

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TRAUMATIC RUPTURE OF MALIGNANT OVARIAN CYST.

THE circumstances of this case render it worthy of record.

A girl, aged 17, in good health, while at play with some of her fellow workers, received a severe blow in the abdomen, somebody jumping on to it. Shortly afterwards she was seized with severe diffuse abdominal pain.

On admission to hospital the temperature was 99.8°, the pulse 104, and the respirations 28; the upper half of the abdomen was tender and the upper half of the right rectus rigid; no bruising of the abdominal wall was observed. The patient's condition improved soon after admission and it was decided to wait. Two days later signs of free fluid in the abdomen were evident and operation was urged.

Operation.—The abdomen contained a large amount of clear pink fluid; a large polycystic papilliferous ovarian cyst on the left side had ruptured; the right ovary was cystic, and there was a tear 2 inches long in a loop of small bowel, which had penetrated down to the mucous coat. The rest of the abdominal organs were healthy. Both ovaries were removed, the tear in the bowel sutured, and the abdomen drained. The patient made a good recovery.

The pathological report was to the effect that there was a columnar-celled carcinoma of the left ovary.

On examining the patient two months after discharge from hospital the whole of the left iliac fossa was found to be occupied by a hard painless mass.

The patient died at home seven months after the injury; no *post-mortem* examination was made.

My thanks are due to Dr. J. F. Hodgson for permission to publish this case.

Northwood, Middlesex.

H. JAFFÉ, M.R.C.S.

CONGENITAL OCCLUSION OF THE SMALL INTESTINE.

ON June 26th a female infant, 36 hours old, was admitted to Dewsbury Infirmary because it had not passed meconium since birth, nor had any come away while the child was being born. It was well nourished, weighed 8 lb. 2 oz., and was normal in every way except for slight distension of the abdomen. A thick plug of mucus was passed after a rectal examination, which discovered nothing abnormal.

The infant vomited on an average three times a day, but seemed to retain part at least of its food. Aperients and enemata were tried repeatedly, but no movement of the bowels occurred. The superficial veins of the abdominal wall became enlarged and visible as longitudinal channels with transverse communicating branches, the abdomen became cyanosed, and on July 16th the child, which had gradually become emaciated, though not extremely so, died.

On *post-mortem* examination it was found that the stomach and the proximal half of the small intestine were considerably enlarged, the small intestine appearing as large as in the adult state, and terminating abruptly in a bulbous end. From this the remainder of the small intestine was continued as a small tube, about the size of a goose quill, and caecum, vermiform appendix, and the whole of the large intestine were present in perfect miniature. The portion of the intestine below the dilatation had a complete lumen, which contained nothing of the nature of meconium. The contents of the upper portion were fluid and yellow. Between the dilated and undilated portions of the small intestine there was a complete partition of mucous membrane, which exhibited only a dimple at the point where the continuity should have been unbroken. The point of occlusion was well below the point of entry of the bile duct, and its existence is explained as being due to proliferation of the epithelium in the second month of foetal life.

BERNARD SHEA, M.B., B.Ch.

General Infirmary, Dewsbury.

A CASE OF SCLERODERMA.

CASES of scleroderma are of sufficient rarity to warrant a short description of a case I had under my care for several years.

The patient was a girl apparently normal in every way, mentally and physically, until she reached the age of 10. It was then noticed that a few hairs in the right forehead were becoming white and that below on the brow was a patch of skin about the size of a penny which the mother described as of a "putty colour." There was no disturbance in her general health. The patch gradually extended and fresh areas started on the right side of the neck, extending as far back as the spine, and a line ran from the shoulder down the inner side of the arm and forearm. The eyebrows and eyelids became white on the affected side. A few weeks later the lardaceous "putty-coloured" patches showed signs of brown pigmentation, and at the same time the right side of the back commenced to discolour in patches, with

two well defined bands running forward, one to the lower end of the sternum and the other just above the umbilicus, having the same distribution as the usual herpes. A very definite line appeared from the right anterior superior spine to the inner side of the knee and a few diffuse patches on the anterior surface of the leg and foot.

