

Correspondence.

"Audi alteram partem."

THE EVIDENCE OF MEDICAL OFFICERS OF HEALTH IN QUESTIONS OF INSANITARY PROPERTY.

To the Editor of THE LANCET.

SIR,—Your Birmingham correspondent this week mentions the report of the housing committee in which the progress made in "the conversion of closed courts into open terraces" is especially referred to. Every sanitary reformer must be in sympathy with this most excellent work, and the achievements of the Birmingham housing committee in this direction are already a justifiable source of pride to the community and an example to other towns; at the same time cases occasionally occur in which zeal outruns discretion, and as I have been blamed recently for supporting a property owner in such a case against the Birmingham housing committee I hope that you will allow me to defend my position in your widely read columns, especially as the case has been made use of to attempt to prevent in future the giving of evidence on behalf of property owners by local medical officers of health.

In March last I was asked by a personal friend whom I have known well for years to look at a court in Birmingham of which he was owner which he had been called upon by the housing committee to open up by the demolition of two houses. Other improvements had been demanded, such as the provision of damp courses to walls, the repair of roofs, the substitution of w.c.'s for pan-closets, and the ventilation of bedrooms, all of which the owner was quite willing to do; it was the demolition of two houses to which he objected and he alleged that the court was particularly large, airy, and sunny, and that the pulling down of these two houses could not be said to be at all necessary. I inspected the houses and honestly my first impression was that some mistake must have been made; the court was indeed large, airy, and sunny, 25 feet wide at its narrowest part and 40 feet wide for about a third of its length, the houses up one side being but 18 feet high and with no closely surrounding buildings. I made a report to the owner, of which I inclose a copy, and I assured him that no court of law would compel the destruction of any of these houses; at the same time, wishing to do nothing objectionable, and remembering my own feelings when my sanitary authority proceeded against an owner for the purpose of closing insanitary houses and a neighbouring medical officer of health, without a word of warning to me, appeared and gave evidence diametrically opposed to mine, I wrote to Dr. Robertson, medical officer of health of Birmingham, told him what I had done, and that to my own knowledge the landlord was a man who was in every way scrupulous in the management of his property. I received no reply until three weeks later when the owner told me that proceedings had been taken to close the houses and at the same time Dr. Robertson acknowledged my letter with the remark that he was glad to hear the character of the landlord. In these circumstances I, together with a leading physician in Birmingham, gave evidence before the magistrates as to the habitability of the houses in question, with the result that a closing order was unanimously refused. The decision was inevitable in view of the character of the houses, which remain for anyone to see in proof of my contention.

I should not have troubled you with this quite commonplace incident if it had not been that the Birmingham housing committee have since written to the two district councils whose medical officer of health I am, complaining of my having appeared against them, which they characterise as an objectionable proceeding and as unnecessary in that other expert evidence can easily be procured by property owners. I do not see for the moment what other expert evidence is here suggested, and however objectionable the practice may be I think I may be excused for having assumed that it was customary, in the Midlands at any rate, for on two occasions in recent years when proceedings were taken by the councils whom I serve we were opposed each time by a neighbouring medical officer, with the result that in one case the district council were refused their application. If a rule is to be made that an acting medical officer of health is not to give evidence against a fellow medical officer of

health I fancy few of us would object, but with all deference I would suggest that if made it should apply to the great men of the profession as well as to the humble country medical officer. I am, Sir, yours faithfully,  
Bromsgrove, June 8th, 1908. H. CAMERON KIDD.

DIFFERENTIATION OF CERTAIN GRAM-NEGATIVE COCCI OCCURRING IN CASES OF CEREBRO-SPINAL MENINGITIS BY THEIR MORPHOLOGY AND POWER OF GROWTH ON THE DRIGALSKI-CONRADI MEDIUM.

To the Editor of THE LANCET.

SIR,—During the Belfast epidemic (1907-08) of cerebro-spinal fever over 200 strains of meningococci have been examined in the Musgrave Pathological Laboratory. In addition to the Belfast strains we have examined cultures sent to us from Berlin, Hamburg, Edinburgh, Glasgow, and New York. We find that the organisms from these various centres are identical culturally and morphologically. In addition, we have had the opportunity (through the kindness of Dr. J. Graham Forbes, of the Hospital for Sick Children, Great Ormond-street, in sending cultures to our laboratory) of examining organisms from seven London cases of posterior basic-meningitis. All of these Great Ormond-street cocci were found by Houston and Rankin to differ from true meningococci in respect of their agglutinins and opsonins, though six of them were identical with the meningococcus in morphology and four of them also in cultural and fermentative characters.

