

DEMONSTRATION.

On the afternoon of July 23rd Mr. H. Norman Barnett gave a demonstration at the Bath Ear, Nose, and Throat Hospital to illustrate the good results obtained by the treatment of chronic non-suppurative middle-ear deafness, and by the conservative treatment of chronic middle-ear suppuration.

The first patient was a soldier and well known Egyptologist who became almost totally deaf in 1916 while serving and had some treatment. He was subsequently a war prisoner for two and a half years. The deafness, which had improved, returned in 1920; this somewhat passed off, but in 1921 he had a third attack, which continued. The case was diagnosed as persistent chronic dry middle-ear catarrh, although there was some suspicion of a history of an "abscess" in one ear. The hearing was very bad indeed on both sides for all tests. He reacted gradually to the usual treatment until his hearing was practically normal. In April of this year his hearing was found to be practically unaltered, though more than four years had passed without any treatment.

Mr. Barnett then dealt with a group of four patients, who were primary school teachers. A man, aged 42, with deafness, had a very septic condition of the nose and throat. Enucleation of the tonsils gave him a better air passage in the nose and a course of treatment followed. His hearing became so good that he had no further difficulty in his school work. Another patient was dismissed from his work on account of almost total deafness. After a course of treatment he improved very much; his hearing for conversation went up to 18 ft., as against 3 in. previously, and he was reinstated by the Board of Education. This case was noteworthy as an example of the injustice done to teachers by being discharged on an ordinary medical certificate, without examination by a specialist. In another case a woman teacher, aged 43, complained of deafness, more marked on the right side, and was unable to continue her work. She reacted very rapidly to treatment, and became practically normal. This good hearing has been maintained.

Another case shown was that of a woman secretary who was suffering from Graves's disease. The tonsils were removed, and she was cured of Graves's disease; also her hearing improved to some extent. After a course of treatment for deafness her hearing became nearly normal.

The next case was that of a salesman in a responsible position in a first-class shop; his deafness prevented him from hearing customers, and he was in danger of losing his important position in the firm. He was very deaf, more so than his tests seemed to indicate. In this case the higher centres had to be instructed; they had become very dormant owing to partial deafness, and were rendering the man more incapable with regard to this function than he really was so far as tests were concerned.

Six other cases were shown in which satisfactory improvement of hearing followed treatment.

Mr. Barnett then showed a group of cases of chronic middle-ear suppuration.

The first case was that of a highly skilled woman teacher who had a history of a very old-standing discharge with pain, discomfort, and marked deafness going back into early childhood; she had had various treatments and had been ordered within a comparatively recent date to use drops. At an operation, however, extensive bone disease was found extending in all directions, the dura mater and the lateral sinus both having to be stripped. She made an uninterrupted recovery, all symptoms disappearing immediately. The membrane healed, though it was extensively ruptured, the hearing began to improve, and after an extended period of convalescence she was discharged with restored function. This was five years ago, and there had been no untoward event since. The left side was also the site of old-standing middle-ear disease, but the double mastoid operation was not considered necessary. On treatment this ear cleared up so far as active disease was concerned, though the patient still largely depended on the side of operation for her hearing, which required to be good for her work. Had a radical operation been performed her career would have been ruined and there would have been destruction of the function.

The next case was that of a highly specialized school teacher who consulted me in April, 1924, for erratic and ill defined but constant pain which was not limited to the mastoid region. The symptoms were not at all typical and there was no discharge. Diseased septic tonsils were removed with temporary benefit, but the pain returned, though there were still no guiding symptoms. During the Christmas holidays in 1924 she had some discharge, and the pain was relieved for a time, but came on later in intensified degree. The condition appeared to be a somewhat unusual type of double mastoiditis and a conservative operation followed. Extensive disease was found and a considerable amount of bone had to be removed; the tympanic membrane was also badly ruptured. The patient made an uninterrupted recovery; all symptoms immediately disappeared, and after the usual stage of convalescence the left ear healed with the hearing improved.

A third case was much complicated by the presence of sugar in the urine and operation was postponed for a time on this account. The symptoms were great pain on the left side of the head, and distressing mental conditions; the patient felt that he could not endure the pain any longer. At the operation extensive disease of the bone was found; the bone was fairly hard, but underneath the hard layer it was in a crumbling foul condition. Here again the tympanic membrane was extensively ruptured and the patient had been using drops for many years. He made a good recovery

in spite of his diabetic history; the membrane healed, his hearing was very fair, and he was relieved of all his symptoms.