The whole process gradually developed, all the lardaceous discoloration eventually becoming deeply pigmented (see photograph of face). The area of hair affected extended, the right axillary hairs became white, as also did the right half of the pubic hairs. The bones on the whole of the right side of the body, including skull, jaw-bones, and clavicle, ceased to grow, excepting the arm, which I think grew an inch in length after the onset. Use in the limbs became markedly impaired, particularly the leg.

About six months from the onset deep ulceration occurred on the anterior surface of the leg. It continued for eighteen months, and at the end the limb was completely withered and useless, the muscles, bones, skin, and tissues becoming glued together and atrophied. During this time the pigmented skin had become hard and non-elastic; the mouth had become "drawn" by the contraction of the skin, and the ear had partially undergone a similar movement. The gums and lips on the right side atrophied and the teeth on this side were exposed almost in their entirety. The tongue was smaller on the affected side, and the right nostril became more or less obliterated. Salivation became very troublesome, and the right corner of the mouth eventually developed into an ulcerated mass. To add to her burdens, she became completely deaf in the right ear and almost blind in the right eye. The use of the arm improved a little at the end of a year. It never became ulcerated or ankylosed as did the leg, and she was able with difficulty to do knitting and crochet work.

She lived for ten years after the onset. The left side of the body grew normally. She was not affected mentally at any time. She eventually developed tuberculosis in the right lung and died from a profuse haemoptysis.

She had not had any previous illness, and the family history revealed nothing abnormal; the other eight children are well and alive to-day, as also are the father and mother.

ARTHUR W. TIBBETTS,
M.R.C.S., L.R.C.P.

Cradley Heath, Staffs.

PITYRIASIS ROSEA: A SECOND ATTACK.

It is exceedingly rare to meet with a second attack of pityriasis rosea; Graham Little described one in 1915. Owing to this rarity, as well as the strong suggestion of direct inoculation which occurs in it, the following cases may be thought worthy of record.

CASE I.

In August, 1923, a mother brought her child, aged 10, as she feared the girl had ringworm of the body. She had noticed a red ring on the child's right flank the day before, and I found, midway between the costal border and the crest of the ilium, an oval, slightly raised patch, pink and scaly at the margins, dull yellow at the centre. The child said that the place itched slightly. The lesion had none of the characteristics of ringworm, and no fungus was discovered by the microscope. There was no question of syphilis, seborrhoea could be excluded, pityriasis capitis was not present, and there was no doubt that the patch was the herald of pityriasis rosea. In the course of two or three days the first crop of lesions appeared, and by the end of a week the eruption had developed in the typical *vest-area* of pityriasis rosea. I ordered baths of Condy's fluid and a salicylic acid ointment (2 per cent.). In ten days the child was free of the disease. The eruption had consisted more of medallions than of rose-coloured spots crowned by a fine scale, though both types of lesion were present. There was no fever and no glandular enlargement. The stomach was normal in size.

CASE II.

First Attack.—Fourteen days after I saw this patient for the first time I discovered on my own person, midway between the umbilicus and the xiphisternal angle, a reddish-yellow spot, slightly irritable, which rapidly developed into a typical herald patch. In the following seven days successive crops of spots appeared, most of them becoming medallions with central yellowish areas and pink at the margins. The eruption occupied exactly the short-sleeved vest area, and included the upper part of the thighs. There was slight itching. No fever and no glandular enlargement were present. I used baths of Condy's fluid daily, and my skin was clear of lesions in three weeks.

Second Attack.—This occurred in January, 1927. I discovered the primary lesion in the same place as before. It rapidly developed into the typical herald patch, and in the course of seven days the eruption was complete, occupying strictly the vest area, as before. In contradistinction to the previous attack most of the lesions were macular. A certain number of these smaller



lesions had urticarial characteristics. There was again slight irritation, but no fever or glandular enlargement.