In the table certain characters of some Gram-negative cocci are contrasted. + Indicates acid production in ascitic litmus bouillon containing the corresponding sugar. — Indicates absence of acid production in ascitic litmus bouillon containing the corresponding sugar.

Table.

Source of organism.	Glucose.	Lævulose.	Galactose.	Maltose.	Saccharose.	Growth on the Drigalski medium at 37° C.	Growth on ascitic agar at 20° C.	Morphology.
50 strains of Belfast meningococci.	+	—	—	+	—	None.	None.	Similar to Weichselbaum's coccus.
Four Great Ormond-street cocci.	+	—	—	+	—	"	"	" "
C. A Great Ormond-street coccus.	—	—	—	+	—	"	"	" "
W. " "	—	—	—	—	—	"	"	" "
W. A. " "	—	—	—	—	—	Good growth.	Good.	Stains uniformly
M. from a Belfast case.	—	—	—	—	—	"	"	" "
B. " " "	—	—	—	—	—	"	"	" "
Micrococcus catarrhalis of Pfeiffer (Kral).	—	—	—	—	—	None.	"	Very similar to the meningococcus; more uniform in size and staining.

The Great Ormond-street specimen W. A. was isolated by Arkwright from the cerebro-spinal fluid of the same case from which W. was cultivated. It appears to belong to the same class as two isolated by me from the lumbar puncture fluid of two Belfast cases and is probably identical with one of them. These organisms in their absence of fermentative activity and in their growth at 20° C. resemble the micrococcus catarrhalis. The Great Ormond-street specimens W. and C., though variants from the typical meningococcus in their fermentative powers, in other respects closely resembled it. They did not grow at 20° C.

Growth on the Drigalski-Conradi medium.—All the Gram-negative cocci which we have met with in cases of cerebro-spinal meningitis fail to grow on this medium. To this rule W. A., M., and B. are exceptions, as they grow well on it.

**Morphology.**—Typical meningococci are indistinguishable in shape and size from the gonococcus—that is, diplococci whose apposed surfaces are flattened or slightly concave. Moreover, there are numerous isolated cocci smaller than the gonococoid forms that are spherical in shape like staphylococci. The older the culture the more numerous are these isolated cocci, the younger the culture the more abundant are the gonococoid forms, but even after four or five days' growth there are also present the typical diplococcal forms with their flattened apposed surfaces. In the films numerous feebly staining degenerate forms are always present and among these larger intensely staining diplococci are scattered. There is no tendency whatever to grow in chains but rather to tetrad formation.

Now the specimens W. A., B., and M. differ from the others not only in their power of growth on the Drigalski medium but also in their morphology. These three show no tendency to tetrad formation but rather to formation of short chains of four or six individuals, though the diplococcal is the commonest arrangement. Moreover, the organisms stain well, there being no evidence of autolysis. In cultures on both solid and fluid media among the diplococci short bacillary forms and even unsegmented uniformly staining threads  $20\mu$  in length are frequently seen. It is quite certain that these bacillary forms and threads are not contaminations but represent variant forms of the organism. Specimen B., when growing in bouillon, agar, or ascitic agar, had the bacillary form to such a marked extent that under the microscope a film looked like that of the bacillus coli communis; when growing on the Drigalski-Conradi medium, however, the morphology was very similar to that of a true meningococcus, bacillary forms being absent.

In a former paper<sup>1</sup> I pointed out that on the Drigalski-Conradi medium a Gram-positive diplococcus isolated from a sporadic case of cerebro-spinal meningitis assumed a bacillary form. In the present instance we have the reverse of that, for here a Gram-negative organism is found to have a diplococcal appearance on the Drigalski medium, whilst on agar the bacillary form predominates. A culture of Pfeiffer's micrococcus catarrhalis obtained from Kral was found to always maintain the coccal form and to be incapable of growth on the Drigalski-Conradi medium.

We conclude, then, that in the lumbar puncture fluid of certain cases of cerebro-spinal meningitis Gram-negative diplococci may be found which differ from Weichselbaum's and Still's cocci in respect of their morphology and capacity for growth on the Drigalski-Conradi medium. It may be that certain abnormal appearances presented by meningococci, such as growth in short chains which competent observers claim to have seen, may have been due to the presence of this coccus in the cultures.

