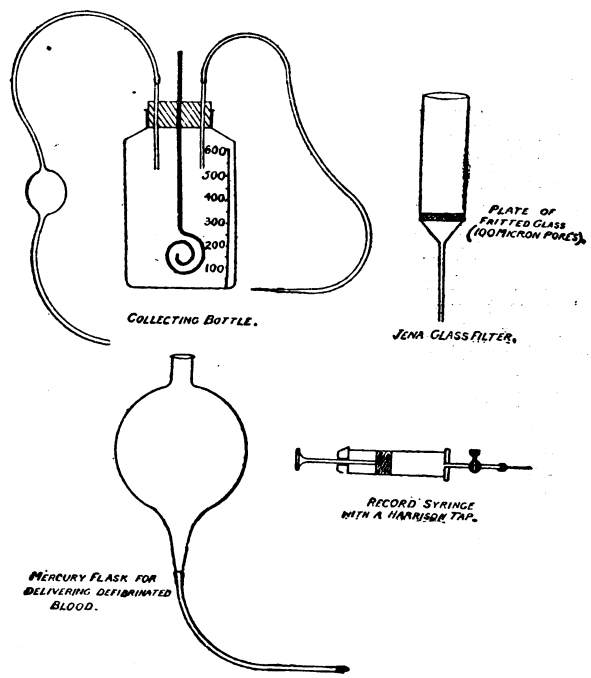
of 500 c.cm. capacity, into which also small quantities of sodium citrate are allowed to run from time to time, according to the quantity of blood required.

I propose to describe here an equally simple method of obtaining and transfusing defibrinated blood. I assume that all the usual precautions of grouping have been previously carried out.

The apparatus consists of a wide-necked bottle, graduated in divisions of 50 c.cm., with a total capacity of 500 c.cm., which is a satisfactory amount of blood to give as a maximum at any one operation. The bottle is fitted with a rubber cork, through which passes a short length of glass tubing and a long stout nickel silver wire, turned into a wide flat spiral coil at its lower end. A suitable length of rubber tubing connects the glass tube with a wide-bored short-bevelled needle. Through the cork also passes another short glass tube connected with a Higginson's syringe, for the production, within the bottle, of a slight negative pressure. The whole of the apparatus is sterilizable, and constitutes the receiving apparatus.



The donor lies down, the flexure of the elbow is sterilized, and a tourniquet applied to the upper arm. The apparatus having been put together, with a clip on the tube carrying the needle, two or three squeezes of the Higginson's bulb will produce a little negative pressure in the bottle.

The needle is then inserted into one of the veins at the bend of the elbow, the needle being pushed in against the blood flow, so that when the clip is removed from the tube blood will flow directly along the needle into the bottle. This manœuvre is the only difficulty, and a very little practice will render anyone quite capable of venipuncture on almost every occasion.

As soon as the bottle begins to fill, the Higginson's syringe should be gently squeezed every few seconds with the left hand, whilst with the right hand the bottle is kept constantly revolving gently, thereby swinging the blood content against the nickel spiral, which may with advantage be slightly roughened by filing. As soon as sufficient blood is obtained the needle is withdrawn, the Higginson's syringe detached, and the bottle continuously rotated for about six minutes, at the end of which time the cork is removed; a large single clot of fibrin will be found adhering to the spiral.

The rest of the blood should be, and generally is, absolutely free from any fibrin, but to make it quite safe it must be filtered. This has proved one of the difficulties of the method, but I have recently used a special fritted glass filter instead of glass wool or silver gauze; this solves the problem of filtration. This filter is made by Schott and Gen, Jena, and is numbered 11*a*G3/2-3; it has a mesh of 100 to 110 microns, and allows the passage of blood quite easily; it can be washed free from fibrin afterwards, and can be sterilized without fear of damage.

A convenient receptacle for the filtered blood is a mercury container, to the end of which is attached a rubber tube provided with a clamp and needle attachment. The filter is inserted into the open end of the mercury container and the defibrinated blood poured through the filter. It is now ready for administration.

It is not always easy, in a collapsed patient, to be sure the needle on the end of the tube has entered the vein comfortably, and I now invariably employ a 10 c.cm. Record syringe fitted with a small Harrison's tap, which also fits the ordinary Wassermann needle.