On this occasion I employed no treatment at all, being curious to know how long the disease would last. I was clear of lesions in eight weeks.

The cause of this obscure and comparatively rare disease is unknown. A curious fact, however, demands mention. In examining the child whose case I have described, I gently scratched the lesion on her body with the nail of my right forefinger; and immediately afterwards, feeling the effects of the industry of *pulex irritans* (donation of a previous patient), I involuntarily applied this finger to the spot where I felt the irritation—that is, midway between the umbilicus and the xiphisternal angle, and slightly scratched the place. This was the area where I subsequently found the primary lesion of pityriasis rosea in myself. It might, of course, have been mere coincidence; but if the disease be of microbic origin it is at least conceivable that I inoculated myself, by scratching, with the causative agent.

Vidal in 1882 described the *Microsporon anamae*, which he believed to be the cause. Du Bois has found a cryptogamic organism with small spores in the glandular orifices and follicles. Neither of these organisms has been shown to be the cause.

Although there is no certain evidence of contagion in pityriasis rosea, yet the primary medallion, succeeded by an eruption of secondary lesions, suggests the possibility of microbic origin. I think the history of my first attack significant, though I cannot account for my second. I had not seen a case of the disease in the interval between the two attacks, though it is of course possible that I may have been in contact with a case in a public conveyance or place, or I may have examined a patient in whom the disease was going to occur. It is curious that the disease should be so strictly confined to the vest area.

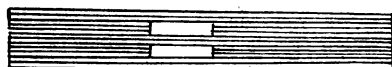
Manchester.

B. GORDON EDELSTON, M.D., B.Ch.

CLOSURE OF ABDOMINAL INCISIONS.

THE publication of Mr. Strong Heaney's note on the closure of abdominal incisions, on June 25th (p. 1143), induces me to send the following account of a method I have often used.

Three strips of good antiseptic adhesive plaster, 14 to 16 inches long and 2 inches wide, are cut as shown in the



diagram, each bridge being 2 in. long. After placing a moderately hot pad

over the abdominal surface for a minute, the skin is dried, the plaster applied first on one side, far enough to allow the bridges to rest over the wound as the assistant, gripping the abdominal wall, brings the edges of the incision into apposition; then the other end of the plaster, tightly drawn, is applied to the opposite side. With the three strips thus applied the edges of the wound are held tightly together. A little bismuth-formic-iodide is then dusted over the wound and the dressings applied. If necessary, they can be removed daily, and the condition of the wound observed. I have found that the plasters hold firmly even in cases of severe vomiting after the operation. This method could be applied to any part of the body, or face and extremities, where the surface is suitable, thus rendering it unnecessary to stitch a face wound in particular. The size of the strips depends on the size and locality of the wound; thus, on the face, I use strips 3 inches long and 1 inch wide, with only one bridge in the centre. By this method, if on daily examination the wound does not look too healthy, hot antiseptic pads might be applied.

Ceylon.

HUGH KEITH.

CONGENITAL TUMOUR OF THE BREAST.

CONGENITAL tumours of the breast are sufficiently rare to make the following case worthy of publication.

On November 17th, 1926, I saw a male Hindu infant, fourth in the family, aged 3 days. The birth had been attended by a trained midwife under the supervision of the health visitor, and was reported as normal. There was a well defined swelling about the size of an orange on the outer side of the right nipple, which pushed the arm away from the side. The swelling was cystic,

not adherent to skin or muscle, and appeared to have no connexion with intrathoracic contents. No secretion was obtained from the nipple, and no enlarged glands could be felt.

The infant was breast-fed, and seemed to suffer no inconvenience apart from the pushing of the right arm away from the side. No treatment was undertaken, but the infant was seen weekly. It was proposed to operate at once if the swelling increased in size. I last saw the infant on March 2nd, 1927, when the swelling had decreased to the size of a walnut. The family then moved to their village, and the further progress of the swelling cannot be watched.