The fourth patient had undergone a modified radical operation on both sides when extensive trouble was found; both tympanic membranes healed soundly. All symptoms were immediately relieved by the operation. Her tonsils were removed subsequently as they were giving rise to ear pain.

The fifth case was of especial interest owing to long-standing pressure pain without any of the ordinary signs of any particular mastoid trouble, and the much impaired health of the patient. The conservative operation was done, and extensive bone disease was found with considerable destruction of the tympanic membrane. After operation everything proceeded satisfactorily, though the case was not a good one constitutionally.

Patients 6 and 7 were two boys with long-standing discharge from the ear, marked deafness, considerable pain, and other symptoms. In both cases the modified operation was done with a relief of all their symptoms, and they gradually proceeded to a cure after treatment. No trouble had occurred in these cases since the date of operation.

Case No. 8 represented a common type at the hospital: a school child sent for persistent discharge from the ear—in this instance for five years. After a short period of treatment an operation revealed extensive disease. Recovery was slow and prolonged post-operative treatment was required. Four years after operation she had greatly improved and the hearing was satisfactory.

In the ninth case there was a strong family history of consumption. Treatment was of no avail, and the patient was a fair example of the adult type of deafness with persistent discharge from the ear. At operation extensive bone disease was found. Here again convalescence was somewhat prolonged, but the result was good and hearing was satisfactory.

In the tenth case the previous general health of the patient was very poor and there had been considerable discharge from the ear for some time. There was a large perforation of the tympanic membrane in the upper posterior segment. Extensive bone disease was found and her health was a deterrent to quick recovery, but in the end she did well, and was cured with very fair functional condition of hearing.

Mr. Norman Barnett added that these ten cases of varying age, circumstance, mentality, and length of onset were instructive, and in his view presented a fairly complete picture of the advantage of the modified operation. Some were not quite so satisfactory, but those he had shown emphasized (1) the absence frequently of any symptom but persistent discharge; (2) the extensive trouble found; (3) the futility of any treatment but operation; (4) the preservation of function.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ASCARIS IN THE BILE DUCTS.

A FULL account of the case here described was forwarded to the BRITISH MEDICAL JOURNAL early this year, but was unfortunately lost in the post. As I feel that such a case should be placed on record, I am writing these short notes from memory.

A Chittagonian male, aged about 40, was admitted to Akyab Hospital suffering from intestinal obstruction. He was jaundiced and his condition extremely bad. No history could be obtained.

At the operation the colon was found to be constricted by dense adhesions in the neighbourhood of the gall bladder. The peritoneum was deeply bile-stained, and the gall bladder very large.

I had just freed the colon from the adhesions when the patient's condition necessitated stopping the operation, and he died shortly after leaving the theatre. I made a *post-mortem* examination immediately. The gall bladder, common bile duct, cystic duct, and hepatic duct were full of large ascarides. The gall bladder was greatly dilated, the ducts slightly so. On making a section through the liver numerous large ascarides were found in the bile ducts. The cut liver presented an extraordinary appearance; two or three worms had been cut across, but some six or eight live worms were peeping out from the cut end of the bile ducts on each side of the incision.

There was no fistula of the gall bladder. Unfortunately the attempt to preserve the specimen *in statu quo* failed, as the worms crawled out of the ducts when the liver was put in formalin.

I had previously seen a number of cases of intestinal obstruction with jaundice in Chittagonians, but I have had no opportunity of ascertaining *post mortem* whether they were due to the same condition or not. The majority of the cases cleared up with pituitrin and enemas and gave a history of previous similar attacks from which they had recovered; they invariably refused operation.

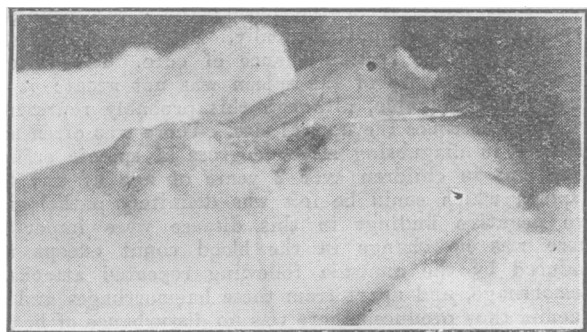
W. F. BRAYNE, M.B., Ch.B.,
Lieutenant-Colonel, I.M.S.