With the tap open and the syringe piston well down the needle is pushed directly into the recipient's vein (in the opposite direction to that when taking blood from a donor), and if the needle is comfortably in the vein a slight withdrawal of the piston will give proof. The tap is now turned, the syringe detached therefrom, and the tube from the receiver, with a suitable metal adapter, is pushed into the tap, which is again turned, and blood will begin to flow into the vein.

The recipient's vein is made prominent by the application of a tourniquet, as in the case of the donor, and this, of course, must be removed as soon as it is certain that the needle is in the vein.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PERIODIC SWELLING OF THE SALIVARY GLANDS.

UNDER this heading a condition is described in Osler and McCrae's *System of Medicine*. The following brief notes of a case will be of interest because of the rarity of the disease and because a certain line of treatment was followed with apparent success.

A retired schoolmaster, aged 62, was seen by me with Mr. H. G. B. Blackman. He gave a very intelligent account of his attacks. The first was in 1916, and since then there have been two or three recurrences each year and at any season. Without assignable cause and while feeling perfectly well, the attacks commence with aching and stiffness at the angle of the jaw on both sides. This is followed within a few minutes by dryness of the mouth and by sneezing. Then the two parotid glands begin to swell simultaneously and symmetrically. They are tender and there is considerable disfigurement. After a few hours the mouth regains its moisture, the sneezing ceases, and the parotid swellings begin to subside, but their reduction is not complete until the third day.

This recurrent malady has been ascribed to plugging of Steno's duct by calculus or by inspissated mucus. But in my patient the simultaneous affection of both parotid glands excludes such an accidental cause. The same argument would apply to an infection of the ducts or of the glands. Sir H. D. Rolleston, writing to me on the subject, suggested "asthma of Steno's duct," and the constant association of sneezing in my patient's attacks seemed to support the idea. At the commencement of his last attack he was given hypodermically 3 minims of adrenaline solution. The whole attack was at once brought to an end and within an hour the swelling of the parotids had gone. This has not happened in any previous attack.

F. W. BURTON-FANNING, M.D., F.R.C.P.

Norwich.

CALCULUS IN THE TESTES.

A MAN, aged about 30, consulted me in the Bhuj Civil Hospital for a chronic sinus in the right side of the scrotum, which had existed for more than eighteen months. There was some pus coming out of the sinus; it was hard, and I suspected a haematoma or a malignant tumour or tubercle in connexion with the testes. There was a history of tapping, by which I thought a haematoma might have been caused. The patient had some rise of temperature regularly in the evening. He was admitted to the hospital, and under chloroform an incision was made about 3 inches

long parallel to the sinus. On slitting open the sinus I found a calculus about the size of a betel-nut without its shell. As the long duration and septic condition had done much damage to the testis I removed it, excised the whole of the sinus tract, and closed the wound. It healed by first intention, and the patient was discharged in about ten days. The specimen has been preserved with a view to presenting it to the Robertson Medical School at Nagpur.

I do not find any mention of the formation of a calculus in the body of the testes in any of the books on surgery or urinary diseases that I know. In my practice of over twenty-five years in charge of large hospitals I have never come across a similar case.

GOPAL R. TAMBE, M.A., B.Sc., L.M. and S.,
Chief Medical Officer, Jubilee Hospital, Bhuj.

REMOVAL OF PAROTID TUMOUR WITHOUT APPLICATION OF ANY LIGATURE.

A WOMAN, aged 68, was admitted to the County Mental Hospital, Lancaster, with the parotid tumour shown in Fig. 1. At about 40 years of age she was operated upon for tumour of the breast, which a daughter states was cancerous; she had also had operations for appendicitis and gall stones. After the withdrawal of some teeth eight years ago a small pea-shaped body appeared which gradually increased in size. The tumour was found to be fairly hard, deep-seated, and attached at the lower pole; the skin was stretched and glossy over the most prominent part.

On February 11th, 1925, I removed it, and although

FIG. 1. FIG. 2.

bound to the deep tissue by dense fibrous bands it came away intact; it was slightly larger than a hen's egg; no ligatures were employed except for approximating the skin surfaces. Then pressure was applied by a pad of wool, and healing by first intention took place. The patient was up in a week, and her appearance in three weeks is shown in Fig. 2. A section made and stained by Dr. S. R. Tattersall showed that the tumour was chiefly of a myxomatous character, with a small cystic portion at the upper pole; there were numerous fibroblasts posteriorly, due probably to the chronicity, but there was no sign of malignancy, which, I believe, is very frequent in a tumour of this type and patient of this age.

