There is a glamour which attaches itself to the operation of Caesarean section in the minds of the public, and a kind of spurious fame. I am sure there is no need here to warn against any attempts to encourage such absurdity, but perhaps it is well to suggest the wisdom of definite efforts to kill it. I know no better way of so doing than by medical men bringing their patients to recognize that, as I have said before, practically every case in which an unforeseen Caesarean section due to obstructed labour is necessary is directly due—at any rate theoretically—to insufficient or inefficient ante-natal care. Moreover, I am quite sure that, whether with or without medical guidance, the public will some day recognize the fact for themselves. It is entirely preferable, when this happens, that the medical profession should be able to say, "We told you so."

I have written a little strongly, but I think it will be seen that every opinion I have expressed is shared by obstetricians of the highest rank. I think, too, that many will agree with me that there is a real danger of obstetrics becoming a lost art. R. W. Holmes foresaw this danger ten years ago, and I do not know that it has grown any less since then. There are several ways of combating it, but this is not the time to discuss them. It is, however, a good time to remember that the conscientious medical adviser cannot justify himself when he tries to replace a lack of obstetrical knowledge by mere surgical facility.

I dislike very much bureaucratic interference with the liberty of the individual unless it is unavoidable, but voluntary co-operation would be most welcome. I think that if medical practitioners generally would furnish the Health Department with information regarding cases in which they found Caesarean section necessary they would materially help to check any abuse of the operation, and so to reduce maternal mortality.

Conclusions.

Finally, I should like to summarize briefly the conclusions which I think must be drawn from the facts I have put forward.

1. Caesarean section done under the most favourable conditions is associated with a mortality of nearly 2 per cent., and may be followed by peritoneal adhesions, and subsequent rupture of the scar.

2. Caesarean section done under unfavourable conditions is followed by a mortality of from 10 per cent. to 50 per cent., and in patients who survive the risk of after-complications is greater.

3. The only way of avoiding such operations is careful ante-natal diagnosis, and the only way of reducing their mortality when they are necessary is to remove the uterus.

4. Unless there is good reason for thinking that the uterine incision has healed satisfactorily, it may be unwise to allow a patient to deliver herself at subsequent pregnancies.

5. The treatment of eclampsia by Caesarean section is followed by a mortality of from 16 per cent. to 34 per cent. Conservative treatment is followed by a far lower mortality.

6. The treatment of placenta praevia by Caesarean section is followed by a mortality of from 11 per cent. to 20 per cent. Obstetrical treatment is followed by a far lower mortality.

7. The necessity for treating a transverse presentation by Caesarean section is almost unknown. When it occurs, it is also necessary to remove the uterus.

8. The statistics of hospitals in which Caesarean section is extensively done, unless they are based on a foundation quite distinct from that of other maternity hospitals, do not offer any encouragement to those who would imitate their producers.

Perhaps it would be wise to disarm criticism by admitting at once that my paper has not got a single new idea in it, or any promise or even suggestion of a new idea to come. It is more or less a plea for reversion—reversion to the older and saner ideas that used to govern midwifery practice generally, and that still govern it in most places. If Truth lies in front of us, it is well to go forward, but if we have overshot her and she is behind us, it is necessary to turn back. Discretion is the better part—of midwifery.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

MÉNIÈRE'S DISEASE TREATED BY THE ELECTROPHONIODE.

WHATEVER the true pathology of this disease, it presents a definite clinical entity, is extremely rare, and most distressing. First described by Ménière in the *Gazette Médicale de Paris* in 1861, the patient died, and the *post-mortem* examination revealed haemorrhage into the semi-circular canals. Cases have, however, since been reported as having presented all the clinical signs of the disease in which *post-mortem* findings have failed to give evidence of haemorrhage into the canals.

A spinster, aged 43, consulted me early in April for severe vertigo and nausea. She was deaf in the left ear, hearing only a shout at one metre; the deafness was accompanied by tinnitus.

Her first attack occurred in August, 1926, when she fell to the floor from vertigo. She noticed that the left ear had become deaf after the attack. Consciousness was not lost nor has it ever been lost during the attacks; memory was, however, almost completely abolished. She was very dejected; the attacks of vertigo had become much more frequent both by day and night. The longest vertiginous attack lasted two hours, but the average duration was about half an hour. She had to crawl on all fours about the house and in going up and down stairs, in order to try and avoid an attack.

The trouble being labyrinthine, I at once began treatment with the Zünd-Berguet electrophoniode. Within a week very definite improvement was manifest, and at the end of a fortnight she was able to attempt walking alone. Progressively with treatment the vertigo gradually disappeared, and with it the nausea. Now, after an interval of over two months, she has had no recurrence. Her deafness is better to the extent of hearing a low voice at one metre, the tinnitus is less, and memory has been regained.

