more often present in patients with diverticulosis, and especially with the prediverticular state, than in others. Strong support was also given to the infective view by the observation that diverticulosis was very frequently associated with spondylitis deformans and with infected teeth. To test this the records of 100 control patients were examined, of the same average age (58) and sex (71 males and 29 females) as the 100 diverticulous patients. In the controls 20 per cent. had radiological evidence of spondylitis, in the diverticulous 72 per cent. The figures for abscesses at the roots of the teeth were 38 per cent. and 65 per cent. respectively. It was suggested, therefore, that multiple diverticulosis of the colon was a disease of infective and inflammatory origin, its first stage being the prediverticular state. The second stage, of formed diverticula, might be quiescent for years, but was not infrequently associated with symptoms such as constipation, flatulence, discomfort, pain, or diarrhoea. These symptoms in nearly all cases were amenable to treatment, comprising especially the use of paraffin, intestinal lavage given at low pressure, and the removal of other sources of infection such as diseased teeth. The third stage of diverticulitis, with peritoneal involvement, well described by Telling and Gruner in 1917 in the *British Journal of Surgery*, was relatively uncommon. In its definite form it occurred in 5 only of the 100 patients with multiple diverticulosis of the colon.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

QUININE AMAUROSIS.

THE infrequency of the occurrence of quinine amblyopia is the excuse for publishing this note.

A ship's steward presented himself at St. Paul's Eye Hospital, Liverpool, on September 3rd, 1924, complaining of defective vision. It was elicited that up to August, 1924, his sight had been very good. One night in August, while off the West Coast of Africa, he did not feel very well, and swallowed 30 grains of quinine sulphate in tablet form as he turned into his bunk.

He had had malaria on four occasions, and had been accustomed for years to take prophylactic doses of quinine (5 grains) frequently. On waking up on the morning following the dose of 30 grains he discovered that he was deaf and had lost all perception of light. Five days elapsed before his hearing improved or perception of light returned.

The examination at St. Paul's, on September 3rd, 1924, revealed the following conditions: Vision in each eye was 6/36, not improved with glasses; the refraction was emmetropic. The pupils were equal but rather dilated and sluggish in their reaction to light and accommodation. There was a central scotoma to red and green. The fields of vision were contracted down to the 10° line. The discs were intensely white and all the retinal arteries markedly constricted. The patient was admitted to hospital and treated with strychnine, purgatives, sudorifics, etc.

On September 11th the vision had improved to R.V. 6/12, L.V. 6/9. The central scotoma to red and green had disappeared. The visual fields remained as before. The edges of the discs were now beginning to show slight atrophic cupping. The retinal vessels were still constricted.

The condition now (over twelve months) shows no change from the examination on September 11th, 1924.

F. C. PLUMMER,
Honorary Surgeon, St. Paul's Eye Hospital, Liverpool.

ERYSIPELAS TREATED BY FOREIGN BLOOD INJECTION.

THE following case of successful treatment of severe erysipelas of the face in a baby, aged 12 months, by intramuscular injections of the father's blood seems to be worthy of publication.