GLADYS MURIEL CHAPELL, M.B., Ch.B.Glas.
County Mental Hospital, Lancaster.

RECTAL ETHERIZATION IN SUITABLE CASES.

RECTAL etherization has not gained much popularity in this country. As a routine method of inducing anaesthesia it is unsuitable in a busy general hospital, but in certain cases, when the more orthodox methods are strongly contra-indicated, it is of undoubted value.

A man, aged 46, was admitted to the hospital suffering from acute cholecystitis. His general condition was bad, as he was suffering from marked emphysema and aortic incompetence. On two previous occasions he had been operated on for gall stones and on both occasions he took the anaesthetic badly (D. McL.).

As open ether was contraindicated owing to his chest condition, as local anaesthesia was not possible owing to the adhesions resulting from the two previous operations, and as, owing to the heart conditions, we considered spinal anaesthesia too dangerous, we decided to employ rectal etherization.

About four hours before operation the lower bowel was washed out by enemata, and three hours later 1/4 grain morphine and 1/100 grain atropine were administered hypodermically. A warmed mixture containing 6 oz. ether and 2 oz. olive oil was slowly run into the rectum (1 oz. a minute) by means of a funnel, rubber, and catheter. During the introduction of the oil and ether mixture the patient micturated and had an intense desire to defaecate, but on clamping the catheter this desire passed off.

About ten minutes later he had, to use his own words, "pins and needles" in his legs, and twenty minutes later he showed all the signs and symptoms seen in the excitement stage of ether anaesthesia. He was then taken into the operating theatre, and to complete the induction about 1 oz. of ether was administered by the open method. With this additional ether he remained in a state of surgical anaesthesia for one hour. The gall bladder was exposed in the usual manner and drained. During the operation there was complete muscular relaxation, the respirations were quiet and easy, and at no time did the patient present any untoward symptoms.

On his return to the ward the lower bowel was thoroughly washed out by soap-and-water enemata and saline. There was no post-anaesthetic vomiting and the patient slept for about ten hours after the operation.

C. L. GRANVILLE CHAPMAN, F.R.C.S.I.,
Surgeon, Grimsby and District Hospital.
DUNCAN MCLELLAN, M.B., Ch.B.Aberd.,
Senior House-Surgeon.

A CASE OF ECTOPIC GESTATION.

IN the case of ectopic gestation here reported an ovarian gestation about twenty-six weeks old was found on the right side, and a tubal gestation about eight weeks old on the left. According to De Lee only seventy-two cases of ovarian pregnancy had been recorded down to 1921. Bilateral eccyeses of the tubal type have been reported from time to time, but double eccyeses of such a mixed type as in the present case must certainly be extremely rare. Ectopic gestations of the ordinary type are fairly frequent in Central America. Dr. V. C. Reynolds, senior surgeon of the Vicente d'Antoni Memorial Hospital, to whom I am indebted for permission to publish this note, states that he has operated on about ninety such cases in fifteen years of practice.

A woman, aged 30, married for fourteen years, nulliparous, and of spare build, was admitted to hospital, complaining of a tumour, abdominal discomfort, loss of weight, occasional pyrexial chills, constipation, and amenorrhoea for eleven months. Two months earlier she had had a bloody discharge from the vagina, accompanied by much pain on the left side of the abdomen; she believed this to be a return of menstruation, but she had no period in the following month. She had noticed the tumour some six months previously; the swelling had progressively increased in size from that time, but had ceased growing latterly. She was never inconvenienced in any way, apart from the natural sensation of weight caused by the tumour itself.

In the abdomen a prominent swelling about the size of a six months gravid uterus was obliquely inclined towards the right side; it was elastic, tense, and fluctuating. On the left side there was another tumour of smaller size, closely related to that on the right. No tenderness was present, and on auscultation nothing could be heard. The cervix appeared to be slightly softened and tilted back; the wide and shallow anterior fornix was occupied by a firm mass, while the posterior was deep and narrow. The position of the uterus was not definitely ascertained; it seemed to be retroposed, as suggested by the angular position of the cervix, due undoubtedly to the large tumour in front. The cervix moved with the tumours above it; this sign suggested a uterine tumour, but could be otherwise explained. From these clinical findings we made a diagnosis of cystic ovaries.

