Within two to five days temperature and pulse rate were normal and the symptoms had disappeared. A subdued light in the sickroom or an eyeshade gave considerable relief to the eye condition. Frequent bathing with lot. acid. boric. was also helpful. Treatment apart from this was carried out on general principles.

I should be interested to hear whether other members of the profession have met with a similar condition.—I am, etc.,

JAMES L. S. THOMSON, M.B., Ch.B.

London, N.22, Jan. 17th.

Obituary

Dr. WILLIAM ACKRILL STAMFORD, who died recently at the age of 93, had been in practice at Tibshelf, Derbyshire, for more than half a century. A native of Beverley, he was a student of the old Leeds School of Medicine, and qualified M.R.C.S.Eng. in 1883. In his early days Dr. Stamford was well known as an athlete and rider in point-to-point races, and he claimed to be the first Englishman to ride the old "bone-shaker" bicycle. He founded the local Ambulance Brigade at Tibshelf, which appeared for a command inspection by Queen Victoria at Windsor Castle, and in 1900 the Prince of Wales (afterwards King Edward VII) presented to Dr. Stamford on behalf of the Queen the long-service ambulance medal. Dr. Stamford was a prominent Freemason, and was twice Master of the Tibshelf Lodge, which he founded.

Dr. CHARLES RANDOLPH of Milverton, Somerset, died on January 14th, at the age of 83 years. He had practised in Milverton, and over a very large area of the district, for more than sixty years. He studied medicine at the Bristol Royal Infirmary and at St. Bartholomew's Hospital, London, qualifying M.R.C.S.Eng. in 1871, and obtained the L.R.C.P.Ed. in 1872. From that time he took over his father's practice, and carried it on until his retirement in 1931. Dr. Randolph belonged to the British Medical Association for the whole of his career, and was president of the West Somerset Branch about forty-five years ago. He held the appointment of medical officer of health to the Wellington Rural District Council from 1874 to 1931, and was Poor Law medical officer for the same period. His sole interest in life was his profession, and never once during his long career could he be persuaded to take any holiday for more than a couple of days, and even that rarely. His patients declared that his very presence in the sickroom carried confidence and comfort with it. He can best be described as a true friend of the poor, and was in fact the old type of family doctor and counsellor.

Universities and Colleges

UNIVERSITY OF LONDON

Lectures

A course of six lectures on cytology will be given at University College by Dr. R. J. Ludford, Dr. E. S. Horning, and Dr. K. C. Richardson, on Wednesdays, February 7th to March 14th, at 5 p.m. Dr. Ludford will deliver the first three lectures on "The Physical Properties of Protoplasm," "Vital Staining, the Reaction of Cells to Dyestuffs," and "Tissue Culture as a Technique for the Study of Living Cells." The fourth and sixth lectures will be given by Dr. Horning on "Micro-incineration" and "The Enzymatic Function of Mitochondria and the Significance of the Golgi Apparatus," and the fifth lecture will be delivered by Dr. Richardson on "The Secretory Phenomena in the Oviduct of the Fowl." The lectures will be followed by demonstrations of microscopical preparations, and are open without fee to students of the university and others interested in the subject.

UNIVERSITY OF DUBLIN

At the later winter commencements in the Hilary Term, held in Trinity College on January 17th, the following medical degrees were conferred:

M.CH.—F. W. G. Smith (*in absentia*).
M.B., B.CH., B.A.O.—D. S. Torrens (*stip. cond.*).

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-ON-TYNE

A special course of post-graduate instruction has been arranged for the months of January, February, and March. A course of lectures by Dr. J. C. Spence, followed by a clinical demonstration of cases, at the Royal Victoria Infirmary and Babies' Hospital, Newcastle, on Thursdays at 4 p.m., began on January 25th. A series of ten meetings dealing with pulmonary tuberculosis and infectious diseases is being held at the City Hospital, Walker Gate, Newcastle, on Wednesdays at 6.30 p.m. The fee for each special course is £3 3s.

Classes for clinical instruction in medicine and surgery, or lecture-demonstrations, will be held at Newcastle General Hospital every Sunday at 10.30 a.m. until March 25th. There is no fee, and all medical practitioners are invited to attend.

