

up (representing ventricular diastole) and down the ladder (representing ventricular systole); normally (i.e. normal ventricular cycle) the bucket goes up to the top and down to the bottom of the ladder; but abnormally (i.e. Fractional Heart EXPANSION and CONTRACTION) the bucket may only go up 3 or 5 or 7 or 8 etc. rungs and then come sharply down to the bottom again. On the other hand the bucket may go up to the top (20th rung) of the ladder (i.e. full ventricular diastole) and then only come down to the 15th or 14th or 12th etc. rung (representing Fractional ventricular Systole) before going up to the top again. These "bottom" Fractional beats e.g. (1st to 5th rung) and "top" Fractional beats e.g. (20th to 15th rung) represent two types of Fractional contractions at either end of the Cardiac cycle scale, occur more or less indiscriminately in Cardiac failure, are irregular and mixed with occasional complete ventricular systole and diastole. Fractional contractions are in my opinion Nature's far-seeing efforts to rest the Heart muscle for the complete heart-contraction which it wants to give every time. I disagree with many other assertions of Dr. Meakin about the Heart but I don't like 5 minutes letter writing to put my views into what it took me 5 years' study of the Heart to find out. Perhaps if Dr. Meakin studies my booklet it may shed new light on the heart for him.—Yours sincerely,

MICHAEL BERCHMANS SHIPSEY, M.B., B.Ch.

408, Slade Road, Erdington,
Birmingham, 25.6.23.

THE EXPERIMENTAL INQUIRY INTO THE CAUSES OF CANCER.

SIR,—I have read with the greatest interest the very able article on cancer by Dr. Leitch of the Cancer Hospital Research Institute (July 7th, p. 1).

It displays the broadest and most searching induction I have come across for a long time. It is bound to be of great service to those whose time and opportunities do not permit them to pursue such experiments as fall to the lot of Dr. Leitch and his colleagues.

There is one point throughout all the experiments with externally applied irritants which strikes me forcibly—namely, that they produce only epitheliomatous conditions. Do those locally produced epitheliomata later on produce constitutional cancer which may become diffused independently of the locally induced cancer?

I can quite understand locally induced cancer spreading and producing poisonous effects, but not in the same manner as other cancers. In my opinion, locally induced cancer is caused by the long continued exclusion of the air and the enclosure of epithelial excretion which destroys the cells and is bound to produce a backward tendency of the poison produced. This is shown by the influence produced by the irritant continuing to travel after the irritant has ceased to be applied. In my opinion its method of attack is similar to syphilis, which takes a definite time to reach the germ plasm before it expresses itself on the skin, and it is rather curious that syphilis first attacks the same part of the germ plasm which is associated with all cancers. They seem to reach the germ plasm by something like a retrogressive contiguity. In my opinion all cancers are a reversion towards an embryonic condition. The nearer the cancer cells are to embryonic cells the more rapid the progress of the disease.—[am, etc.,

Bolton, July 16th.

A. W. CRAWFORD, M.B., C.M.

THE Accademia Medico-Fisica of Florence is preparing to celebrate next year the hundredth anniversary of its foundation; it is proposing to publish a souvenir volume giving the history of the progress of medicine as reflected in the proceedings of the society.

APPLICATION has been made by the State attorney-general of Richmond, Virginia, U.S.A., for revocation of the charter of the "Oriental University" of Cherrydale, Virginia. It is said that the federal authorities of the United States have had this "school" under observation for some time, and that if its charter is revoked the institution will be prosecuted for using the Post Office mails to defraud. Apparently degrees of all kinds are being sold both in the United States and abroad, and the names of prominent men now dead have been included in the university staff. The head of the "school" claimed, it is said, that by virtue of his ability as a medium he could get into touch with these dead members of the staff.

Universities and Colleges.

CONJOINT BOARD IN ENGLAND.

DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.

THE following regulations for the Diploma in Laryngology and Otology (D.L.O.R.C.P. and S.Eng.), drawn up by the Committee of Management of the Examining Board of the Royal College of Physicians of London and Royal College of Surgeons of England, after conference with various teachers in the subjects, have been approved by both Colleges and have now come into effect.