A median laparotomy was performed five days later, and on laying open the peritoneal cavity the tumour presented, looking very much like an ovarian cyst. Posterior adhesions to the omentum and abdominal wall were broken down, the tumour was displaced from its bed and clearly defined. The uterus was found to be slightly enlarged, and the Fallopian tube on that side was stretched over the postero-inferior aspect of the cystic swelling, with apparently normal ostium and fimbriae. The right ovary could not be found; it seemed that the tumour had replaced it. Foetal parts were felt in the swelling, and the nature of the case became evident. Exploration on the left side of the pelvis established the presence of two swellings close to each other: (*a*) a blood cyst of the ovary, and (*b*) an elastic enlargement of the left Fallopian tube. The tumour on the right was next incised, and a papyraceous male foetus, about six months old, was delivered. It appeared to be well developed, was fourteen inches long, and had a fair amount of hair on its head. On the left side a partial oöphorectomy and a salpingectomy were performed and the abdomen was subsequently closed. The left tube was found to be dilated into a sac with a foetus about eight weeks old inside its amniotic membrane. The patient made an uninterrupted recovery.

The tumour on the right side was unquestionably an ovarian pregnancy, which had grown between the two layers

of the broad ligament. The relation of the tube to the sac wall seemed to prove this, besides the total absence of ovarian tissue on that side. The interesting points in the case are: the long duration of the gestation, the lack of distinctive symptoms, and the impregnation of the opposite tube, which caused the patient to seek medical advice.

G. BUSTILLO OLIVA, M.R.C.S., L.R.C.P.
La Ceiba, Spanish Honduras.

ACUTE THYROIDISM FOLLOWING LIGATION.

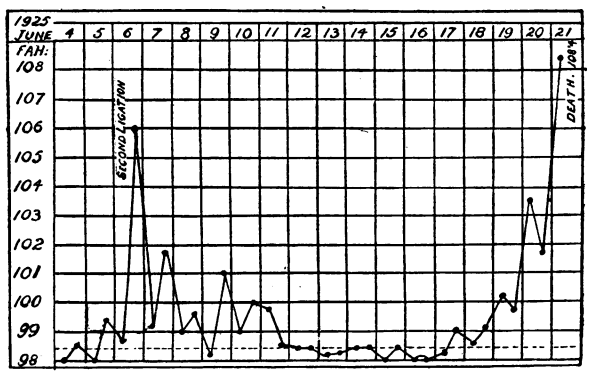
ACUTE thyroidism following ligation of the superior thyroid artery must be very rare. The following case affords an interesting example. My thanks are due to Dr. R. A. Young for allowing me to publish it.

C. J., aged 23, was admitted to hospital with a large vascular goitre and extreme exophthalmos; the symptoms from which she had been suffering for six months were distressing. The temperature was normal, pulse 104 and regular, pulse pressure high. Flushings of the face and neck, tremor, and general excitability were very marked. The superior thyroid arteries were enlarged and tortuous, a thrill being present on both sides. Small adenomata were present in both lobes of the enlarged gland. The patient was kept at complete rest and given a course of bromides for three weeks. It was then decided to ligature the superior thyroid arteries with a view to partial thyroidectomy at a later date.

Operations.

A small injection of morphine and scopolamine was given and the right artery ligatured under local anaesthesia (novocain 1 per cent.). The patient's condition was splendid after the operation, and distinct improvement followed. After a week the nervousness and excitability had abated in rather a dramatic manner. Pulse 100.

A fortnight later the left artery was ligatured; a small injection of morphine and hyoscine was given and the operation performed under local anaesthesia. After the operation the patient appeared



cyanosed and very drowsy. The breathing became stertorous and coma set in. Three hours later the temperature rose to 103° F., pulse 150, and acute oedema of the lungs supervened. Oxygen by the nose, atropine, and strychnine were given and the colour improved slightly. After a short lapse the temperature rose to 105° and the pulse became uncountable. Tepid sponging brought the temperature down to 104°, and further injections of atropine were given. The condition of the patient improved and she became restless. Eight hours after the operation she regained consciousness.

Day by day slight improvement was noticed, but she still suffered from mental confusion and extreme drowsiness. The temperature reached normal after five days, and remained steady for five days; the pulse was 120.