Edinburgh.

CONGENITAL MALFORMATION OF SPINE.

THE photograph reproduced herewith illustrates a case of considerable interest. The mother fell downstairs at the fifth month of a normal gestation, and although bruised and severely shaken was quite well again in two or three days. No doctor was called in. Labour came on in due course at full time; it commenced at 11 p.m. on one day and terminated at 2 p.m. on the next day. There was no difficulty in birth, and forceps and chloroform were not needed.

I was called in after the birth of the child as the back appeared to be malformed. I found that about the middle of the back there was a wound $1\frac{1}{2}$ in. long and $\frac{3}{4}$ in. wide on the right side of the spinal processes; no bone



could be felt in this wound, where it seemed to be entirely absent. Below the wound was a raised lump, which was hard, and felt like fused bone. It extended for about $1\frac{1}{2}$ in. below the wound, and was about $1\frac{1}{2}$ in. wide. There was a complete cleft palate also, but no hare-lip. The left parietal bone was about half as well developed as the right, and the right side of the frontal bone was half as well developed as the left. All the sutures were very wide, and there was a haematoma over the left parietal bone. There was practically no neck; it appeared to have been telescoped into the chest, which in front showed no marked abnormality.

The child, a girl, lived for fourteen days, and the photograph was taken after death. During life the baby never closed its eyes by night or day. The needles in the photograph were placed to show the upper and lower margins of the wound. A *post-mortem* examination was refused.

E. F. W. BUCKELL, M.R.C.S., L.R.C.P.

Newport, Isle of Wight.

RECTAL ANAESTHESIA.

IN the issue of September 19th (p. 518) Mr. Granville Chapman and Mr. McLellan reported a case of rectal etherization. During the past two years I have operated on 125 cases in a home under rectal etherization. This represents 75 per cent. of the total surgical cases during that period, and I am convinced of the many advantages it offers over administration by inhalation. Amongst these are the ease of administration; the absence of apprehension on the part of the patient; the absence of coughing, retching, and straining, so frequent when the anaesthetist is not expert; the reduction of shock; and the absence of post-operative vomiting. The method I now employ is as follows:

If the patient be at all nervous she is given bromide for a day or two before operation; an enema is administered the night before operating, and the bowel is washed out three or four hours before operation; one and a quarter hours prior to operation a hypodermic injection of hyoscine compound B is given, and half an hour afterwards a mixture of $5\frac{1}{2}$ oz. of ether and 2 oz. of olive oil is introduced into the rectum with catheter and funnel; immediately before introducing this mixture 1 oz. of olive oil is run into the rectum; this prevents the burning sensation of which most patients complain. The catheter is then pushed in a little further and the ether and olive oil mixture run in slowly, the administration taking about twenty minutes. The patient is then allowed to lie quietly for half an hour. In a few cases (those in which the amount of ether had been reduced to 4 oz.) it was necessary to supplement the anaesthesia for a short time with warm ether given by Shipway's

apparatus. After the operation the bowel is freely irrigated with warm saline, and 2 to 4 oz. of olive oil left in the rectum.

It is interesting to note the wide field of utility for this form of anaesthesia. The series of 125 cases includes hysterectomy, gastro-enterostomy, gall stones, fixation of kidney, tonsils and adenoids, resection of nasal septum, dental extraction, perineorrhaphy, operation for haemorrhoids.

In three elderly people, who were so frightened that it was deemed advisable not to let them know when the operation was to take place, the administration has been carried out without the slightest knowledge on the part of the patient.

Port Elizabeth, South Africa.

R. D. LAURIE.

SEROUS SUTURE MATERIAL AND PEPTIC ULCER.

RECENTLY it has been stated that diminution in the incidence of jejunal ulcer following gastro-enterostomy may be obtained by the sole employment of catgut in suture of the mucous and serous coats. In thirty years' personal experience of this particular operation, in which catgut has been exclusively used for suture of mucous layer and silk for serous, I have not had, to my knowledge, a single case of peptic ulcer to record. Such an occurrence can only be attributed to maladroitness introduction of the external (serous) continuous silk suture; if any unabsorbable suture material is allowed to embrace the mucous coat an ulcer must follow.

The object of this note is to rivet attention to the fact that while absorbable catgut is essential for approximation of divided mucous membrane, its employment for any serous closure is fraught with danger of dehiscence. Having had two deaths after enterectomy from such use of catgut, I have no compunction in warning surgeons as to the tragedy which, sooner or later, will attend the use of such unreliable material for serous union.