On October 11th I was called to see a male baby. Two days previously two nodular swellings had been discovered under the left ear; hot fomentations were applied, and a rash appeared the next day. This rash extended, and on October 10th the child had become seriously ill; by the next day it was clearly a case of erysipelas of the left ear, the rash involving also the eye and the scalp. The rectal temperature was 105°; there was sickness, and the child looked very ill. The local application of combined ichthyol ointment was associated with the oral administration of the tincture of iron perchloride. By the next day the rash had spread further over the scalp, and the upper lid of the left eye became involved. The child was very drowsy and the rash assumed the type of erysipelas bullosa. Albumin was found in the urine. To relieve the severe headache baths and an ice-bag to the head were advised. On the morning of October 14th I withdrew 15 c.cm. of blood from a vein of the father, who was young and strong, and injected it into the buttocks of the baby. There was no need to citrate the blood as there was no delay in injecting it. The rash had now spread to the forehead, to the right eye, and covered most of the scalp. The same evening the rectal temperature fell to 102°, but on the following day both eyes were closed by the swelling of the lids, and only the occipital part of the scalp had escaped; the rectal temperature was 105°. A further 20 c.cm. of the father's blood was injected, and in the evening the temperature fell to 104°. On October 16th it was 102°, the bullae were disappearing, and the child could open the left eye. The rash had apparently ceased to spread and the lower part of the face, the neck, and the occipital part of the scalp were not involved. A further injection of 20 c.cm. of the father's blood was given, and in the evening the temperature was 99°. From that time the rash diminished steadily, and it disappeared completely in two or three days, the child making a quick and uninterrupted recovery. On October 21st there was a mild urticarial rash all over the body, but the rectal temperature was 98.5°.

The technique I employed was very simple: with the ordinary aseptic precautions I withdrew the blood from the cephalic vein of the father in a room adjoining the sick-room, and immediately injected it with a fresh needle into the child's buttock, the blood having no time to clot. I thought that an intravenous injection of the blood would be rather risky in a baby with erysipelas, and would, moreover, have necessitated preliminary tests of the suitability of the blood of the donor. I chose, therefore, the intramuscular route as the safest. In cases of erysipelas in adults I would suggest a dose of 40 to 60 c.cm. of fresh human blood. I think the curative effect of the blood transfusion in this case depended upon the combined action of parenteral protein injections and the general antitoxins of the normal blood—"para-specific" action.

London, E.1. N. PINES, L.M.S.S.A., M.B.Kieff.

AN EARLY SYMPTOM OF PREGNANCY.

I DESIRE to draw attention to a very early and constant symptom of gestation which, so far as I am aware, is not mentioned in any of the standard textbooks on obstetrics.

In almost every case of pregnancy, as early as the first week after the first intermitted monthly period, it can be elicited from the patient on inquiry that the labia majora feel tense and swollen, especially when she walks or sits down on a firm seat, the sensation of fullness being accompanied by occasional dull aching pains in the labia. This phenomenon is doubtless due to the venous congestion of the parts, to which also are due the cyanotic colour of the mucous membranes of the vulva and vagina, and the venous arborizations on the inner surfaces of the thighs—both well known early signs of pregnancy. These signs are, however, often obscure or wanting, particularly in brunettes and in dark-skinned races, whereas the subjective feeling of tension and swelling in the labia is in all cases constant and unequivocal.

The symptom described persists until about the end of the third month, when the uterus ceases to be a purely pelvic organ and rises into the abdomen.

Asansol, Bengal. J. W. TOMB, O.B.E., M.D.

MALARIAL TREATMENT OF TABES DORSALIS.

TABES dorsalis and general paralysis of the insane are so closely related, the two diseases being frequently found in the same patient, that a method of treatment which has given quite good results in the latter disease seemed worth trying in the former. Unfortunately, the case now recorded had not been diagnosed till ataxy had developed, and once degeneration has occurred it is not possible for nervous tissue to be restored, so that we could only hope that the disease might be arrested. This point was carefully explained to the patient.

Although tabes dorsalis shortens life very little, ataxy, to say the least, is a great disability, and optic atrophy may well be called a catastrophe; the result of treatment in this case should encourage others to try this method in the earlier stages of the disease before these symptoms have developed.

The patient is a single man, aged 30, who gave no history of syphilitic infection, but had suffered from "septic" ulcers of the legs in 1915. Severe pains in the legs commenced in 1916; tabes was diagnosed in September, 1924.

When examined in November, 1924, he had severe neuritic pains causing sleepless nights, numbness of the legs, and a moderate amount of ataxy; the right pupil was larger than the left, both pupils reacted to accommodation but very slightly to light, Rombergism was marked; the knee-jerks and Achilles tendon reflex were absent. The Wassermann reaction of the blood was positive.