Acute stomatitis and parotitis now retarded the progress, and nourishment was taken with great difficulty. Rectal and intravenous salines were given. The patient went rapidly downhill, and pulmonary oedema again set in. A rigor, an uncountable pulse, and a final rise of temperature to 108.4° F. were the main features before death.

A case of exophthalmic goitre which ended fatally from acute thyroidism was published in the records of the Middlesex Hospital of 1899.

A woman, aged 32, was admitted with a vascular goitre, marked exophthalmos, and a regular pulse of 102. Three weeks later she became very dull and drowsy, and at times restless. The temperature rose suddenly to 103.5° F. and the pulse increased to 160. Stomatitis complicated the attack. Later the pulse became uncountable and death followed.

These two cases show a marked similarity in their symptoms, and are interesting as they demonstrate acute thyroidism (1) following ligation and (2) occurring without surgical intervention.

F. W. GIFFORD NASH,
House-Physician, Middlesex Hospital.

Reviews.

A FRENCH VIEW OF FREUDISM.

ANY novel doctrine is faced with two dangers—the enthusiasm of over-zealous proselytes and the opposition of over-doubting sceptics. The proselyte may damage the doctrine by hasty application to unsuitable conditions; the sceptic may hinder progress by hasty condemnation based on insufficient examination. In the BRITISH MEDICAL JOURNAL of December 6th, 1924, an account was given of Professor Paul Sollier's summary of the proceedings at six conference sessions on psychology held in the Institut des Hautes Études de Belgique, at which an attack was made on the doctrine of Freud. Sollier said that some of Freud's enthusiastic disciples declared that henceforth psychology would be divisible into two periods—namely, before and after Freud; while some opponents described the teaching as the scholastics of pornographical metaphysics. The views of Dr. J. LAUMONIER, professor at the École de Psychologie de Paris, are perhaps similar to, but milder than, those of Professor Sollier. His book, *Le Freudisme Exposé et Critique*,[1] is readable and well arranged.

The first three chapters contain a statement of the doctrine of Freud, a description of psycho-analysis and its methods, and an account of the application of psycho-analysis to normal life, individual and collective. Dr. Laumonier's criticisms are reserved for the fourth and last chapter. In this he begins by classing the doctrine of Freud with the conceptions of Rousseau and the theories of Marx, as a mystical form of religion which attracts fervent adepts who are captivated by the apparent logic of the system. The Freudians, without inquiring into details, accept the faith readily because it attempts to render comprehensible a multitude of facts which have been much neglected—for example, dreams, forgetfulness, and lapses in speech. Dr. Laumonier thinks that in some cases a welcome is extended to the doctrine because it legitimizes, or at least excuses, tendencies to which many people are ready to yield. It marks a retrogression in that it reinstates the disorganizing power of sexual impulses which education had succeeded in moderating. He dwells on the difficulty of meeting the arguments of the Freudians, in that for them refusal to accept their dogmas only proves that the sceptic is a prey to the resistance of his repressed complexes; in fact, the critic either lacks sincerity or clearness of vision. It is contended that those who have not practised the rites cannot judge of their merits.

According to Dr. Laumonier the fundamental error of Freud was his belief in a normal infantile sexualism. This *a priori* conception vitiated in advance Freud's direct observations of children; he used the eyes of adults initiated into sexuality when observing the actions of children, and attributed to them the idea of perversion because analogous actions are seen in adult perverts. If a little boy and girl play at being husband and wife, what reason have we for supposing, asks Dr. Laumonier, that their gestures correspond with the emotions felt by their father and mother in the same circumstances? In most cases, even where children have undergone visual or auditory initiation into sexual matters, there has been no observable trace left of emotional disturbance, simply because the child knew nothing of the significance of the action. The interest was no greater than that aroused by listening to the "tick, tick" of a watch. Experimental evidence has shown that sexuality is bound up with the maturation of the genital organs, and the pouring of their secretions into the general circulation. Normally the infant affords no evidence, histological or physiological, of internal genital secretions. Except in cases of exceptionally early development infantile sexualism in the proper sense of the word does not exist. Freud's belief in this sexualism came, says Dr. Laumonier, mainly from his analysis of dreams and of neuropathic symptoms, an analysis which led him to imagine in the adult unconscious erotic tendencies derived from the tenderest age. Notwithstanding the prodigious activity attributed to the infantile *libido*, the recollections of life

[1] *Le Freudisme Exposé et Critique.* Par le Dr. J. Laumonier. Paris: Félix Alcan. 1925. (Cr. 8vo, pp. 172. Fr. 9.)

on property which has been in the family since the reign of Henry VIII. He was a late vice-president of the Dorset and West Hants Branch of the British Medical Association, and took keen interest in professional matters until illness compelled him to give up work twelve months before his death. He leaves one son, and two daughters, the elder being the wife of Dr. W. M. Willoughby, medical officer of health, Port of London, and the younger the wife of Mr. A. A. Pim, who carries on the practice in Beaminster.