I am confident that in the electrophoniode otologists possess a very useful treatment in cases hitherto deemed hopeless, but its uses and limitations have yet to be defined.

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PULMONARY EMBOLISM FOLLOWING CHILDBIRTH.

HAVING read the cases of pulmonary embolism following childbirth reported in the BRITISH MEDICAL JOURNAL of November 6th, 1926 (p. 835) by Drs. McCulloch and Young, and on November 27th (p. 987) by Drs. Spencer and Dawson, and knowing such complications to be considered rare, I am sending you the report of a similar case which was under my care.

A young woman, aged 30, healthy and robust (5-para), had for some years suffered from varicose veins in both legs. I saw her on September 2nd, 1922. She was then in labour, with frequent slight haemorrhages. The cord was prolapsed, and the implantation of the placenta low. As the cord was strongly pulsating and dilatation was occurring quickly, no intervention was attempted. She delivered herself in the course of an hour of a healthy female child. The puerperium was uneventful, temperature, pulse, and lochia being normal. She was eating and sleeping well and nursing the baby, and used to remark on my visits how well she felt. Never at any time did she complain of pain in the legs. She was sitting up in bed on the ninth and tenth days. After lunch on the eleventh day she was sitting up in bed, and the nurse was putting on one of her stockings, when she suddenly complained of severe pain in the chest, and fell back in the nurse's arms. When I arrived she was livid, with profound dyspnoea and air hunger; she died within fifteen minutes of the onset of the sudden pain.

No necropsy was performed, but I think no doubt could be thrown on the diagnosis.

Possibly pulmonary embolism following childbirth is not as rare as the textbooks would have us believe.

A. W. BOWMAN, M.B., B.S.Melb.,
Melbourne. F.R.C.S.Ed.

the absence of the medical officer of health for Llanelly on war service he acted in his stead. A colleague writes: Dr. Williams was a man of engaging personality; he was a tactful negotiator in all the meetings of doctors and workmen, a post which he occupied almost as a matter of course. Moderate and wise in counsel, he expressed in his life the lessons of philosophy, to which study he was much attracted. Something of the spirit of Zeno enabled him to bear a long and trying illness with most exemplary fortitude. His funeral on August 22nd, one of the largest ever seen in Llanelly, was a spontaneous demonstration of the esteem and affection with which he was regarded. In the hearts of the throng that followed him to his grave was an unuttered epitaph: He was a great friend.

Dr. JAMES MITCHELL, who died at his residence in Walton, Liverpool, on August 16th, aged 69, received his medical education at Queen's College, Belfast, Liverpool, and Dublin, and graduated M.D. of the Royal University of Ireland in 1883, obtaining the L.M.R.C.P.I. in the same year. After holding various assistantships and the post of resident surgeon at the South Dispensary, Liverpool, he settled in North Liverpool and carried on a large general practice for forty-one years, winning affection and respect from his colleagues and patients. He was a member of the British Medical Association. He leaves a widow, one son, and three daughters.

Dr. ARTHUR JOHNSON GEDGE, who died suddenly on August 16th, received his medical education at the London Hospital, and obtained the diplomas M.R.C.S.Eng. and L.S.A. in 1886 and the L.R.C.P.Lond. in 1888. He was formerly house-surgeon and house-physician at the London Hospital, and house-surgeon to the Eccles Patricroft Hospital. He acted for some time as surgeon in one of the hospital ships of the Mission to Deep Sea Fishermen.

Universities and Colleges.

UNIVERSITY OF CAPETOWN.

Graduation Ceremony.

AT the July graduation ceremony of the University of Capetown the following were admitted to the degree of Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.):

Ethel M. Brooms, L. M. Cohen, M. A. Helm, J. J. Jacobson, J. W. van Eeden, J. Wakeford, E. H. Walker.

Medical News.

THE Association of Special Libraries and Information Bureaux will hold its fourth congress in Cambridge at the end of September. The members attending will be received at Trinity College by Sir J. J. Thomson, O.M., the Master, on the evening of September 23rd. This will be followed by a dinner at which Sir Geoffrey Butler, K.B.E., M.P. for the university and president of the conference, will give an address. The subjects to be considered on the following days include the recent report of the Public Libraries Committee of the Board of Education, co-operation between libraries, and the selection of books in science and technology, on which a discussion will be opened by Sir Richard Gregory, editor of *Nature*. The question whether a co-operative catalogue of reference libraries in London is a practical proposal will also be considered. Further information can be obtained from the Secretary of the Bureaux, 38, Bloomsbury Square, London, W.C.1.

THE fortieth annual conference of the Sanitary Inspectors Association is being held this week at Plymouth, under the presidency of Professor Leonard Hill, M.B., F.R.S., who delivered his address to the Association on Wednesday morning.

