

suspended vaccines locally injected in the more severe. In the same issue of the *Journal* Dr. T. Stacey Wilson, in his admirable "Manipulative Treatment of Fibrositis," showed that he had reached conclusions as to the pathology of fibrositis which were identical with my own, though attained by quite a different approach.

Those who give whole-hearted loyalty to the focal theory will no doubt find such an extension of it as irritating as Dr. Gordon's "metabolites"! But until Dr. Gordon can give more definite evidence regarding the chemical nature of such "metabolites" I shall still feel that my own is the safer heresy.—I am, etc.,

London, W.1, Jan. 1.

G. LAUGHTON SCOTT.

### Nervous Complications of Treatment by Gold Salts

SIR,—Dr. Graham Lescher's article on nervous complications following treatment by gold salts in the *Journal* of December 26, 1936 (p. 1303) is of great interest in view of the increasing use of gold in the treatment of rheumatoid arthritis. Perhaps an experience of mine with myocrisin would be of interest in the light of this article.

A female patient with a history of rheumatoid arthritis of many years' duration was treated with myocrisin (oily suspension) intramuscularly in doses of 0.01, 0.01, 0.05, 0.1, 0.2, and 0.3 gramme at weekly intervals. Following each injection she was given a drachm of calcium gluconate. The first course was started in January, 1936, and no reaction, complication, or untoward symptom was experienced. After an interval of four to five months a second course of injections of myocrisin of the same strength as before, but with a longer interval between the injections, was given. A short time after the last injection of 0.3 gramme the patient experienced: (a) great mental agitation, depression, apprehension, and fear of some unknown calamity; (b) insomnia; (c) excessive flushings and sweating; (d) fatigue; (e) twitching of muscles of trunk and limbs, called rigors by patient; (f) a choking feeling in the throat, with a stridulous inspiratory sound similar to laryngismus stridulus in children. This cleared up after one dose of veronigen.

I did not associate these symptoms with a gold reaction at the time, and would welcome Dr. Graham Lescher's observation on the case. Incidentally the rheumatism was much improved by the treatment.—I am, etc.,

Nevin, N. Wales, Dec. 30, 1936.

H. HUGHES JONES.

### Scurvy

SIR,—In the jubilee number of *Guy's Hospital Gazette*, in Dr. J. M. H. Campbell's "History of the Physical Society," Sir William Hale-White is quoted as saying many years ago with reference to papers read in the early days of the society, "Scurvy was often mentioned, for it was then a terrible scourge; but probably now not a single one of you has ever seen a case in England." In view of the great rarity of this disease the following case is, I think, worth recording.

An insured man, aged 48, came to my surgery on April 25, 1928, suffering from extensive purpura in both legs, which were oedematous, with severe haemorrhages into both knee-joints. The gums were spongy and the mouth foul. He was anaemic and looked very ill, and was only just able to drag himself the fifty yards from his home to my surgery. He refused to go into hospital. I found that his wife had died six months previously, so that he had been neglecting his food and had had no green vegetables or fresh fruits; he was, however, well nourished. I explained his trouble to him, ordering him plenty of vegetables and orange juice, with Fowler's arsenic and iron mixture.

On May 11 I wrote: "He has now had no fresh haemorrhages for some days, but is still very weak." May 25: "Improving, no fresh haemorrhages and old ones fading." June 15: "Looks a different man; healthy rosy colour; still slight oedema of ankles." June 29: "Signed off."

I saw a number of cases in the Balkans during the war, but all were trifling compared to this case, which when first seen was rapidly heading for a fatal termination. In private practice one comes across many patients who are "afraid to take vegetables or fruit" for fear of colitis or other digestive troubles, yet they somehow get sufficient anti-scorbutic vitamin to keep them entirely free from symptoms of scurvy, and it is rather astonishing that this man succeeded in cutting off his vitamin supply so successfully as he obviously did. It is interesting to note the rapidity with which his very serious condition improved.—I am, etc.,

A. A. GREENWOOD, M.B., B.S.

Godmanchester, Dec. 28, 1936.