Universities and Colleges.

SOCIETY OF APOTHECARIES OF LONDON.

DR. T. VINCENT DICKINSON, physician to the Italian Hospital, has been elected Master of the Society for the ensuing year, in succession to Dr. A. D. Brenchley.

The Services.

BLANE MEDAL.

SURGEON LIEUTENANT COMMANDER LIONEL F. STRUGNELL, M.B., R.N., has been awarded Sir Gilbert Blane's Gold Medal, he having obtained a first class certificate at the examinations held in 1925 for promotion to the rank of surgeon commander.

DEATHS IN THE SERVICES.

Surgeon Commander Frederic James Burns, R.N.(ret.), died at Hampstead on August 3rd. He was the son of the late Mr. James Burns, editor and proprietor of the *Newry Reporter*, and was educated at Belfast, graduating as M.D. in 1884 and M.Ch. in 1885, in the Royal University of Ireland. He entered the navy soon afterwards and attained the rank of fleet surgeon in 1902; he served for some time on H.M.S. *Vernon*. During the recent war he was senior medical officer of H.M.S. *Orion*, until invalided for renal disease. His remains were interred at St. Patrick's Church, Newry, on August 7th.

Colonel Charles Henry Swayne, D.S.O., Army Medical Service (ret.), died recently at West Palm Beach, Florida, aged 76. He was the second son of the late Dr. A. C. Swayne, J.P., of Carrick-on-Shannon, and was born at that place. He was educated at the Ledwich School, Dublin, where he won prizes in medicine, surgery, and midwifery, and took the L.A.H. at Dublin and the L.R.C.P. and S. at Edinburgh in 1870. He entered the army as assistant surgeon on March 30th, 1872, reached the rank of colonel in November, 1902, with over thirty years' service, and retired in September, 1905. He served in the yellow fever epidemic in Trinidad in 1881; in the Sudan campaign of 1884-85, with the Nile column, in charge of the Dongola field hospital, receiving the medal and the Khedive's bronze star; in Burma from 1886 to 1889, medal with two clasps; and in the Tirah campaign of 1897-98, on the north-west frontier of India, when he received the frontier medal with two clasps and the D.S.O. In 1896 he married Margaret Blakeney, daughter of the late Mr. David Gillies of Londonderry, and had two daughters.

Medical News.

THE Westminster Hospital annual dinner will be held on Thursday, October 1st, at Oddenino's Imperial Restaurant, Regent Street, W., at 7.30 p.m., under the chairmanship of Dr. H. B. Brackenbury.

AT the opening of the new session of the Middlesex Hospital Medical School the prizes will be distributed in the Queen's Hall, on Thursday, October 1st, at 3 p.m., by the Hon. Sir Arthur Lawless; and the inaugural address will be delivered by Dr. C. E. Lakin on tradition in medicine. The annual dinner will be held that evening at the New Criterion Restaurant, Regent Street, with Sir Arnold Lawson in the chair.

THE opening ceremony of the winter session at King's College Hospital Medical School (University of London) will be held on Thursday, October 1st, at 2.30 p.m. The introductory address will be given by Sir Arthur Keith, M.D., F.R.S., Hunterian Professor of the Royal College of Surgeons of England. The annual dinner of past and present students will be held at 7.30 on the same day at the Connaught Rooms, Great Queen Street, W.C., with Sir Lenthal Cheatle in the chair.

THE opening meeting of the next session of the West London Medico-Chirurgical Society will be held in the society's rooms at the West London Hospital on Friday, October 2nd. The chair will be taken at 8.30 p.m., when the president, Dr. H. W. Armstead, will read his presidential address entitled "Thirty years of general practice."

AT the opening of the winter session 1925–26 of the University of Durham College of Medicine, Newcastle-upon-Tyne, an introductory address will be given by Sir Humphry D. Rolleston, Bt., K.C.B., M.D., President of the Royal College of Physicians of London, Regius Professor of Physic, Cambridge, in the Examination Hall of the College, on Tuesday, October 6th, at 4.30 p.m. The title of the address is "Physic and poetry."