In gastro-enterostomy,¹ as in enterectomy, the employment of Lembert (serous) silk stays to guide the introduction of the continuous Lembert (serous) silk suture is, to my mind, the only certain method of avoiding a mucous lesion. I have found that the durability of catgut based on superficial tests is a false index when it is exposed to the action of the peritoneal juice.

Many years ago Professor Kocher said that "silk is the only reliable material for suture of any serous wound," and my experience dictates that the teaching of that distinguished surgeon is correct. I have never used clamping irons,² as I have always considered them inappropriate.

Buenos Aires.

JOHN O'CONOR, K.B.E., M.D.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

EAST YORK DIVISION.

A CLINICAL meeting of the East York Division was held in the Hull Royal Infirmary on November 20th, with Dr. S. E. DENYER in the chair, when a series of interesting cases were shown.

Dr. R. J. BARLEE showed:

- (1) A case of large double inguinal hernia with hydrocele in a man aged 35; it had developed shortly after the onset of venereal disease and had been ascribed by the patient to this disease.
- (2) A case of tumour of the testis. The patient had an injury to the testis when he was a boy, and the swelling increased in size while he was in the army. This he ascribed to riding.

In the discussion Mr. J. F. GILL described a case he had seen which had been diagnosed as haematoma, but which at the operation was found to be sarcoma. This, he thought, should make one look with suspicion on a haematoma in this situation.

Dr. DENYER showed two cases.

The first was a case of gastric infection secondary to abscesses of the teeth in a woman, aged 35, with chronic epigastric pain coming

¹ *Lancet*, October 26th, 1912.

² *BRITISH MEDICAL JOURNAL*, February 25th, 1922.

and child welfare schemes the importance of maintaining a continuous supervision over children up to the age at which they attended school.

Army Hospitals.—On December 4th, answering Brigadier-General Charteris, Sir L. Worthington-Evans said that in military hospitals under the control of the War Office the number of equipped beds at home and abroad on October 31st, 1925, was 6,751, and the average daily number occupied during the year ended on that date was 3,567. On December 8th Captain King informed Sir W. de Frece that the number of men invalided from the army in each of the last three years ending on September 30th had been 2,920, 2,673, and 2,606 respectively. The number of cases in which disability was accepted as due to service were 373, 419, and 347 respectively. Applicants had no right of appeal against the decision of the Chelsea Commissioners. The Chelsea Commissioners were an independent body, who adjudicated upon the soldier's claim and were not subject to the control of any Government department in administering the pension regulations.

Artificial Sunlight.—On December 8th Mr. Neville Chamberlain stated that he was advised that artificial sunlight treatment was still in the experimental stage, but he had approved of the provision of such treatment, under skilled supervision, for children suffering from rickets and other disorders of infancy and childhood, at a certain number of infant welfare centres, in order to secure further evidence as to the results of the treatment.

Small-pox.—On December 8th Sir Kingsley Wood informed Mr. Groves that the only death from small-pox registered in Middlesbrough during the quarter ended June 30th, 1925, was in respect of a child aged one month. The cause of death given in the medical certificate was "Bronchopneumonia following small-pox," and, in accordance with the general rules, based upon international agreement, the death was classified as being due to small-pox. The child had not been successfully vaccinated. Sir J. Gilmour (Secretary for Scotland), on December 8th, informed Mr. Westwood that the Registrar-General for Scotland had not classified the deaths from small-pox in Scotland for the years 1870 to 1875 into vaccinated, unvaccinated, and doubtful. Such classification was not introduced in the Registrar-General's reports until a later period.

Notes in Brief.

Of 39 fatal accidents in the Royal Air Force since the beginning of the year, causing 55 deaths, 3 were due to engine failure, 19 to error of judgement, 1 to constructional defect, and 16 to miscellaneous or undetermined causes.

On October 21st there were 1,270,186 persons in England and Wales in receipt of Poor Law relief, excluding lunatics, casuals, and persons in receipt only of domiciliary medical relief. Mr. Neville Chamberlain informed Mr. Rhys that the amount expended in England and Wales on administrative charges in respect of the relief of the poor during the financial year ended March 31st, 1924, was £1,187,906.