I am indebted to the civil surgeon, Colonel T. Hunter, for advice and for seeing the case from time to time.

CICELY N. TWINING, M.R.C.S., L.R.C.P.,
Late Medical Superintendent, Maternity and Child
Welfare, Lucknow, India.

Christchurch, Hants.

Reviews.

THE PATHOLOGY OF THE PITUITARY GLAND.

It was in the year 1886 that Marie introduced us to the disease which he named acromegaly, and which on the anatomical side is characterized most obviously by the enlargement of certain structures of the body, among them the pituitary gland, at that time regarded as a structure of no importance. This was the starting point of a series of observations which form one of the most fascinating chapters in medical science. In the forty years that have since elapsed we have learnt that the pituitary gland is one of the most important organs in the body, some half-dozen different diseases or syndromes have been defined as dependent on its dysfunctioning, the effects of a deficiency in its secretion have been demonstrated experimentally, and the experimental induction of a condition analogous to hypersecretion has recently been successfully accomplished by Evans of the University of California and Tracy Putnam in Cushing's laboratory. The time is, therefore, favourable for taking stock of our position as touching our views on the nature of acromegaly and of the possible directions in which further advance is to be looked for, a subject which has been expounded with great clarity and personal charm by HARVEY CUSHING in his oration before the Medical Society, published in the first two numbers of this volume of the BRITISH MEDICAL JOURNAL, and with some additional details in his monograph on acromegaly,¹ written in collaboration with LEO DAVIDOFF and published by the Rockefeller Institute for Medical Research.

When the functional importance of the pituitary gland came to be recognized it was natural that a causal connexion between the gland and acromegaly should be suspected, and it was thought, somewhat illogically it would seem, that the constantly observed enlargement of the organ indicated a diminution of its secretory activity. Experimental removal of the gland, however, proved that this was not the case, and that a diminution of function caused by partial removal was followed by effects that were just the reverse of acromegalic. Opinion then veered round in the direction of hyperpituitarism, and this view held its ground in spite of certain difficulties which presented themselves and seemed to militate against it. There were cases in which the lesion seemed to be unquestionably destructive in its effects, actual neoplasms for example; while from time to time the *post-mortem* examination revealed no enlargement of the pituitary gland at all. The slight logical uneasiness incident to the latter fact was, of course, readily allayed by the consideration that a gland might be secreting in excess, although not enlarged. These difficulties have, it seems, been definitely removed by a notable discovery made by Bendá in 1900. He has shown that the cells of the pituitary enlargements in acromegaly always contain acidophile cells (cells containing granules stainable with acid dyes such as eosin) similar to those present in the normal gland, and that this is the case even where the lesion was regarded as an actual neoplasm. In other words the

¹ *The Pathological Findings in Four Autopsied Cases of Acromegaly, with a Discussion of their Significance.* By Harvey Cushing and Leo M. Davidoff. Monographs of the Rockefeller Institute for Medical Research, No. 22. New York. 1927. (Sup. roy. 8vo, pp. 131; 104 figures. 2 dollars.)

a born teacher and had a gift of imparting his knowledge such as is given to few. His quiet voice when reassuring patients, and thereby gaining their confidence, will long be remembered by those who came under his hands. His gentleness and ability when dealing with children was a gift given to few men, and was a joy to see. While most of his time was fully occupied with his professional duties, he still managed to take an interest in sport; he was a familiar figure at many boxing contests in Manchester, and occasionally found time for a round of golf. A friend who spent holidays with him at the seaside noted the great affection he was held in by children; wherever "S. R." was to be found there was always a circle of young people around him. He is survived by a widow and two children. In a very happy family life his only cause for anxiety was, probably, for his son, who suffered from diabetes, and needed constant and watchful care. The interests and welfare of this boy were one of "S. R.'s" greatest concerns, and he was seldom so happy as when talking of his boy and helping him with his animals. The funeral on September 16th was a spontaneous demonstration of the affection and esteem with which he was regarded. The one consolation to his friends is that, though he has gone, his work and memory will live after him.