THE opening lecture of the winter session at the Central London Throat, Nose, and Ear Hospital, Gray's Inn Road, will be given on Tuesday, October 6th, at 4 p.m., by Dr. William Hill. The title of the lecture is "The practice at the Central in the late eighties; a period of marked advance and foreshadowing many modern improvements in technique."

THE annual dinner of the Society of Medical Officers of Health will be held at the Piccadilly Hotel on Friday, October 16th, at 7.30 p.m., with the new President (Dr. G. F. Buchan) in the chair. Among those who have accepted invitations are: Sir Kingsley Wood, M.P. (Parliamentary Secretary, Ministry of Health), Sir Arthur Robinson, Sir George Newman, the Right Hon. Sir Alfred Mond, M.P., the Hon. G. F. Stanley, M.P., Sir StClair Thomson, Sir Walter Fletcher, Sir Dawson Williams, Sir Squire Sprigge, Lieut.-General Sir W. B. Leishman, Surgeon Vice-Admiral J. Chambers, and Dr. R. A. Bolam (Chairman of Council, British Medical Association). Ladies are invited, and members are asked to give early notice to the Executive Secretary, 1, Upper Montague Street, Russell Square, W.C.1, of their intention to be present, with the names of their guests. A payment of 12s. 6d. for each ticket should be made with applications sent before October 10th; after that date the cost will be 15s. each.

THE Fellowship of Medicine announces that a fortnight's intensive course in medicine, surgery, and the special departments begins on Monday, September 21st, at the Westminster Hospital, and on the same day a two weeks' course in diseases of the chest will commence at the Brompton Hospital. Dr. C. B. Heald, at the Royal Free Hospital, will give the first of a series of four weekly lectures on electrotherapy on Wednesday, September 23rd, at 5.30 p.m. A series of lectures on tuberculosis will be given in the lecture room of the Medical Society of London, 11, Chandos Street, commencing on October 12th, at 5.30 p.m., and open to all members of the medical profession. Other courses during October include a special course in diseases of the throat, nose, and ear at the Central London Throat, Nose, and Ear Hospital, with an operative surgery class; a course in tropical medicine on Tuesdays and Thursdays; a combined course in diseases of children; a course in urology at the St. Peter's Hospital; and a course in dermatology at the St. John's Hospital. Further information may be obtained from the Secretary, 1, Wimpole-street, W.1.

THE Sims Woodhead series of constructive educational health lectures will be given under the auspices of the People's League of Health at the Regent Street Polytechnic on Friday, October 9th, at 6 p.m., and on the following five Fridays at the same hour. Information regarding the lectures may be obtained from Miss Olga Nethersole, 12, Stratford Place, London, W.1.

MR. JOHN SCOTT RIDDELL, C.B.E., M.V.O., consulting surgeon to the Royal Infirmary, Aberdeen, has been appointed a Deputy Lieutenant for the County of the City of Aberdeen.

HIS MAJESTY THE KING has graciously accepted a copy of the *Iconography of Andreas Vesalius*, by Mr. M. H. Spielmann, F.S.A. This book, written to celebrate the quater-centenary of the great Belgian anatomist, at the invitation of the academic institutions of Belgium, is dedicated by permission to the King of the Belgians and is published from the Wellcome Historical Medical Museum as No. 3 of the Research Studies in Medical History.

THE British Dyestuffs Corporation, Ltd. (70, Spring Gardens, Manchester), has issued a revised price list of fine organic chemicals for research work, and of indicators, microscopic stains, and medicinal and photographic chemicals.

THE second All-Russian Congress for Combating Sexual Diseases was held at Kharkoff this summer, when the following subjects were discussed: the present need of combating sexual diseases in Russia; sex education; legislation in connexion with sexual diseases; professional secrecy in sexual diseases; syphilis of the nervous system; syphilis of the internal organs; serology of syphilis; experimental syphilis; the question of dispensaries. The meeting was attended by 600 Russians, including medical practitioners, representatives of women's institutes, farm labourers, factory workers, miners, students, soldiers, and young men's associations. The only foreigners present were three German physicians—namely, Drs. Jadassohn from Breslau and Pinkus and Haustein from Berlin.