### Cold Treatment for Gonorrhoea

SIR,—British practitioners may be interested to hear the suggestion of a Cairo colleague, Dr. Moussalli. The local heat treatment of gonorrhoea has given disappointing results; Dr. Moussalli suggests cold. The gonococcus can be killed by cold even more effectively than by heat, and local irrigation of the urethra with a solution at 10° C. will produce, without damage to the tissues, a temperature of 15° C., fatal to the gonococcus. The heat treatment with a solution at 46° C. only produces a local temperature of 41° C., which does not kill the gonococcus. As I have no opportunity to test his assertion (that blenorrhagia can be cured in two days) I am writing to you in case your readers may be interested to try out this method.

Dr. Moussalli has also devised a very useful instrument for the coagulation by diathermy of the mucous membrane of the uterine cervix. This he demonstrated at the Congress of Surgeons of Paris in October, 1936. It is a two-point (platinum points 3 mm. apart) electrode, using a diathermy current at 300 to 500 milliamperes, capable of being rotated under control with a corkscrew-like guide, so that in five or six minutes, with no anaesthetic and by applications of two or three seconds four times for each complete rotation, the whole cervix can be disinfected and in six to eight weeks cured.—I am, etc.,

Demerdache Hospital, Cairo,  
Dec. 23, 1936.

H. STIVEN, M.D.

### Consistency of University Examinations

SIR,—Professor Major Greenwood (*Journal*, December 19, 1936, p. 1285) has slightly misunderstood the main purport of my paper. The results of my analysis do not, of course, in any way invalidate those of Hartog and Rhodes. On the other hand they do, I think, provide some reassurance that examinations in university subjects conducted by examiners who are actively engaged in teaching these subjects and who not only mark but also set the papers, are probably not so wildly unreliable as many people seem to think. In *Examination of Examinations* results are published relating to particular tests which have been widely and uncritically applied to other examinations of very different type and run on very different lines.

I fully agree with Professor Greenwood that, as published, my paper does not give adequate data for statistical purposes. Since ninety-seven correlations are concerned

it would, I fear, be asking too much to expect the Editor of this *Journal* with its wide—and hence relatively unspecialized—scope to publish ninety-seven correlation tables which would themselves occupy some twelve pages. A fuller analysis of the material is in progress under the auspices of the Scottish Council for Research in Education, and on completion it is hoped to publish all the relevant data.

Whether “ability” or “acquirement” is the more important character is a very controversial matter into which I must firmly decline to be dragged. As one of my colleagues has put it: “The examinations seem to be reliable tests, but *what* we are examining I don’t know.” I doubt whether this analysis can help us very much to clear up this particular point.

May I take this opportunity of correcting several arithmetical errors that crept into the correlations and to apologize for their occurrence.

1929-30: medicine/pharmacology,  $r = 0.45$  not  $0.50$ ; medicine/therapeutics,  $0.48$  not  $0.39$ ; surgery/bacteriology,  $0.54$  not  $0.59$ ; surgery/pharmacology,  $0.47$  not  $0.42$ ; surgery/medicine,  $0.55$  not  $0.49$ .

1930-1: pathology/bacteriology,  $0.50$  not  $0.45$ ; therapeutics/bacteriology,  $0.45$  not  $0.50$ .

1933-4: medicine/therapeutics,  $0.50$  not  $0.55$ ; medicine/surgery,  $0.55$  not  $0.60$ .

A number of minor errors amounting to less than  $0.05$  have occurred, but as they do not materially affect the argument it is scarcely worth detailing them here.—I am, etc.,

Pathology Department, University  
of Edinburgh, Dec. 29, 1936.

