

Council speakers appeared at each meeting and gave short addresses of an educational character, in the course of which the opportunity was taken of briefly outlining the general scheme in which the Dominion and Provincial Governments are combining to deal with the venereal disease problem in Canada. The first result of this propaganda work has been an increase in the number of venereally infected persons applying for treatment to both private physicians and clinics.

The National Council will first undertake to do general educational work of this type in order that people generally may become aware of the seriousness of venereal diseases as a public health problem, and in order to help render the Government treatment-schemes in various parts of the country effective. With this end in view it has been felt that as many persons as possible should become actual members of the organization. A two-dollar membership fee has therefore been established, and local committees are being formed in many cities throughout the country. Members of these committees will be kept supplied with up-to-date literature on the subject, and will be expected to do their part locally in the fight against venereal diseases.

It should be understood that the work of the Canadian National Council for Combating Venereal Diseases is not only propaganda. It is felt by the National Council Executive that as regards this particular problem their first duty is to inform the public as to existing conditions. This must have the effect of helping in the success of the various treatment-schemes being undertaken by provincial health departments. The broader educational and social aspects of venereal diseases will be dealt with as the National Council is put on a better organized basis, and when a sufficient headquarters-staff has been secured.

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#### HERNIA ACROSS THE LESSER SAC OF THE PERITONEUM.

Pringle (*Glasgow Medical Journal*) states that these herniae may be divided into two main types, viz.: (1) Hernia through the foramen of Winslow, and (2) hernia through an abnormal opening. The abnormal opening may be situated: (a) in the mesocolon, in which case it would appear to be most frequently placed within the vascular arch of the middle and left colic arteries, or (b) the opening may be in some part of the omentum. If the bowel passes beneath the colic arch it may (a) remain in the lesser sac and present either above or below the stomach, or (b) may escape again into the general peritoneal sac above the stomach, "gastro-hepatic" type, or below the stomach, "gastro-colic" type. In the majority of cases of hernia through the foramen of Winslow that are recorded, a comparatively short length of bowel was herniated. The large herniae seem to have presented beneath the gastro-hepatic omentum, and in Treves' case the cecum and vermiform appendix burst through that structure.