Hospital (No. 2271B), and the following is a description given of the same.

A pancreas with parts of the spleen and stomach, showing a large pancreatic cyst. The head of the gland appears normal, as does a portion of the body, but towards the middle of its length the latter terminates in a sclerotic mass. The fibrotic area is stained by altered blood and firmly adherent to the wall of a large thick-walled cyst, spherical in shape and measuring $5\frac{1}{2}$ inches in diameter. The cyst exhibits at the site of its union with the pancreas a small orifice, indicated by a red glass rod. The inner wall of the cyst is stained a reddish brown colour by blood pigments. Closely adherent to its posterior wall is a portion of the anterior wall of the stomach, below which lie the splenic vessels, shown by a blue glass rod. On the posterior aspect of the spleen is an area of chronic perisplenitis.

There is also a specimen in St. Bartholomew's Hospital museum (1914C) which illustrates a condition somewhat analogous, though in a reverse direction. It is a specimen showing a chronic ulcer of the posterior wall of the stomach near the cardiac end, thrombosis of the splenic vein, and a hæmorrhagic infarct of the spleen. This patient also died of hæmatemesis.

It would be interesting to know if thrombosis of the splenic vein has been found in other cases of fatal hæmatemesis in which there has been an absence of gastric or duodenal ulceration and no cirrhosis of the liver. Post-operative hæmatemesis nearly always occurs after abdominal operations, and venous thrombosis is also a complication occasionally met with after abdominal section. It is quite possible that thrombosis of the splenic vein has been recorded in some of these cases, and in others has existed and yet has not been observed. Possibly some cases of gastrostaxis of unknown origin which make good recoveries are the result of a temporary splenic or portal thrombosis.

I am, Sir, yours faithfully,

London, W., August 26th, 1913.

C. GORDON WATSON.

THE INTERNATIONAL MEDICAL CONGRESSES.

To the Editor of THE LANCET.

SIR,—I have made several attempts during the sessions of the late International Congress of Medicine and since to find out the dates and the places of meeting since its inauguration, but have not been able to get a satisfactory answer.

Will you or any of your readers, therefore, be good enough to supply me with the following information? 1. Where and when was it first held? 2. What were the circumstances under which it was first held? How many countries took part and how many members attended? How many sections were there? 3. Dates and places of meeting since the first Congress?

This information will, if complete, form an interesting episode of the greatest scientific Congress that has ever been held. Thanking you in anticipation,

I am, Sir, yours faithfully,

On board s.s. *Cedric*, August 20th, 1913.

WU LIEN TEH.

* * The International Medical Congresses are held in important capitals of the world at somewhat varying intervals. The idea was ventilated at a meeting of the French Medical Association in Bordeaux in 1865, and the First Congress was held in Paris in 1867, during the time of the International Exhibition, when upwards of 1200 medical men attended. The Second Congress was held in Florence in 1869; the Third in Vienna (1873); the Fourth in Brussels (1875); the Fifth in Geneva (1877); and the Sixth in Amsterdam (1879). The Seventh Congress was held in London in 1881, when over 3200 were present and there were 15 sections; the growth of the meetings in importance can be gauged by the figures for the recent London Congress which follow. The Eighth Congress was held in Copenhagen in 1884; The Ninth in Washington (1887); the Tenth in Berlin (1890); the Eleventh in Rome (1894); the Twelfth in Moscow (1897); the Thirteenth in Paris (1900); the Fourteenth in Madrid (1903); the Fifteenth in Lisbon (1906); and the Sixteenth in Budapest (1909), when 4300 were present. The Seventeenth Congress in

London this year was attended by nearly 8000 persons, and the proceedings were divided into 26 sections, while advantage was taken of an international gathering of medical men to hold, in loose combination with the Congress, other meetings associated with medicine—such as the meeting of the International Association of the Medical Press and the International Conference on Post-Graduate Instruction. The next Congress will be held in Munich.—ED. L.

INTRAVENOUS INOCULATION OF FRIEDLÄNDER'S PNEUMOBACTERIUM VACCINE IN THE TREATMENT OF OZÆNA.

To the Editor of THE LANCET.

SIR,—Cases of ozæna have till recently been treated by me with vaccines with indifferent results. The vaccines were made from an organism which, as far as my experience goes, is always present and belongs to a group which for convenience may be called Friedländer's pneumobacterium.

In working on the lines devised by Sir Almroth Wright—namely, to be guided for doses by laboratory tests of the blood—I met with considerable difficulty because the organism is not readily phagocyted. In the course of some experiments on animals I injected rabbits intravenously with a living culture of this organism and found that their blood serum acquired the property of agglutinating and also of opsonising the bacteria so that they were readily phagocyted. It was evident that it was worth injecting a killed vaccine of the organism into the vein of a patient. The result in the case of a young girl who was under my care in the Johannesburg Hospital was striking. She had been an in-patient for some months and had been treated carefully by me, to the best of my ability, by the subcutaneous injections of vaccines made from the Friedländer organism, from a streptococcus, a diphtheroid organism, and a staphylococcus, and also by ionisation. Still big foetid crusts formed almost daily in her nose. When, however, she received the intravenous injection of the Friedländer organism the improvement was immediate and great. The secretion nearly ceased and the interior of the nose became dry and the mucous membrane such as is often seen in adults with atrophic turbinals and in whom there is very little secretion. I gave her four intravenous injections of 100 to 200 millions.

An important point is that her blood serum has acquired the power of agglutinating and opsonising the bacteria. To show the opsonising power the following method is useful for the ordinary strains of the Friedländer organism as met with in ozæna. Make an emulsion of one loopful of culture in 10 minims of salt solution and take one volume of this and six volumes of serum; mix and incubate for 12 to 24 hours. Centrifuge the bacteria down and mix them up with a little salt solution and take one volume of this, one of fresh serum, and one of blood corpuscles; incubate this mixture for half an hour and then spread the films.

In the above case immunity was established more readily by the intravenous than by the subcutaneous method of inoculation.

I am, Sir, yours faithfully,

Johannesburg, August 7th, 1913.

A. R. FRIEL, M.D.

THE ROYAL SOCIETY OF MEDICINE AND THE SOCIETY OF TROPICAL MEDICINE AND HYGIENE.

To the Editor of THE LANCET.

SIR,—In a letter in THE LANCET of March 15th I wrote in favour of the amalgamation of the Royal Society of Medicine with the Society of Tropical Medicine and Hygiene and enumerated the objections that the council of the Society of Tropical Medicine and Hygiene put forward against amalgamation. This was based on a memorandum sent out by order of the council.

The council of the Society of Tropical Medicine and