Many of our readers must have seen with regret the announcement of the death in Canada, at the age of 58, of Sir WILLIAM GLYN-JONES, who was for many years the leading figure in British pharmacy. In his early days he acted as dispenser to a succession of medical practitioners in London, and then set up as a dispensing chemist on his own account in the East End. He was intimately concerned with the foundation of the Proprietary Articles Trade Association, and was a vigorous member of the council of the Pharmaceutical Society of Great Britain from 1899 to 1904, the year in which he was called to the Bar. In 1908 he was appointed parliamentary secretary to the society, and two years later became M.P. for Stepney. In the House of Commons he rendered immense services to pharmacy and pharmacists, more particularly in connexion with the National Insurance Acts and the Poisons and Pharmacy Act. During the war he was for a time parliamentary secretary to Dr. Addison, and in 1919 he was knighted, shortly after his appointment as secretary of the Pharmaceutical Society. He resigned that post a year and a half ago in order to become chairman of council of the Canadian Proprietary Articles Association, throwing himself with characteristic energy and enthusiasm into the organization of that body. He had been chairman of the Association of Insurance Committees for England and Wales, and his textbook on *The Law of Poisons and Pharmacy*, published in 1909, is the standard work on that subject. In an appreciation, printed in *The Pharmaceutical Journal and Pharmacist* of September 17th, the Medical Secretary of the British Medical Association writes of the many opportunities he had of working with Sir William Glyn-Jones on behalf of their respective professions, and pays a special tribute to his signal services in connexion with the Dangerous Drugs Act and Regulations.

Dr. WILLIAM THOMAS EVANS, who died in the Cottage Hospital, Bromley, Kent, at the age of 75, was the son of the late Mr. Charles Evans, F.R.C.S., and was born in Bakewell, Derbyshire, in 1855. He received his medical education at Edinburgh, and graduated M.B., C.M. in 1875. After holding the post of resident surgeon to the Edinburgh Royal Infirmary, he commenced practice in Paddington, holding the appointments of medical officer to the west district of this borough and to the St. John's Training School for Girls, Westbourne Park. He was a member of the British Medical Association, of the Royal Medical Society, Edinburgh, and of the Harveian Society, London. He retired from practice in 1920 and settled in Bickley, Kent. He is survived by his widow and three children, one of whom is Major Douglas Gordon Evans, R.A.M.C.

The following well known foreign medical men have recently died: Dr. LOUIS DUBREUIL-CHAMBARDEL of Tours, president of the Société d'Anthropologie de Paris, an eminent medical historian and lecturer in the medical school at Tours; and Dr. F. W. TALLQUIST, professor of internal medicine at Helsingfors, aged 56.

Medico-Legal.

A SURGEON'S FEE.

AN action for the recovery of a fee for performing a surgical operation was heard by His Honour Judge Higgins at Exeter county court on September 13th. The plaintiff was Mr. R. A. Worthington, F.R.C.S., surgeon in charge of the throat, nose, and ear department, Royal Devon and Exeter Hospital, and the defendant was Mr. S. T. Pitts, Yelverton, the claim being for £70 7s., being 60 guineas for an operation on defendant's daughter and 7 guineas assistants' charges.

Mr. J. L. Pratt, for the plaintiff, said the operation was performed on defendant's daughter, aged 15, at a time when she was in the Exeter Isolation Hospital. The daughter was a boarder at the Maynard School. It was discovered that she was suffering from scarlet fever. She had her own medical attendant at the school, but as it was a case of scarlet fever arrangements were made for her to go to the Isolation Hospital, and at the parents' request she was put in a special ward. At the end of a month, January 24th, the scarlet fever was cured, and Dr. Stirk, the medical officer, would have been willing that she should leave hospital, but it was found that the girl was suffering from a discharge from the ear, and that an operation would probably be necessary. In fact, the girl would have died if an operation had not taken place. The matron of the hospital advised Mr. Pitts about this, and pointed out that in Dr. Stirk's view it was a case in which a specialist was needed. Counsel said defendant could have been under no misapprehension that he would be liable for the fees, because the usual notice as to this was sent to him.