In the four weeks of November, 1923, the deaths in London from pulmonary diseases were 1,207; in the similar four weeks of 1924, 1,064; and from November 1st to 28th, 1925, 1,190. In the last period there were 344 deaths from tuberculosis of the respiratory system, 320 from bronchitis, 321 from bronchopneumonia, 94 from lobar pneumonia, and 53 from pneumonia (undistinguished).

The Home Secretary stated, on December 3rd, that in July he referred to the Mining Association and the Miners' Federation, for their observations, proposals for amending the present descriptions in the schedule of industrial diseases for miner's beat-knee and miner's beat-elbow. Neither body had so far furnished him with its views.

The Minister of Agriculture states that the available evidence indicates that infection of foot-and-mouth disease is generally spread by means of "mechanical carriers," which may be either human beings or other living agencies, or by contaminated food-stuffs, hay or straw.

In reply to an inquiry as to the establishment of dental consultation centres for insured persons, Mr. Neville Chamberlain said that before considering any extension of the benefits provided he must await the report of the Royal Commission.

The Services.

THE KING has granted licence and authority to Lieut.-General Sir William B. Leishman, K.C.B., K.C.M.G., F.R.S., Director-General of Army Medical Services, to wear the insignia of Grand Officer of the Legion of Honour, conferred upon him by the President of the French Republic, in recognition of valuable services rendered.

NO. 14 STATIONARY HOSPITAL.

THE annual dinner of the No. 14 Stationary Hospital was held at the Trocadero Restaurant, London, on December 4th. Lieut.-Colonel J. R. Harper, C.B.E., in the chair, proposed the toast of the hospital, to which several informal replies were made in the shape of reminiscences. It is proposed to hold the next dinner on the first or second Friday in December, 1926.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE reappointment of Dr. Alexander G. Gibson (Christ Church) as University Lecturer in Morbid Anatomy has been approved by Convocation.

UNIVERSITY OF CAMBRIDGE.

THE Special Board for Medicine has appointed Professor G. H. F. Nuttall, F.R.S., Dr. W. E. Dixon, F.R.S. (Reader in Pharmacology), Mr. D. Keilin, Dr. Frank Robinson (M.O.H. Cambridgeshire County Council), and Dr. A. J. Laird (M.O.H. Borough of Cambridge), as members of the managing committee for the Diploma in Public Health.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on November 18th.

The following were recognized as teachers of the University in the subjects and at the institutions indicated:

Westminster Hospital Medical School.—Mr. Aubrey Goodwin (midwifery and diseases of women).

St. George's Hospital Medical School.—Mr. George A. Ewart (surgery).

London Hospital Medical College.—Dr. James C. Woods (mental diseases), Mr. G. H. Curtis (dental surgery).

Lister Institute of Preventive Medicine.—Dr. S. S. Zilva (biochemistry).

Probationary recognition was granted to Mr. Sydney A. Mann as a teacher of pathological chemistry at the Maudsley Hospital for two years from November, 1925.

The recognition of the Royal Dental Hospital and London School of Dental Surgery as a school of the University in the Faculty of Medicine (dentistry only) was continued for a period of three years from January, 1926.

The annual report of the Graham Legacy Committee, giving particulars of general progress of the laboratory, the researches carried out, and the amount of the grants made to workers, was received. Professor A. E. Boycott, F.R.S., was reappointed director of the laboratory.

The following have been appointed chairmen of the respective committees for 1925-26:—*Brown Animal Sanatory Institution Committee*: Sir Holburt J. Waring; *Graham Legacy Committee* and *Library Committee*: Sir Wilmot P. Herringham.

UNIVERSITY OF EDINBURGH.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—W. G. Annan, J. Beinashowitz, G. Black, Elisabeth Brearley, Janet H. Brown, C. D. Bruce, Jean K. Burnie, A. Cairns, Elizabeth F. M. Clark, G. H. Clement, D. M. Crawford, J. W. Crichton, J. P. Dunlop, T. MacF. Edward, Phyllis M. Edwards, S. L. El-Zik, S. Ford, I. B. Georgeson, J. Greenstein, J. N. Hay, Isabelle W. Horsley, A. W. Howarth, Evelyn B. B. Humphreys, W. A. F. Hurst, J. S. Ingles, N. Kerr, Rachael Knox, H. MacCallum, Margaret A. Mackenzie, A. K. Mackintosh, B. A. Meyer, R. S. Mitchell, M. C. C. Motebang, M. Park, A. G. Paton, F. Sanderson, J. A. B. Selby, W. D. M. Sim, H. T. Smith, W. Steel, Marjorie Steven, D. Stewart, Meta H. Thomson, Dorothea E. Walpole.