THE Fellowship of Medicine and Post-graduate Medical Association announces that on September 19th the Westminster Hospital will start a fortnight's whole-day course in medicine, surgery, and the specialties, fee £3 3s. On the same date the Royal National Orthopaedic Hospital will start a two weeks' course, fee £2 2s. During October courses will be given in ante-natal work at the Royal Free Hospital (limited to 10) on Fridays, at 5 p.m., fee £1 1s.; cardiology at the National Hospital for Diseases of the Heart (limited to 20), fee £7 7s.; diseases of children at the Victoria Hospital and Paddington Green Hospitals, fee £3 3s.; diseases of the throat, nose, and ear at the Central London Throat, Nose, and Ear Hospital, fee £5 5s. for clinical course and £7 7s. for operative class; electrotherapy at the Royal Free Hopsital on Wednesdays at 5.15 p.m., fee £1 1s.; gynaecology at the Chelsea Hospital for Women, fee £5 5s.; tropical medicine at the London School of Hygiene and Tropical Medicine, on Tuesdays and Thursdays, at 2 p.m., fee £2 2s.; and neurology at the National Hospital, Queen Square, for two months. In October also will begin a series of lectures arranged by the Fellowship on "Practical hints in medicine, surgery, and the allied specialties," opened by Sir Humphry Rolleston, Bt., on Monday, October 17th, at 5 p.m. There will also be weekly clinical demonstrations in medicine, in surgery, and in ophthalmology. These and the lectures are open to all members of the medical profession without fee. Copies of syllabuses, of the general course programme, etc., are obtainable from the Secretary, Fellowship of Medicine, 1, Wimpole Street, W.1, and the names of those who wish for them will be entered on the mailing list to receive copies as and when published.

COMMENCING on October 4th, a practical post-graduate course in the surgery of the gastro-intestinal tract will be held at the Salpêtrière Hospital, Paris, and will continue for one week. Further information will be found in our advertisement columns.

A POST-GRADUATE course in pediatrics will be given in Paris by Drs. P. F. Armand Delille and B. Weill-Hallé at the École de Puériculture of the Faculty of Medicine in Paris, 64, Rue Desnouettes. Further information may be obtained from the secretary of the Association for the Development of Medical Relations between France and Allied Countries, 12, Rue de l'École de Médecine, Paris VI^e^.

A COURSE in practical cardiology will be held at the Hôpital Broussais, 96, Rue Didot, Paris, from October 10th to 27th, under the direction of Dr. C. Laubry. The fee is 200 francs.

THE annual dinner of the Chelsea Clinical Society will be held at the Café Royal, London, on Tuesday, October 25th, at 7.30 p.m.

THE Court of Assistants of the Society of Apothecaries of London has adopted the report of the Examinations Committee recommending the institution of a diploma indicating specialized knowledge of the subjects of ante-natal care, midwifery, and infant welfare, and steps are being taken to institute the examinations at an early date. The examinations will be open to registered medical practitioners, and further particulars will be published later.

DR. JAMES WHEATLEY, county medical officer of health for Shropshire, has been elected president of the Society of Medical Officers of Health for the session 1927–28, and will deliver his presidential address at the house of the society on Friday, October 21st, at 5 p.m. The annual dinner of the society will be held at the Piccadilly Hotel, W., on Thursday, November 17th, when the Minister of Health and the President of the Board of Education will be the principal guests.

THE Neech Prize for the best paper read during each year before a branch or group of the Society of Medical Officers of Health has been awarded for last session to Dr. E. H. R. Harries, medical superintendent of the Birmingham City Hospitals, whose subject was "The serum treatment of scarlet fever."

A MEMORIAL tablet has recently been unveiled in the naval hospital of St. Anne at Toulon in honour of Dr. Louis Tribondeau, an eminent clinician and bacteriologist, who has given his name to a well known stain. He died of influenza at Corfu in 1918.

THE Lister Centenary Exhibition at the Wellcome Historical Medical Museum, 54A, Wigmore Street, will be closed on October 1st. Since its opening in April it has been inspected by a large number of visitors from all parts of the world.

OUR Capetown correspondent reports that the annual competition for the Jones-Phillipson Golf Trophy, open to members of the Cape Western Branch of the Medical Association of South Africa (British Medical Association), took place on August 3rd, on the course of the Royal Cape Golf Club at Wynberg. The winner—a most popular winner—proved to be Dr. E. L. Steyn, who returned a net score of 79, which is bogey for the course. Dr. Steyn, who recently retired from active practice on account of indifferent health, won the South African Amateur Golf Championship in 1910, but has had little opportunity for serious participation in the game during the last few years. He is to be congratulated on his well deserved success.