Dr. P. H. Stirk, city medical officer, who is in charge of the Isolation Hospital, stated that defendant was present at a consultation on January 28th, when Mr. Worthington expressed the opinion that an operation was necessary. The local authority did not pay specialists' fees.

Mr. Worthington in his evidence said that at the consultation both Mr. and Mrs. Pitts were present. Witness advised an operation. Defendant did not consent then, but two hours later witness received a telephone message from Mr. Pitts authorizing him to go on with the operation. Witness found the condition of the child so serious that it was fortunate she was operated on. As to the fee, his usual charge for such a case was 100 guineas, but in this case he made a reduction.

Defendant: I should like to say, Dr. Worthington, that my daughter has done splendidly, and we deeply appreciate the skilful work you did.

The matron and a nurse at the Isolation Hospital spoke to conversations defendant's wife had with them as to what Dr. Worthington's fee would be.

Defendant said he had no evidence to offer beyond that disclosed by the documents.

His Honour said it seemed to him defendant was liable, and there would be judgement for the amount claimed. The defendant expressed his intention to appeal on a point of law.

Universities and Colleges.

UNIVERSITY OF DURHAM.

MR. RONALD B. GREEN, M.B., F.R.C.S., who has been lecturer on anatomy in the University of Durham College of Medicine, Newcastle-on-Tyne, for the past five years, has been elected to the Chair of Anatomy in succession to Professor R. Howden, whose resignation was recently announced.

UNIVERSITY OF LEEDS.

ON the occasion of the visit of the British Association to Leeds the honorary degree of Doctor of Laws was conferred by the University upon the President, Sir Arthur Keith, M.D., F.R.S., and that of Doctor of Science upon Professor J. S. Haldane, M.D., F.R.S.

The Services.

HONORARY PHYSICIAN TO THE KING.

HIS MAJESTY has approved of the appointment of Lieut.-Colonel S. R. Christophers, C.I.E., O.B.E., M.B., Indian Medical Service, as Honorary Physician to the King, with the brevet rank of colonel, with effect from February 15th, 1927, in succession to Colonel C. H. Bensley, C.I.E., Indian Medical Service, who has retired.

HONORARY SURGEON TO THE KING.

HIS MAJESTY has approved of the appointment of Major-General G. Tate, M.D., Indian Medical Service, as Honorary Surgeon to the King, with effect from February 27th, 1927, in succession to Major-General R. Heard, C.I.E., Indian Medical Service, who has retired.

Medical News.

THE annual prize distribution at St. George's Hospital Medical School will be held in the board room of the hospital on Saturday, October 1st, at 3 p.m., when the inaugural address, entitled "The meaning and methods of success," will be delivered by Sir Humphry Rolleston, Bt., K.C.B., M.D., Regius Professor of Physic in the University of Cambridge. The annual dinner of the medical school will be held at the Hyde Park Hotel on Saturday, October 1st, at 7.15 for 7.45 p.m., with Sir Humphry Rolleston in the chair.

THE opening of the winter session at the London (Royal Free Hospital) School of Medicine for Women will be held on Monday, October 3rd, at 3.30 p.m. The introductory address will be given by Mr. Robert G. Hogarth, C.B.E., F.R.C.S., senior surgeon, General Hospital, Nottingham, whose subject will be "The doctor's high calling." Academic dress will be worn.