I am, Sir, yours faithfully,

W. JAMES WILSON, B.A., M.D. R.U.I.,  
D.P.H. Cantab.,

Riddel Demonstrator in Pathology and Bacteriology;  
Joint Lecturer on Sanitary Science, Queen's  
College, Belfast.

Musgrave Pathological Laboratory, June 4th, 1908.

## THE MEMORIAL TO THE LATE PROFESSOR ANNANDALE.

To the Editor of THE LANCET.

SIR,—A reference to the memorial to the late Professor Annandale was forwarded to you for publication in April. In response to the appeal made for the necessary funds a sum of £231 15s. has already been subscribed. The committee entrusted to carry out the scheme aim at raising a sum of not less than £400. There remains, therefore, a sum of £168 5s. still to be found. As it is impossible to communicate directly with all the numerous friends and former pupils of the late Professor Annandale perhaps you will kindly publish this letter in your columns. Subscriptions may be forwarded to me at 13, Rutland-square, Edinburgh. The subscription list will close on July 31st.

I am, Sir, yours faithfully,

H. M. D. WATSON,

Secretary and treasurer to the committee.

Rutland-square, Edinburgh, June 12th, 1908.

<sup>1</sup> Darling and Wilson: Brit. Med. Jour., Feb. 23rd, 1907.

## THE NEEDS OF LONDON MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—Now and then attention is invited to the disadvantage at which the London student is placed through not being able to proceed ordinarily to a degree in medicine at the close of his curriculum. It is contended that in this matter he is less well circumstanced than the students in the provinces. No doubt this is true and a reasonable cause of complaint. But another, and I venture to think the greatest, disadvantage to the London student lies in the fact that there is no degree or diploma open to him exclusively which will mark him at once *alumnus* of one of the greatest, if not the greatest, of the schools of medicine. This circumstance is, moreover, derogatory not only to the student but to the school also, for it does not admit of the London school being shown to possess an inherent individuality, atmosphere and tradition, proper to itself alone. It cannot be denied that the London school does possess these qualities, and that it exercises a powerful influence on medicine throughout the world; it is therefore only fitting that means should exist which will enable that influence to be readily traced to its source, and those to be identified with the school who have had the advantage of its teaching.

Since the existing University in London does not pertain solely to the metropolis but also to the provinces, its degrees do not signalise unequivocally the teaching and traditions of the metropolitan schools. The diplomas granted by other bodies centred in London, though of the highest intrinsic value in themselves, do not indicate the school and circumstances of a student's training. The means best adapted to reach the end in view is to obtain for London what most of the great provincial towns already possess—namely, a local University, which shall set, patent to all, a hall-mark on the men trained, taught, and examined by itself. It is not forgotten that several years ago such an attempt, unsuccessful unfortunately, was made. It is hard to believe that it is impossible to establish some means which will accomplish the object desired, or that the need is not regarded as pressing. The man who has undergone his training in the metropolis and settled in the provinces can scarcely be unaware of the urgency of the case.

I am, Sir, yours faithfully,

MILLIARIUM AUREUM.

June 15th, 1908.

\* \* The existing University of London, as at present re-constituted, has a distinct mandate to meet the difficulties referred to by our correspondent, but as yet the University has made no move whatever in the desired direction. The institution of a local University of one faculty only would be a retrograde step. Our correspondent is referred to the letters which appeared in our columns last year elicited by a letter from Sir William Gowers published on Nov. 2nd, 1907.  
—ED. L.

## THE GERMAN SURGICAL CONGRESS.

(FROM OUR BERLIN CORRESPONDENT.)

(Concluded from p. 1722.)

### Operations on the Chest.

Dr. BRAUER (Marburg) reported that he had produced artificial pneumothorax in the treatment of certain diseases of the lung and that it had been successful in 45 out of 60 patients. The method was contra-indicated in recently developed diseases such as broncho-pneumonia, but it was beneficial in bronchiectasis, the enormous quantity of foetid discharge decreasing as soon as the pneumothorax was produced. This was especially the case in bronchiectasis of recent date, whilst cases of long standing with rigid walls were less favourable. The discharge, however, increased again when the lung expanded, but became more mucous and less foetid. The operation was also performed for pulmonary gangrene and in severe cases of pulmonary tuberculosis, especially after an exacerbation. The success of the method depended on the immobilising of the lung and the retardation of the circulation of the lymph, by which the absorption of toxins was hindered. In tuberculosis the dyspnoea was relieved, the elastic fibres and the tubercle bacilli disappearing from the sputum. In one instance a commencing hæmoptysis was cut