In March, 1925, after three courses of silver salvarsan and a short course of bismuth, there was very little change in the clinical condition. The Wassermann reaction in the blood showed a "trace of fixation," in the cerebro-spinal fluid it was positive.

On April 25th the patient was inoculated with benign tertian malaria intravenously, and the temperature went up on April 29th. The rises of temperature were of very moderate amount for the first two weeks (mostly 100° to 101°), but on May 13th 104.8° was registered.

The patient was allowed to have twelve rigors; they occurred regularly on alternate days, and the temperature reached 104° or over on nine occasions; quinine sulphate (30 grains) in solution was then given daily for three days. This sufficed to cure the malaria. In July a course of silver salvarsan was administered.

Condition on June 30th, 1925.—Ataxy: improvement moderate in amount but definite. Rombergism: marked improvement. Pupil light reflexes: brisker. Lightning pains: marked improvement. Deep tendon reflexes: no change. Appetite good. Increase in weight, 3 lb. Sleeps well. Blood Wassermann, negative. Cerebro-spinal fluid Wassermann, negative; cell count normal; no excess of globulin, sugar normal.

NOEL F. ROWSTRON, M.D.Durh.,
Honorary Physician, Skin Department,
Royal Infirmary, Sunderland.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

WEST BROMWICH DIVISION.

Surgery in General Practice.

A MEETING of the West Bromwich Division of the British Medical Association was held on October 6th, when Mr. B. T. ROSE, assistant surgeon to the Birmingham General Hospital, read a paper on surgery in general practice.

Mr. Rose gave an account of various associated surgical conditions, approaching them chiefly from the practical standpoint of diagnosis and treatment.

Tonsils and Adenoids.—The tonsils were not effete organs, but protected against infection, especially in the young. It was probable that they were too often sacrificed unnecessarily, many cases of mild degrees of sepsis or hypertrophy that would have responded to conservative treatment being operated upon. There were two indications for operative treatment: gross hypertrophy which was injurious by mechanical obstruction and interference with breathing and the development of the child, and, secondly, chronic sepsis. Infected tonsils, though often quite small and deeply buried behind the faucial pillars, could give rise to great toxaemia, and were also liable to damage the lymph glands into which they drained. Glands so damaged were especially liable to invasion by the tubercle bacillus. Cervical adenitis, doubtless sometimes tuberculous, often cleared up after septic tonsils had been removed. Guillotine removal was usual in general practice, and was satisfactory in most cases in children if the operator used a blunt guillotine skilfully and removed the glands completely with their capsules. Slicing of the glands by a sharp guillotine was worse than useless, since it left a raw area to become infected. Small, buried septic tonsils required dissection because they were usually adherent from peritonsillar inflammation. All tonsils in patients over the age of 10 years were best dissected out rather than removed by the guillotine. Tonsillectomy was regarded too lightly by the public; the anaesthetic and haemorrhage risks were high.

Treatment of Haemorrhoids by Injection.—This was a very old method recently brought to the fore again; the technique was simple and the results encouraging. The method was admirably suited to general practice, and depended for its success on the production of fibrosis in the pile by the injection into it of an irritant fluid. The method was painless if properly performed, and it could be used in cases in which an operation was inadvisable on account of age or physical infirmity. Careful selection of cases was essential, and any complication rendered the case unsuitable for the method.

Blood transfusion was useful in secondary anaemias, pernicious anaemia, septicaemia, and other blood diseases besides severe post-operative haemorrhage; it might be used more widely in practice. The danger of giving an incompatible blood must be noted, and the easy method of testing the serum of the patient directly against the blood of the prospective donor afforded a rapid means of selecting a suitable donor. The citrate method of transfusion was easy; it required only simple apparatus, and appeared to be almost as efficient as whole blood transfusion.