THE opening ceremony of the winter session at King's College Hospital Medical School will be held on Friday, September 30th, at 2.30 p.m. The introductory address will be given by Sir Berkeley Moynihan, Bt., President of the Royal College of Surgeons of England. The annual dinner of past and present students will be held at 7 for 7.30 on the same day at the Criterion Restaurant, Piccadilly Circus, when the chair will be taken by Professor G. F. Still, M.D.

THE annual distribution of prizes at Charing Cross Hospital Medical School will take place in the out-patients' hall of the hospital on Wednesday, October 5th, at 3.30 p.m. The annual dinner of past and present students will be held at the Hotel Victoria, Northumberland Avenue, on the same evening, at 7 for 7.30 p.m., when the chair will be taken by Dr. Cuthbert Lockyer.

THE winter session at the Royal Veterinary College, Great College Street, Camden Town, will begin on Tuesday, October 4th, when the opening address will be given at 3 p.m.

THE eighty-sixth session of the School of Pharmacy of the Pharmaceutical Society of Great Britain will open on Wednesday, October 5th. The inaugural sessional address will be given by Dr. T. A. Henry, at 3 p.m., in the Society's house, 17, Bloomsbury Square.

THE Fellowship of Medicine announces that a course in cardiology will be held at the National Hospital for Diseases of the Heart from October 3rd to 15th, from 10 a.m. to 4 p.m. each day (limited to 20). The Central London Throat, Nose, and Ear Hospital will hold a three weeks' course from October 3rd to 22nd; the clinical and operative parts of the course may be taken separately or together. There will also be practical courses in peroral endoscopy, and in bacteriology and pathology suitable for D.L.O. students. Other courses in October will include ante-natal work at the Royal Free Hospital, at 5 p.m., on Fridays, October 7th to 28th (membership limited to 10); in diseases of children at the Paddington Green and the Victoria Children's Hospital, morning and afternoons alternately at each hospital, from October 17th to 29th; in electrotherapy at the Royal Free Hospital, on Wednesdays, at 5.15 p.m., from October 12th to November 2nd; in gynaecology at the Chelsea Hospital, from October 17th to 29th; in tropical medicine at the London School of Tropical Medicine, Tuesdays and Thursdays, at 2 p.m., from October 4th to 27th; and in neurology at the National Hospital, Queen Square, from October 3rd to November 25th. Copies of syllabuses and of the general course programme are obtainable from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

A WEEK END post-graduate course at St. Mary's Hospital, Paddington, has been arranged. On October 1st Professor C. A. Pannett will deal with minor operative problems of general practice; Sir William Willcox, the treatment of pernicious anaemia; Dr. T. G. Stevens, Caesarean section and after; and Mr. Zachary Cope, retention of urine in an old man. On October 2nd Dr. Ernest Young will discuss the duodenal tube in treatment of gastric and duodenal ulcers; Dr. C. M. Wilson, early recognition of some common diseases; and Dr. John Freeman, blood transfusion. On October 3rd Dr. Wilfred Harris will deal with the significance of pain in the lower extremities; Mr. S. Maynard Smith with obstruction of the large bowel; and lantern lectures will be given by Mr. Aleck W. Bourne on recent work on the pituitary and ovary, and Mr. Duncan Fitzwilliams on early diagnosis of carcinoma of the tongue. The meetings are open to all medical practitioners without fee.

A SHORT course of lectures on functional nervous disorders will be given at the Tavistock Square Clinic for Functional Nervous Disorders, 51, Tavistock Square, London, W.C.1, commencing on October 10th. The fee for the course to

medical practitioners is £2 2s. and to medical students 10s. 6d. Tickets and full particulars of the course can be obtained in advance from the honorary secretary of the clinic.