W. GILBERT MILLAR.

### A Milk Epidemic

SIR,—About the middle of November an epidemic of dysentery in Hong Kong was reported under prominent headlines in the newspapers in England. Details which have come recently by post show that the epidemic was caused by unpasteurized milk. The twenty-three patients who fell ill on November 8 and 9 were all drinking unpasteurized milk from one depot of one dairy. The epidemic ended rapidly on pasteurization of the milk supply. The organism was Shiga’s bacillus. The cases were almost all young European children. There were seven deaths among the twenty-three.

About ten years ago there was an epidemic of typhoid in Hong Kong, and the medical officer of health was satisfied that it was caused by unpasteurized milk from one dairy. It is to be hoped that Hong Kong will insist on the continued pasteurization of its milk supply before a milk epidemic of cholera is added to its troubles, and that Bournemouth and other places will sit up and take notice.—I am, etc.,

Hassocks, Dec. 29, 1936.

C. M. HEANLEY.

### The New Journal Typography

SIR,—May I, through you, be allowed to congratulate the Journal Committee, Mr. Stanley Morrison, Mr. Eric Gill, and all others concerned in the very great improvement in the *Journal*? In my humble opinion—as a constant reader of it for many years—the results of the thought and care that have been given towards the improvement are in every way admirable.

I suppose that the striking red omega, surrounding the staff and serpent of Aesculapius, is meant to suggest that the *Journal* will still continue to expound the last word in things medical and surgical.—I am, etc.,

St. Ives, Hunts, Jan. 3.

E. W. GOODALL.

SIR,—May I send congratulations on the new and greatly improved appearance of the *British Medical Journal*. The changes are to the good in every way, and happen to coincide, if you will permit me to say so, with a particularly readable and well-edited issue of the *Journal*.—I am, etc.,

Par, Cornwall, Jan. 2.

CHARLES SINGER.

SIR,—You have given your subscribers to-day a splendid New Year’s gift, and as one who has struggled for years with a typographical problem (but without achieving signal results) I offer my heartiest congratulations. You have set a new standard and have achieved a brilliant result; it is easy to see that the “Times New Roman” has outstanding merits, but it is quite another thing to employ the new type intelligently and effectively. With best wishes for your new format.—I am, etc.,

JOHN RICKMAN,  
Editor, *British Journal of Medical  
Psychology*.

London, N.W.1, Jan. 2.

SIR,—May the editor of a much smaller professional weekly journal congratulate you most sincerely on the new format of the *British Medical Journal*? Only those who have actually thought out a revised lay-out know the months of work involved and the amount of co-operation required from the printers. I personally find the new type attractive, and, as you say, it is so much clearer and larger than the old, though the same sized body is used.—I am, etc.,

HILARY M. BLAIR-FISH, S.R.N.  
Editor, *The Nursing Times*.

St. Martin’s Street, W.C.2, Jan. 2.

SIR,—Those of us whose advancing years are plagued with progressive presbyopia will be deeply indebted to the Journal Committee, its board of management, and the editorial staff for the changes which have been introduced with the New Year. The type is admirable and easily legible, even in its smallest form. The *Times* has accustomed us to the aesthetic appeal of a plain type for headings, without any frills. The *British Medical Journal* has done well to follow its example in this respect. May I also congratulate you on the external appearance of the *Journal*, the colour and lay-out of the cover and Mr. Eric Gill’s device on the front page being especially effective.

I have, however, one criticism to offer which has nothing to do with the new type. On page 33 of your issue of January 2 you print a note for contributors for their guidance as to bibliographical references. The system is excellent. If we ever have the temerity to write an article with references the number of the volume of each publication is to be inserted. What are we to do if we refer to the *British Medical Journal*? Is it not a pity that with this new issue and this New Year the *Journal* has not been issued as a new series, this being the first issue of volume Number 1.—I am, etc.,

Cardiff, Jan. 2.

RALPH M. F. PICKEN.

\*\* We can only find space for a few of the many letters of congratulation which readers are kind enough to send. In reply to Professor Picken’s question, references to the *British Medical Journal* should give the page number and year, and the numeral 1 or 2 to indicate the half-yearly volume of that year.—ED., *B.M.J.*