The "acute abdomen" was an ever-present problem in general practice; acute appendicitis, perforated peptic ulcer, and intestinal obstruction—the three commonest conditions—were briefly considered.

Acute appendicitis was easy to diagnose when the classical signs and symptoms were present; difficulty arose when the appendix was abnormally situated in the pelvis, beneath the liver, or retrocaecally. Pelvic appendicitis was especially liable to be confused with tubal conditions. The symptoms were always less pronounced than when the inflamed organ was in the abdomen, because it was not related to the muscular abdominal wall, and hence came the absence or lessened degree of abdominal rigidity; further, the absorptive powers of the pelvic peritoneum were less than the abdominal, and therefore the constitutional symptoms were less marked. The condition was, as a result, often advanced before the diagnosis was made. The chief evidences were some degree of lower abdominal pain, with mild pyrexia and general symptoms; on examination there was a varying degree of tenderness and slight rigidity in the lower abdomen. A rectal examination should always be made, and would reveal tenderness or perhaps a tender swelling to the right of the rectum or in Douglas's pouch. The distinction from tubal conditions was always difficult, but a shrewd guess could usually be made. In tubal disease menstruation had always been irregular and variable in amount and painful, while a certain degree of vaginal discharge was common. On abdominal palpation both iliac fossae were tender and the rigidity was slight. It was possible as a rule to make out per vaginam that both tubes were enlarged or tender, for it was uncommon for only one tube to be affected. The differential diagnosis was important, for it was best in most cases to operate on tubal inflammations in the quiescent condition. The subhepatic appendix appeared to occur in about 1.5 per cent. of cases. In adults it was liable to be confused with acute cholecystitis, which was of little moment, since both conditions required operative treatment. In children confusion with a right-sided pleuropneumonia might occur, which was a serious error. In right-sided basal pleuropneumonia referred right-sided abdominal pain and rigidity might be present. The chief difference lay in the greatly increased respiration rate in pneumonia and the respiratory distress. The illness also commenced not infrequently with a rigor, and the temperature was higher than in appendicitis. It had to be admitted that little reliance could be placed on the temperature in appendicitis, since some of the worst cases of gangrene might be afebrile; the pulse was the best danger signal. In early stages it was rare to get signs in the chest; the first to appear was the friction rub. Should any doubt exist as to the diagnosis a few hours' delay would clear matters up. Retrocaecal appendicitis was most often confused with renal conditions, especially acute pyelitis in children and renal colic in adults. A careful examination of the centrifugalized urinary deposit should prevent error, as blood cells or pus and organisms would be found.

Perforated Gastric or Duodenal Ulcer.—The chief danger of overlooking this condition lay in the fact that the practitioner might be called in when the patient was in the period of recovery after the shock of a small perforation was over. The history and the continued rigidity, with a rising pulse rate, should sound the warning note.

Acute Intestinal Obstruction.—When the obstruction was low down the condition was usually obvious. Difficulty occurred in cases of high obstruction where there was no distension of the abdomen and the vomit never became truly faeculent. Moreover, the bowel below the obstruction might respond once or twice to enemas before it was quite empty. Such cases of high obstruction occurred most frequently in young adults and were the result of tuberculous adhesions. Repeated attacks of intestinal colic associated with intractable vomiting called for laparotomy.

The chronic abdomen was less well recognized as a clinical entity than the acute abdomen, but it was very common and important. The condition was most frequent in, though by no means confined to, the female sex. The patient was usually a single woman or else one who had had repeated pregnancies. She was usually sallow of complexion and gaunt of frame, with many symptoms, constipation, flatulence, dyspepsia, "nerves," and gastritis figuring prominently. By physical examination two types could be distinguished: the virginal type, with a long narrow scaphoid abdomen, and the maternal type, with a sagging flabby paunch. The kidneys were mobile and easily palpable, the stomach low and splashy, and the caecum voluminous, distended with flatus that gurgled freely under the finger. This last condition caused some discomfort and local tenderness, and often a scar revealed the fact that a diagnosis of