AN international congress of hygiene will be held in Paris under the presidency of Professor Léon Bernard from October 25th to 28th, when the following questions will be discussed: Relation of insurance to public health, introduced by Kuhn of Copenhagen, Holtzmann of Strasbourg, and Brian of Paris; factors in the recrudescence of small-pox and the means of combating them, introduced by Ricardo Jorge of Lisbon, Jitta of the Hague, and Camus of Paris; hygiene of education camps, introduced by Sacquépée of Paris. Addresses will also be delivered by Professors Madsen and Ottolenghi. The subscription of 60 francs should be sent to the general secretary, Dr. Dujarric de la Rivière, Institut Pasteur, Rue Dutot 26, Paris XV.

THE P.L.M. Railway informs us that the through service from London to the Riviera will this winter run in connexion with the 2 o'clock boat train from Victoria via Folkestone-Boulogne instead of the 11 o'clock via Dover-Calais as hitherto. The arrival at Riviera destinations will, however, be only approximately a quarter of an hour later, thus shortening the total journey by two and three-quarter hours. The new service will run for the first time on October 25th next, and will provide the usual sleeping accommodation and also ordinary 1st and 2nd class seats.

DR. JOHN BEATTIE, research assistant and demonstrator of anatomy at University College, London, has been appointed assistant professor of anatomy at McGill College, Montreal.

A CONSIDERABLE epidemic of infantile paralysis is reported from Alberta. Fresh cases have been recorded daily, and the reopening of the schools has been postponed by the Board of Health. According to the Toronto correspondent of the *Times*, the medical authorities of Edmonton, the capital of the province, have appealed to the Rockefeller Foundation for assistance in combating the epidemic, and have asked that a representative may be sent to study the local situation.

A STATUTORY order issued by the Home Office will come into force on October 1st, requiring the provision of an adequate supply of water for washing and drinking purposes in factories and workshops in which gutting, salting, and packing of herrings are carried on. A first-aid dressing station must be established within 250 yards of the factory or workshop, and be in the charge of a qualified nurse or other person trained in first aid.

THE sixth Roumanian Congress of Oto-rhino-laryngology will be held at Bucarest on October 29th and 30th, under the presidency of Professor Predescu-Riou of Cluj. Papers will be read on foreign bodies in the trachea, bronchi, and oesophagus by Professor Bélinoff of Sofia and Dr. Fotiade, and on syphilis of the ear by Drs. Tempea and Costiniu, jun. Further information can be obtained from the general secretary, Dr. L. Mayersohn, 81, Calea Musitor, Bucarest.

THE annual statutory general meeting of the Medical Defence Union, Ltd., will be held at the Royal Bath Hospital, Harrogate, to-day (Saturday, September 24th), at 4.30 p.m.

THE annual dinner of the West Kent Medico-Chirurgical Society will be held on Wednesday, October 12th, at 7.30 p.m., at the Trocadero Restaurant, Piccadilly Circus. Tickets 10s. 6d. each, exclusive of wines, may be obtained from Dr. J. P. Purvis, 16, The Grove, Greenwich, S.E.10. Ladies are invited.

THE third annual Norman Lockyer Lecture before the British Science Guild will be given by the Very Rev. Dean Inge on the afternoon of Monday, November 21st, in the Goldsmiths' Hall. Particulars will be announced later.

THE Jewish Health Organization of Great Britain is a body which has the support of a large number of well known Jewish medical men. It appears also to be a very active body; and, although the annual report just issued is only the third, it possesses already some nine different committees. It promotes health education by means of lectures and publications; it is establishing an annual Health Sabbath in connexion with the Health Week of the Royal Sanitary Institute; and it is opening a clinic for nervous and difficult children. It is also engaged in inquiries into the types of visual defect and the prevalence of left-handedness in Jewish children, the mortality from cancer amongst Jews, and the comparative intelligence and attainments of Jewish and non-Jewish school children.

THE centenary of the birth of Villemin (1827-92), medical inspector of the French army and professor at the Val de Grâce School of Medicine, who discovered the virulence, specificity, and contagiousness of tuberculosis in 1865, will be celebrated at Paris, under the patronage of the President of the Republic, from October 15th to 18th, immediately after the French Congress of Medicine.