The Services

DEATHS IN THE SERVICES

Lieut.-Colonel Edward Surman Peck, Bengal Medical Service (ret.), died at Montreux, Switzerland, on January 15th. He was born on March 23rd, 1866, the son of William Bishop Peck, Esq., wine merchant, of Westbury, Gloucestershire, and was educated at Cambridge, where he graduated B.A., M.B., and B.S. in 1891, and also took the D.P.H. in 1894. Entering the I.M.S. as surgeon lieutenant on January 29th, 1894, he retired, on account of ill-health, as major on December 6th, 1913, but was subsequently promoted to lieutenant-colonel while serving in the war, on December 11th, 1916. He served on the North-West Frontier of India in the Chitral Campaign of 1895, took part in the relief of Chitral, and gained the frontier medal with a clasp. In 1913 he took an air pilot's certificate. He rejoined for service in the war of 1914–18, from October 19th, 1914, serving for a short time in a hospital ship, and then in the Indian Hospital at York Place, Brighton, from its opening in November, 1914, to its closure on December 31st, 1915. He was then sent to India, but was invalided after a few months. He was married, and was a brother of the late Lieut.-Colonel F. S. Peck, I.M.S.

Surgeon Commander Edward Henry MacSherry, M.D., M.Ch., R.N. (ret.), died at Eastbourne on January 4th. He graduated M.D., M.Ch., and M.A.O. in the Royal University of Ireland in 1886.

VITAL STATISTICS FOR ENGLAND AND WALES, 1933

We are indebted to the Registrar-General for the following statement regarding the provisional birth rates and death rates, and the rates of infantile mortality, in England and Wales and in certain parts of the country, during 1933. The statement is issued for the information of medical officers of health.

ENGLAND AND WALES

Birth Rate, Death Rate, and Infantile Mortality for the Year 1933 (Provisional Figures)

	Live Births per 1,000 Population	Deaths per 1,000 Population (Crude Rate)	Deaths under One Year per 1,000 Registered Live Births
England and Wales	14.4	12.3	64
118 county boroughs and great towns, including London	14.4	12.2	67
131 smaller towns with estimated resident populations of from 25,000 to 50,000 at 1931 Census	14.3	10.9	56
London (administrative county)	13.1	12.3	59

The birth and death rates for England and Wales as a whole are calculated on the estimated mid-1933 population, but the remaining rates are calculated on the estimated mid-1932 populations.

For the fifth year in succession the birth rate is the lowest on record, being 0.9 per 1,000 below that of 1932 and 1.4 below that of 1931.

The death rate is 0.3 above that for 1932, and is the same as that for 1931.

The infant mortality rate is 1 per 1,000 below that for 1932, and, with the one exception of the year 1930 (60), is the lowest on record.

Medical News

The Hunterian Society's banquet to commemorate the 206th anniversary of the birth of John Hunter will be held at the May Fair Hotel, Berkeley Street, W., on Thursday, February 8th, at 7 for 7.30 p.m. The guests of honour will include Lord Horder, Judge Cecil Whiteley, K.C., and Sir Charles Batho.

The Royal Sanitary Institute will hold a sessional meeting at Newport, Mon., on Friday, February 9th, in the Town Hall. At 5 p.m. papers will be read on "The Spread of Infectious Diseases," by Dr. J. Greenwood Wilson, medical officer of health, Cardiff; on "The Changing Outlook on the Control of Infectious Diseases," by Dr. H. W. Catto, medical officer of health, Newport; and on "The Housing Acts and the Need for Standards and Definitions," by Mr. C. J. Burr. The chair will be taken by Professor R. M. F. Picken.

The seventh annual meeting of the Association of Clinical Pathologists will be held at St. Mary's Hospital, Paddington, W., to-day (Saturday, January 27th), at 9.45 a.m., when there will be a discussion on the prognosis in meningitis.

A paper on the canning industry will be read before the Royal Society of Arts, John Street, Adelphi, W.C., on Wednesday, February 28th, at 8 p.m., by Mr. T. N. Morris, M.A., of the Low Temperature Research Station, Cambridge, with Professor E. F. Armstrong, F.R.S., in the chair.