Medical Attendance on Families: Army and Air Force.—In answer to Mr. H. Morrison, Mr. Bridgeman (First Lord of the Admiralty) said that wives and families of officers and men of the Army and Royal Air Force were entitled to receive treatment as out-patients at Royal Naval hospitals at home and abroad, if they were entitled to treatment under existing regulations from their own medical officers, and if treatment by those officers was not readily and conveniently available. Asked further whether he would consider the desirability of equality of treatment of the wives and families of officers and men in the three services, Mr. Bridgeman said the Admiralty was satisfied that, owing to the varying conditions of the services, a complete assimilation of the conditions and regulations governing medical treatment in the services would not be desirable.

Health of Merchant Seamen.—On November 24th Mr. B. Smith asked the President of the Board of Trade whether he would arrange for an annual report to be issued regarding the health of merchant seamen, giving a scientific analysis of diseases in the statistics published in the return of the shipping casualties to and deaths on vessels registered in the United Kingdom, giving information as to the total number of men serving amongst whom the deaths occurred; and, in view of the apparent absence of medical advisers in the department, if he would consider whether the health of seamen was a responsibility which might with advantage be transferred to the Ministry of Health. Sir Philip Cunliffe-Lister said he would consider whether the statistics for which the hon. member asked could be prepared.

Lead Poisoning.—Answering Mr. Duckworth, Mr. G. Locker-Lampson (Under Secretary, Home Office) said there had been a small increase during the last few years in the deaths from lead poisoning in the pottery trade, but this could not be taken as any indication of present conditions. In the great majority of cases the deceased had been employed in the industry for many years before the regulations of 1913 came into force. There could be no doubt that these regulations had been effective. In the fatal cases there had been a substantial rise in the average age of the deceased, and the statement that potters between 35 and 45 had the highest death rate in Great Britain was, he believed, incorrect.

The Spahlinger Treatment.—On November 30th Captain Bowyer asked what steps the Minister of Agriculture was taking to test M. Spahlinger's reputed cure for bovine and human tuberculosis, or whether the Ministry was already satisfied as to the efficacy of M. Spahlinger's serums. Sir H. Barnston said that the Ministry had not itself made any test of M. Spahlinger's serum, or of any other specific of which the basis was kept secret and not submitted to scientific inquiry. It understood, however, that an investigation into bovine tuberculosis was being undertaken by a committee representative of certain agricultural and professional interests in Cheshire, where tests were being conducted with the co-operation of M. Spahlinger. It was intimated that the matter would be raised on the adjournment of the House at the first available opportunity.

Experiments on Animals.—Commander Kenworthy asked the Home Secretary how many of the 177,815 experiments on animals reported by the Home Office as having been performed during the year 1924 were actually witnessed by the inspectors appointed for that purpose; where such experiments took place; and under what certificate or certificates those experiments were performed, or if under licence alone. The Home Secretary replied that all the places at which experiments were permitted were visited frequently by the inspectors during the year, and the animals under experiment at the time of the visit were inspected, but he could not give the number of these animals. The great majority of the experiments were continuing experiments—for example, the inoculation experiments or the experiments under Certificate B, in which the animal was kept alive after the initial operation under anaesthesia had been carried out. If the question was intended to refer to the actual operative procedures witnessed, the answer was: Experiments witnessed in 1924, 327; performed under licence alone, 18; under Certificate A, 302; under Certificate B, 6; under Certificates B and EE, 1.

Secret Remedies.—Mr. Neville Chamberlain informed Sir John Marriott that he had not received any recent representations urging him to introduce legislation to deal with advertisements for cancer cures, but the matter had been fully discussed in the report of the Select Committee on Patent Medicines. Asked further as to what action it was proposed to take, Mr. Chamberlain said the question would be carefully considered in connexion with any legislation for the control of the traffic in secret remedies.