UNIVERSITY OF DUBLIN.

Regius Chair of Medicine.

DR. T. GILLMAN MOORHEAD, F.R.C.P.I., Professor of Materia Medica in the University, has been elected Regius Professor of Medicine, in succession to Dr. John M. Purser, resigned.

NATIONAL UNIVERSITY OF IRELAND.

A MEETING of the Senate was held on December 4th.

Dr. D. J. O'Connor was appointed Lecturer in Medical Jurisprudence at University College, Cork, and the award of the Henry Hutchinson Stewart scholarship in mental diseases to Dr. William J. Coyne was approved.

A report from the Vice-Chancellor of the University, Dr. Denis J. Coffey, as representative of the University on the General Medical Council, was approved.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

THE following have been admitted to the Licences in Medicine and Midwifery:

H. J. Bermingham, W. J. V. Boland, Henrietta Broderick, J. Broderick, T. J. Clune, C. W. Coffey, D. Coleman, J. W. Dowzer, H. T. Flannery, R. G. Freeman, W. T. M. Gilbert, D. F. Hanly, J. P. Hederman, H. S. K. Lowry, E. B. MacGinty, E. G. H. McNally, S. M. Quade, J. J. M'Sharry, Mary E. Martin, J. Mitchell, S. Mullen, J. F. Murphy, E. D. Nolan, D. O'Brien, C. J. A. O'Kelly, J. L. O'Neill, J. Rafferty, J. F. Scales, Mabel M. Smith, D. G. White, W. D. White.

M. J. Hillery, L.R.C.P. and S.I., has passed the examination for the Diploma in Public Health.

Medical News.

AT the last meeting of the Joint Council of the Order of St. John of Jerusalem and the British Red Cross Society, the resignation of Dr. F. N. Kay Menzies as Director of the Council's Hospital and Medical Services Department, in consequence of his appointment as medical officer of health for the County of London, was accepted as from December 31st next. At the same meeting, Mr. R. H. P. Orde, B.A., was appointed Acting Director of the Hospital and Medical Services Department as from January 1st, 1926.

EARLY in the new year various special courses will be held under the auspices of the Fellowship of Medicine and Post-Graduate Medical Association. A fortnight's course in medicine, surgery, and the specialties at the Prince of Wales's General Hospital (North-East London Post-Graduate College) will begin on January 11th. On January 4th the Bethlem Royal Hospital will start a series of lecture demonstrations on Tuesdays and Thursdays at 11 a.m. on the various branches of psychological medicine, the course lasting for four weeks. On the same date the West End Hospital for Nervous Diseases will begin a month's course in neurology; lectures and clinical demonstrations will be given daily at 5 p.m. The North-Eastern Fever Hospital will hold a three weeks' course in infectious fevers, beginning on January 11th, the demonstration taking place at 11 a.m. on Wednesdays and Saturdays. A cardiology course will be given at the National Hospital for Diseases of the Heart from January 11th to 22nd. On January 18th the Queen's Hospital for Children will start a fortnight's course in diseases of children. The first of a new series of lectures arranged by the Fellowship of Medicine will be given on January 21st at 5 p.m., when Dr. Herbert Spencer will lecture on "Abdominal palpations in pregnancy." A copy of each syllabus and of the general course programme may be had from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

A FURTHER series of lectures and practical courses of instruction for a diploma in psychological medicine will be given at the Maudsley Hospital, Denmark Hill, S.E.5, in the new year. Part I of the course comprises eight lectures on the anatomy of the nervous system, by Sir Frederick Mott, on Tuesdays at 2.30 p.m., commencing on January 5th; eight lectures on the physiology of the nervous system, by Dr. F. Golla, on Fridays at 2.30 p.m., commencing on January 8th; eight lectures on psychology, by Dr. Henry Devine, on Thursdays at 2.30 p.m., commencing on January 7th. Part II, which follows in April, includes eight lectures on psychoneuroses, by Dr. Bernard Hart; eight lectures on morbid psychology, by Dr. E. Mapother; six lectures on the pathology of mental diseases, including brain syphilis, its symptomatology and treatment, by Sir Frederick Mott; lectures on the legal relationship of insanity and treatment, by Dr. C. Hubert Boud; eight lectures on the practical aspect of mental deficiency, by Dr. F. C. Shrubbsall; six lectures on crime and insanity, by Dr. W. C. Sullivan; six demonstrations in clinical psychiatry, by Dr. E. Mapother; and twelve clinical demonstrations in neurology, by Sir Frederick Mott. The fee for the whole course, Parts I and II, is 15 guineas; for Part I or Part II, 10 guineas; for one single series of lectures in Part I, 4 guineas; and for one single series of lectures in Part II, 2 guineas.

