

Cairo Medical School by the two Royal Colleges of England, and the mark that their conjoint diploma will put on Egyptian students who are enabled to obtain it after examination. To give effect to this "it has been arranged that a delegate of the British Royal Colleges of Physicians and Surgeons should be present annually at the examinations held in Cairo, and that the students who pass those examinations when the delegate is present should enjoy the same advantage as if the corresponding examinations had been passed in London."

From my residence in Egypt for a portion of two recent winters, and the opportunities I had of making myself acquainted with the facilities for studying medicine and surgery in Cairo, I am strongly of opinion that further important developments should be encouraged. I hope this may take the form of a tropical school of medicine in Cairo in connexion with the medical school, and open to all nationalities.

From the British point of view such an institution would offer many advantages. In the first place, Cairo is within a week's journey from England, and, in the next, it is on the great highway to British India, to Australia, to parts of Africa and other places in which we have large interests. In addition to educating medical students, such could be made available for civil, naval, and military medical practitioners desirous of obtaining this form of post-graduate study. If the Egyptian student may now count his time spent there for examination purposes, there seems no reason why the latter persons may not do so in the pursuit of further professional knowledge and experience. Of the advantages of Cairo as a place of study for tropical diseases I need hardly say a word. Many types of medical and surgical diseases may be seen there in their most acute and varied forms, and the facilities offered by a large hospital with a well-equipped medical school and museum attached, with English-speaking professors (including hospital physicians and surgeons) leave nothing to be desired.

In the volumes of reports recently issued by the Kasr-El-Ainy Hospital will be found much valuable information and original research, made on the spot, relating to tropical disease.

Those of us who were fortunate enough to be present at the First Egyptian Medical Congress (1902) will not forget the personal encouragement that great cosmopolitan assembly received from H.H. the Khedive, and the numerous scientific attractions and novelties provided for us.

Though excellent work is being done in the tropical schools of London and Liverpool, this should be added to by similar efforts in places which are themselves liable to tropical diseases and their causes.—I am, etc.,

London, W., May 7th.

REGINALD HARRISON.

THE SUMMER DIARRHOEA OF INFANTS.

SIR,—It is a very interesting question raised by Dr. J. T. C. Nash in his letter in your issue of May 5th as to whether the summer diarrhoea of infants is due to *one* specific organism or not.

I may say, in answer to his inquiries respecting the local incidence of bacilli Nos. 1 and 3, mentioned in my report to the Science Committee in the BRITISH MEDICAL JOURNAL of April 21st, the proportion of cases in which they were found was very nearly equal in the Hospital for Sick Children, Great Ormond Street, and the Victoria Hospital for Sick Children, Chelsea, No. 1 being found in 25 cases out of 49 at the former and in 3 out of 9 cases at the latter institution. No. 3 was found in 4 cases out of 49 at the Hospital for Sick Children, Great Ormond Street, and in 1 case out of 9 at the Victoria Hospital for Sick Children, Chelsea. The cases at both hospitals occurred between July 15th and September 30th.

I trust by a further investigation this summer to gain more light on the subject.—I am, etc.,

H. DE R. MORGAN.

Lister Institute of Preventive Medicine,
S.W., May 5th.

PASTEURIZED MILK AND INFANT FEEDING.

SIR,—The letter of Dr. G. A. Sutherland in the BRITISH MEDICAL JOURNAL of May 5th, calling attention to a prevalent and growing evil, is highly important and valuable. As far as the evidence of my cases quoted by

him is material, he might have strengthened his position by mentioning the chief feature which was the main point of interest in each. The "extraordinary course" referred to in my paper was not the mere delay in the resolution of a subperiosteal haemorrhage, but the formation of new bone in the detached periosteum in each of these consecutive cases of scurvy inadvertently fed on pasteurized milk. In one case, where the change of milk instituted by the dairy company was not discovered and the infant died, the newly-formed periosteal bone was of remarkable extent, being thicker in places than the femur it surrounded. In the succeeding two, whilst on pasteurized milk, a thin layer of bone formed in the periosteum detached from the femur, a condition that was verified by skiagraphs taken by Dr. G. H. Graham. On a change being made from pasteurized to fresh milk the new-bone formation ceased in each, and in the course of time that already formed was slowly absorbed.

These three cases would seem apt illustrations of the dangers of pasteurized milk pointed out by Dr. Sutherland in his timely letter.—I am, etc.,

London, W., May 7th.

J. A. COUTTS.

THE BACTERIOLOGY OF A COMMON COLD.

SIR,—It was with much pleasure that I read Dr. Benham's very able and interesting paper upon the above subject, especially as I have been making researches upon the same subject myself for several months past. I should like to make a few remarks; first, of criticism; secondly, detailing briefly the results I have myself obtained. In the first place, it is no more to be expected that any one single organism is the cause of all cases of a common cold than it is that any single organism is the cause of peritonitis, perinephritic abscess, or pneumonia, for example, and great care must therefore be taken against too strongly urging the claims of any particular organism as "the" cause of the common cold. The lack of pathogenicity of the organism described in inoculation experiments seriously mitigates against its claims to recognition as "the" factor in such cases. I should also like to point out that in a certain class of cold "the second or third day, or at a much later period" may be too late to catch the particular organism at work, as I have often found it to disappear in about twenty-four hours after the first onset.

Among the cases I have examined have been several from three separate severe local epidemics. In the first of these the *Micrococcus catarrhalis* was isolated with ease from each case examined; in the second and third, which were both of a severely infective character, the bacillus of Friedlander was found in every case during the first twenty-four hours, and sometimes later. It was of a very virulent stamp, being pathogenic not only for mice and guinea-pigs, but even for rabbits; it also clotted milk and fermented glycerine broth with ease. A reinfection sometimes occurred, producing either a second acute cold or else a chronic cold lasting for months. The proofs of the direct connexion of this organism with these epidemics are as follows:

1. That the appearance of the bacillus in the nasal passages of the people affected synchronized with the onset of an attack.
2. That the organism and colds disappeared together.
3. That the opsonic index of the patient's blood which was particularly studied to the bacillus of Friedlander was affected by a cold precisely in the way that would be expected in the case of an infection by that organism—that is, it rose steadily to a maximum, remained there for some time, then steadily fell to about unity during a period of perfect freedom from cold. Second and third attacks had precisely similar results.
4. That the appearance in the house of a person whose nasal passages were known to be infected by the bacillus of Friedlander sufficed to start an epidemic of colds on several occasions, and that from the noses of such as were examined, the bacillus of Friedlander was also isolated.

In conclusion, I do not wish to urge too strongly the claims of the bacillus of Friedlander in the causation of the common cold, but I have found it to be a very common cause, much more so than the *Micrococcus catarrhalis*. As for the *Bacillus septus* much stronger proof than any brought forward by Dr. Benham as to its pathogenicity and causal relation to the common cold must be advanced