Red Crescent and the Riffs.—Mr. Austen Chamberlain stated, on November 24th, that no formal application by the Red Crescent Society for permission to transmit medical necessaries to the Riffs had been received, but certain private persons had made inquiries on the society's behalf. They had been informed that the French and Spanish Governments were alone competent to sanction the importation of medical stores into the Riff, and that application should be made to these Governments.

Notes in Brief.

There were nine deaths from insect bites in Great Britain during the six months ended September 30th, 1920. The corresponding figure for 1925 is not available.

The Home Secretary considers that legislation prohibiting the sale of inflammable toys would be impracticable.

The Ministry of Health is working with the Ministry of Agriculture for improvement in the conditions of hop-pickers' camps, and is circulating a report by a medical officer of the Ministry on hopfields in Kent and Sussex.

A draft Milk and Dairies Order under the Act of 1915 will be ready for publication about the end of the year.

The Departmental Committee on Child Assault hopes to publish its report early this month.

In consequence of the recommendations of the committee appointed to consider the employment of pharmacists in the army, an army school of dispensing has been established and a reserve of pharmacists for war formed; it is not proposed to take any further action.

The spa treatment of insured persons for rheumatism will be considered after the report of the Royal Commission has been received.

Universities and Colleges.

UNIVERSITY OF OXFORD.

CONVOCATION has approved the appointment of Dr. P. N. B. Odgers of Lincoln College as Demonstrator in the Department of Anatomy.

The appointment of Dr. E. W. Ainley Walker, Fellow of University College, as University Lecturer in Pathology has been renewed for a further period of five years.

UNIVERSITY OF CAMBRIDGE.

THE Raymond Horton-Smith Prize for the best M.D. thesis submitted during the past academic year has been awarded jointly to J. H. Burn of Emmanuel and G. A. Harrison of Gonville and Caius, whose theses are adjudged of equal merit.

At a congregation held on November 28th the following medical degrees were conferred:

M.B., B.CHIR.—V. W. Dix, J. H. T. Davies, B. D. Hendy.
M.B.—J. E. D. Crozier, P. M. D'A. Hart.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

DIPLOMA IN PSYCHOLOGICAL MEDICINE (*with special knowledge of Psychiatry*).—E. W. Anderson, G. Brown.

The degree of D.Sc. (Entomology) has been awarded to Henry Pollard Hacker, M.D., of the London School of Hygiene and Tropical Medicine.

Medico-Legal.

AN OVERLOOKED SWAB.

IN the course of an inquest at the Manchester City Coroner's Court, on November 27th, concerning the death of Mrs. Florence Halkyard, aged 29, an allegation was made that a swab had been left in the woman's body after one operation and had been found in the body during a further operation. A verdict of "Death from misadventure" was returned.

It appeared that the deceased entered St. Mary's Hospital, Manchester, on July 11th, 1925, as a private patient. She was operated upon and returned to her home, where she was confined to her bed for nine weeks. Upon readmission to the hospital a further operation was performed, in the course of which a swab was found to have been left in the body after the first operation. An abscess had set up, and death ensued from peritonitis.

A sister at the hospital said she was present when the first operation was performed. The method followed at operations was to serve out swabs in packets of ten, one packet being used at each operation. The number was checked at the beginning, checked again at the conclusion, and signed for in a special book. This process was followed at the first operation on the deceased, and she signed for ten swabs at its conclusion. She could not account for the swab since found in the body of the deceased. Another sister at the hospital said she made up the packets of swabs the day before the operations. In reply to Mr. Judson (representing the husband), she agreed that there might have been eleven swabs in the packet.

Dr. Hunter, resident obstetric surgeon at St. Mary's Hospital, stated that he assisted Dr. Bride at the first operation. A most careful examination was made at the close, and there was no sign of any swab having been left in the patient's body. He was present at the second operation when the swab was found. There was an abscess in the abdomen, and in the centre was a swab, presumably left at the first operation. The deceased's husband was informed of the fact.