A MEETING of the members of the Institute of Radiology will be held at 32, Welbeck Street, on December 17th, at 8 p.m.; the council meets the same day at 6 p.m. On December 18th, at 2.30 p.m., Dr. Melville will give a special demonstration for members of the Institute at the Brompton Hospital for Diseases of the Chest, including the bronchial injection of lipiodol. At the meeting of the Electro-Medical Section of the Royal Society of Medicine on December 18th, at 8.30 p.m., discussions will be held on Paget's disease of bone, and methods of examination of the pelvic caecum.

THE Central Midwives Board for England and Wales met on December 3rd, with Sir Francis Champneys, Bt., in the chair. A penal session was held in the morning, followed by the ordinary monthly meeting. A message of condolence was sent to the family of the late Mrs. Brian Wilson, who had for many years been an active member of the Board. Dr. C. G. Lewis was approved as lecturer, and approval as teacher was granted to several applicants. The resignation of Dr. Fletcher Shaw as an examiner at the Manchester-Liverpool centre was received and the best thanks of the Board were accorded him for his efficient services. Mr. John Chisholm, F.R.C.S., was appointed to fill the post in Dr. Shaw's stead. An application from the Midwives Institute to the trustees of the Carnegie Fund to contribute to a scheme for the establishment of an institute for the instruction of teachers of practical midwifery was signed by the chairman on behalf of the Board in its support.

MR. C. J. S. THOMPSON, M.B.E., has resigned his post as curator of the Wellcome Historical Medical Museum, with which he has been associated since its foundation.

THE house of the Royal Society of Medicine will be closed from Thursday, December 24th, to Monday, December 28th, both dates included.

THE November issue of *Aesculape*, the official organ of the International Society of the History of Medicine, is devoted to the recent congress held at Geneva (reported in our issue of August 1st, p. 226), and contains numerous interesting portraits and other illustrations.

THE Municipal Council of Paris has decided to organize two centres for the preparation of serum from measles convalescents for prophylactic purposes, one to be at the Hôpital Claude Bernard at Aubervilliers and the other at the Hôpital des Enfants Malades in the Rue de Sèvres.

THE first number of *Terapia Contemporanea*, which, as its subtitle indicates, is an international review of treatment, was published in October at Naples under the editorship of Senator G. Pascale of Naples and Professor G. Klemperer of Berlin. The issue contains original articles by Italian, Austrian, German, Swedish, Danish, and Russian writers on medicine, surgery, ophthalmology, gynaecology, and orthopaedics, society intelligence, abstracts from current literature, and reviews.

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.

"H. C. D." about three years ago had charge of a patient who was treated by the Erlangen deep x rays for a myoma of the uterus. The treatment was successful, but for some months past she has been rapidly increasing in weight. "H. C. D." asks for suggestions as to what line of treatment he should now follow.

UTERINE PROLAPSE AND PREGNANCY.

"J. G. B." asks for advice to ensure the birth of a living child in the presence of uterine prolapse. His patient, aged 30, is three months pregnant. Her first child lived seven weeks and died from what may have been birth injuries, as labour was long and much force was used during delivery. Her second child was born dead after a seven months' pregnancy, during the early part of which there was some uterine prolapse. Her third pregnancy resulted in the birth of a dead premature infant of about seven months, after a breech presentation. A small ring pessary which had been placed in the vagina shortly after the commencement of pregnancy was simultaneously expelled. During her present pregnancy she has noticed that "the womb has dropped," and this renders walking uncomfortable. The vaginal orifice is somewhat patulous, and the cervix is nearly presenting there. No other abnormality has been detected and syphilis can be excluded apparently. Would a pessary be useful until the uterus has risen out of the pelvis, or is prolonged rest necessary?

AIR SPACE IN A BEDROOM.

"VIGILANS" writes to ask whether the local sanitary authority would have any jurisdiction over the proprietress of a boarding-house in regard to the letting, as a bedroom, of a box-room