REGULATIONS.

I. Both parts of the examination will be held in the months of June and December.

II. The examination shall comprise:

Part I. (a) The anatomy, embryology, and physiology of the ear, nose, pharynx and larynx. (Candidates will be expected to be acquainted with the vascular, lymphatic, and nervous connexions of these parts and with the central nervous system in so far as it relates to the special regions concerned.) (b) Elementary acoustics.

Part II. (a) The recognition and use of special instruments and appliances. (b) The medicine, surgery, and pathology of the ear, nose, pharynx, and larynx.

III. The examination will be written, oral, and practical in Part I, and written, oral, practical, and clinical in Part II.

IV. Candidates may enter for Part I of the examination at any time after a registrable qualification in medicine, surgery, and midwifery has been obtained. (Candidates must present themselves for the whole of Part I. In the event of failure in one division only, candidates will be allowed to present themselves for re-examination in that division.)

V. Candidates may enter for Part II of the examination on the completion of one year of special study of diseases of the ear, nose, pharynx and larynx, after a registrable qualification in medicine, surgery, and midwifery has been obtained, provided that Part I has been previously passed, and on production of the following certificates:

(a) Of having attended the laryngological and aural clinical practice of a recognized hospital or of the laryngological and otological departments of a recognized general hospital for twelve months. (The conditions of this certificate (a) will be fulfilled by holding the appointment as house-surgeon or house-physician or as clinical assistant at one of the above hospitals or departments, provided that in the case of a clinical assistant the certificate shows that he has attended for at least three hours a day on two days of the week.)

(b) Of having attended operations to the satisfaction of the surgeons in charge.

(c) Of having received instruction in pathology and bacteriology with special reference to laryngological and otological medicine and surgery.

VI. The fee for admission or readmission to each part of the examination is £6 6s.

VII. Candidates must give fourteen days' notice in writing of their intention to present themselves for examination, to the Secretary at the Examination Hall, 8-11, Queen Square, Bloomsbury, London, W.C.1. In the case of Part II the necessary certificates of study must be produced with the notice.

VIII. Graduates in medicine or surgery of Indian, Colonial, and foreign universities recognized by the Examining Board in England, but whose degrees are not registrable in this country, may enter for the examination for the Diploma in Laryngology and Otology on fulfilling the same conditions in regard to study.

IX. The above conditions of study may be modified at the discretion of the Committee of Management in the case of a candidate (a) who has carried out original investigations, or has written a thesis on some subject in laryngology or otology; (b) whose studies have extended over a prolonged period of time without fulfilling the exact conditions; but exemption will not be granted from any part of the Examination.

Syllabus of the Examination.

The Ear.—Congenital deformities. Wounds and injuries. Foreign bodies and parasites. Acute and chronic inflammations and their complications. Oto-sclerosis; tuberculosis; syphilis. Simple and malignant new growths. Varieties of deafness, including deaf-mutism—vertigo—tinnitus. Tumours of the auditory nerve. Malignancy.

The Nose and Pharynx.—Congenital deformities. Injuries and foreign bodies. Acute and chronic inflammation; vasomotor rhinitis; retro-pharyngeal abscess. Nasal obstruction; adenoid growths. Acute and chronic inflammation of the nasal sinuses. Diseases of the tonsils. Tuberculosis; syphilis. Simple and malignant new growths.

The Larynx.—Congenital deformities. Injuries and foreign bodies. Acute and chronic inflammation. Disorders of innervation, sensory and motor. Tuberculosis; syphilis. Simple and malignant new growths.

Note to Syllabus.—Candidates will be examined on radiograms; and also will be expected to recognize under the microscope and growing in or on nutrient media the organisms common to infections of the above regions.

For Part I two examiners will be appointed by the Royal College of Surgeons; for Part II one examiner will be appointed by each College.

The Committee will, subject to an annual report to the Colleges, determine the courses to be specially recognized as fulfilling the conditions of the Regulations.