In answer to the coroner, Dr. Hunter said that the ultimate cause of death was peritonitis.

The coroner (Mr. C. W. W. Surridge), in returning a verdict of "Death from misadventure," said there was no doubt as to the cause of death. At the same time, the publication of this case might raise a wrong impression in people's minds. Operations were constantly being performed in hospitals and patients were

restored to health. This was one of those cases when a person became accustomed to performing a certain duty a great many times, and occasionally a mistake occurred. So far as his recollection went, he had never had an unfortunate occurrence of this kind before. He was quite satisfied that nothing in the nature of criminal negligence had taken place. The hospital regulations were such as would be expected in an institution of that character, and he was certain that in any inquiry they might make anything they decided to do that would still further ensure safety from any possible mistake would be done. One further observation he would like to make, and it was that everybody concerned had been perfectly frank. There had been no attempt to shelter anybody in what had been an unfortunate mistake.

Mr. James Fox expressed the deepest sympathy with everybody connected with St. Mary's Hospital at what had occurred.

Medical News.

THE meeting of the Society of Medical Officers of Health at the Medical Institute, Newcastle-on-Tyne, will be held on Friday next, December 11th, and not on the date previously announced. The President (Dr. G. F. Buchan) will be in the chair, and there will be a discussion on "Industrial Hygiene" from the point of view of: Public Health Administration (Professor Harold Kerr, M.O.H. Newcastle-on-Tyne); the Physician (Sir Thomas Oliver, M.D., F.R.C.P.); the Works Director (Mr. Angus Watson, chairman of Messrs. Angus Watson and Co.); and the Welfare Supervisor (Mr. B. L. Lelliott, welfare supervisor, Messrs. Sir James Laing and Sons, Sunderland). The dinner of the Northern Branch will be held at the close of the meeting, and members of other branches are invited to notify Professor H. Kerr, Town Hall, Newcastle-on-Tyne, if they are able to attend. As branches have often expressed the wish that meetings of the whole society should be held from time to time in the provinces, it is hoped that there will be a large attendance, especially of members from the North of England and Scotland, at the Newcastle meeting.

PROFESSOR J. C. G. LEDINGHAM, F.R.S., will give the Harben Lectures of the Royal Institute of Public Health next week. The subject chosen is current problems in bacteriology and immunology, and their bearing on public health effort. The lectures will be given at the house of the Institute (37, Russell Square, London, W.C.1) on December 9th, 10th, and 11th, at 5 p.m.

SIR C. GORDON-WATSON will lecture for the Fellowship of Medicine on the prevention and correction of deformity in tuberculous joints in the lecture hall of the Medical Society of London, 11, Chandos Street, W., on December 7th, at 5.30 p.m. The lecture is free to members of the medical profession. The Hampstead General Hospital will hold a late afternoon course from December 7th to 19th, covering all branches of medicine and surgery. On December 7th also a two weeks' afternoon course in dermatology begins at the Hospital for Diseases of the Skin, Blackfriars; instruction will be given in the out-patient department, and venereal clinics will be held twice weekly. The following special courses for January are announced: medicine, surgery, and the specialties at the Prince of Wales's General Hospital; cardiology at the National Hospital for Diseases of the Heart; diseases of children at the Queen's Hospital; infectious fevers at the North-Eastern Hospital; neurology at the West End Hospital for Nervous Diseases; and psychological medicine at the Bethlem Royal Hospital. A copy of each syllabus and the Fellowship general course programme may be had from the Secretary, 1, Wimpole Street, W.1.

ON December 11th Dr. Otto May will lecture before the Tuberculosis Society on life assurance and tuberculosis. Professor Lyle Cummins will address the January meeting on clinical types of pulmonary tuberculosis in Wales, and Dr. C. Nicory will speak in February on tuberculosis in Japan. The provincial meeting will be held from March 25th to 27th, at Cambridge, in conjunction with the Society of Medical Superintendents of Tuberculosis Institutions.