A new post-graduate course opened at the National Hospital, Queen Square, W.C.1, on January 22nd, and will be continued till Friday, March 23rd. The course includes out-patient clinics, lectures and clinical demonstrations on each weekday, except Saturday, at 2 p.m. and 3.30 p.m. respectively; demonstrations on the pathology of the nervous system on Wednesdays and Thursdays at 12 noon; demonstrations on the anatomy and physiology of the nervous system on Tuesdays at 12 noon; and demonstrations on neurological ophthalmology on Mondays at 4.30 p.m. The fee for the course is £10 10s., and for clinical clerks or those who hold perpetual tickets, £8 8s. Special arrangements will be made for those who cannot take the whole course.

A three months' course of instruction in modern methods in the diagnosis and treatment of venereal diseases will begin at the Salford Municipal Clinic on Thursday, March 1st, at 11 a.m. Its main purpose is to enable those attending it to obtain the Ministry of Health certificate. The fee for the course is two guineas, payable in advance. Those desirous of enrolling must send their names and addresses by February 19th to Dr. E. T. Burke, Municipal Clinic, 155, Regent Road, Salford, 5, Lancs.

The Fellowship of Medicine and Post-Graduate Medical Association (1, Wimpole Street, W.) announces that the third of Dr. Clark-Kennedy's lecture-demonstrations will be given on January 30th at 2.30 p.m., and will deal with organic dyspepsia; the fourth, on February 6th, with vomiting and haematemesis. There will be a week's course in neurology at the West End Hospital for Nervous Diseases, from February 5th to 10th, occupying the whole of each day. A course in gynaecology will be given at the Chelsea Hospital for Women from February 5th to 17th, and a week-end course in physical medicine at the London Clinic and Institute of Physical Medicine on February 10th and 11th. A whole-day course in diseases of the chest will be given at the Brompton Hospital from February 12th to 17th. Four demonstrations on ante-natal treatment will be given by Dame Louise McIlroy at the Royal Free Hospital at 5 p.m. on February 16th to March 9th, and six demonstrations on the interpretation of pyelograms by Dr. Mather Cordiner, at 8 p.m. on Tuesdays and Fridays from February 13th to March 2nd. Courses arranged by the Fellowship of Medicine are open only to members and associates unless otherwise stated.

On Friday, February 9th, at 3.30 p.m., the new nurses' Home provided at the London County Council's hospital in Bancroft Road, Mile End, will be opened by the chairman of the Central Public Health Committee of the Council, Dr. F. Barrie Lambert.

A conference on atomic physics, to be opened by Lord Rutherford, will be held in 1934, under the auspices of the Physical Society. The details of the programme are not yet settled, but the conference is expected to last over two days at least, and some of the meetings will probably be held in London and some in Cambridge.

The committee of the Cancer Hospital, Fulham Road, London, has awarded a scholarship of the value of £100 per annum to Mrs. Boyland, B.A., in recognition of her services in the Research Institute of the hospital. She has investigated with Dr. E. Boyland the respiration of normal and cancerous tissues in the presence of derivatives of cancer-producing compounds, and will continue the development of this work. Mrs. Boyland had previously carried out research work at Cambridge, Heidelberg, and the Royal Institution.

The editorial board of the *British Journal of Anaesthesia* is offering a prize of £15 for the best essay on any subject directly connected with the physiology or practice of anaesthetics. The competition is open to any person holding a qualification within the British Empire. Essays must be not less than 2,000 and not more than 6,000 words in length, and written or typed on one side of the paper only. They must be submitted on or before August 31st to the Editor, at 29, St. Andrew's Mansions, Dorset Street, W.1. The editorial board will be the sole judges of the competition, and reserve the right to publish in the journal any or all of the essays submitted.

Lord Nuffield (Sir William Morris) has given £45,000 for the erection of a new block of private wards at Guy's Hospital. His donations to hospitals and charities now amount to over £750,000.

The issue of *Forschungen und Fortschritte* for January 10th contains an appreciation by Dr. Joachim Hammerling of the Kaiser Wilhelm Institute for Biology, Berlin, of the work of the biologist Gregor Mendel on the occasion of the fiftieth anniversary of his death.

The issue of the *Bulletin de l'Académie de Médecine* for December 12th contains a eulogy of the eminent scientist Prince Albert of Monaco, who died in 1922, by the general secretary, Professor L. Achard.

Dr. W. O. Sankey has been promoted to the rank of regional medical officer under the Ministry of Health.

Professor Forssell of Stockholm and Professor Nolf of Liége have been elected corresponding members of the Académie de Médecine.