A FURTHER series of lectures will be given by the medical staff at Queen Charlotte's Maternity Hospital, Marylebone Road, N.W.1, on Thursdays, at 5 p.m., commencing January 14th, 1926, when Mr. A. W. Bourne will speak on maternal mortality. On January 21st Mr. J. Bright Banister will deal with late manifestations of puerperal sepsis. The other lectures in the series to be given on successive Thursdays include addresses by Mr. T. B. Davies on ante-partum haemorrhage, Mr. L. C. Rivett on infant feeding, Mr. L. G. Phillips on management of contracted pelvis, Mr. C. S. Lane Roberts on ectopic pregnancy, and Mr. L. H. W. Williams on acute abdominal pain in pregnancy.

THE next meetings of the Royal Commission on Lunacy and Mental Disorder will be held at 5, Old Palace Yard, on December 10th at 2 p.m. and December 11th at 10.30 a.m.

THE annual general meeting of the Old Epsomian Club will be held on Thursday next, December 10th, at 6.30 p.m., at the Trocadero Restaurant, London. It will be followed by the annual dinner at 7.30.

WE regret to record the death of Mr. R. G. Blackall, an early worker with *x* rays at the London Hospital. He had been suffering from *x*-ray dermatitis for many years and epithelioma developed, necessitating the amputation of both his hands. He retired in 1920, after eighteen years' service at the hospital, and went to live at Leigh-on-Sea. The Carnegie Hero Fund Trustees awarded him in December, 1923, a certificate of honour and a grant of £75 a year. In the following March Lord Knutsford presented the framed testimonial of the Hero Fund to him, and announced that the London Hospital had awarded him a pension of £285 a year and was insuring his life for a substantial sum on behalf of his wife and family.

WE are asked to state that the Wellcome Historical Medical Museum was closed on December 1st and will not be reopened until the end of May. The growth of the collection has been so great that extensive alterations have become necessary. Communications should be addressed to the Secretary of the Museum, 54A, Wigmore Street, London, W.1.

THE KING has confirmed the appointment of Dr. Ernest Shawe Corsellis, Chief Medical Officer, Cyprus, to be nominated as an official member of the Legislative Council of Cyprus.

WE have received the first issue, which appeared in October, of *Archivos Argentinos de enfermedades del aparato digestivo y de la Nutrición*, a bi-monthly journal dealing with alimentary diseases and published at Buenos Aires under the editorship of Professor Carlos Bonorino Udaondo. The issue contains original articles by Pierre Duval and J. C. Roux on congenital periduodenitis; by C. B. Udaondo, J. E. Carulla, and H. Zunino on basal metabolism in cancer of the stomach; by M. R. Castex and J. C. Galán on giardiasis of the bile ducts; by Delfor del Valle on duodenal ulcer; by P. Escudero and E. U. Merlo on retractile mesenteritis; by T. Martini on essential stenosing periduodenitis; and by M. R. Castex, N. Romano, and J. J. Beretervide on insufficiency of the ileocaecal valve; a review of the subject of infected gastric or duodenal ulcer, by A. Ceballos; and abstracts from current literature.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to ***The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.***

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QUERIES AND ANSWERS.

BAGGY EYELIDS.

MR. BISHOP HARMAN (London) writes in reply to the inquiry of "J. G. B." (November 28th, p. 1039) as to the pathology of "baggy" eyelids met with in apparently healthy individuals of middle age: The limitation to the healthy excludes puffy lids due to renal disease, myxoedema, angio-neurotic oedema, and local inflammatory changes. The ordinary baggy eyelids are not pathological, but a feature of the physiognomy of certain types. They occur mostly in those who in youth possessed fine prominent eyes; in Biblical language, "their eyes stand out with fatness." In later life the absorption of orbital fat and connective tissue of the lids renders the skin of the lids