

being known and accepted. Cyclical changes in organisms cannot be accomplished without changes in their substrate.

Some "cocci," in colonies of streptococci or staphylococci, appear to be sporangia, whose contents are virtually ultramicroscopic. This would account for the difficulty of tracing the path of organisms in nature. Observation of the inhabitants of fresh-water collections would lead one to suppose that there are so many factors at work depending on one another that it is equally hard to be conclusive about Bastian's ideas as about the system of rigid closed circles to which modern bacteriology tends to restrict itself. Many people working in as many localities with the view to detecting whether there is not after all an intimate connexion between these lower forms of matter and the medium in which they occur at the moment might bring forth data which would be a worthy fruitage to Bastian's labours.—I am, Sir, yours faithfully,

Leeds, June 10th, 1919.

O. C. GRUNER.

COMPULSORY GREEK AT OXFORD?

To the Editor of THE LANCET.

SIR,—We, the undersigned members of the Board of the Faculty of Medicine, teachers in the Medical School, and resident medical graduates, appeal to all Oxford medical graduates who are members of Convocation¹ and are opposed to compulsory Greek, to come to Oxford on Tuesday, June 17th, and by their votes in Convocation at 2 o'clock support the Statute rendering Greek optional in Responsions.

We are, Sir, yours faithfully,

ARTHUR THOMSON,
Exeter College; Professor of Human Anatomy.

A. P. DODDS-PARKER,
Magdalen College; Lecturer in Applied Anatomy.

S. E. WHITNALL,
Magdalen College; University Demonstrator in Human Anatomy.

C. S. SHERRINGTON,
Fellow of Magdalen College; Professor of Physiology.

H. C. BAZETT,
Fellow of Magdalen College; Welch Lecturer in Clinical Physiology.

G. DRÜYER,
Fellow of Lincoln College; Professor of Pathology.

E. W. AINLEY WALKER,
Fellow and Tutor of University College; Lecturer in Pathology.

A. G. GIBSON,
Christ Church; Lecturer in Morbid Anatomy.

A. D. GARDNER,
University College; Bacteriologist, Standard's Laboratory, Department of Pathology.

J. A. GUNN,
Queen's College; Professor of Pharmacology.

S. H. VINES,
Fellow of Magdalen College; Professor of Botany.

G. C. BOURNE,
Fellow of New College; Professor of Zoology and Comparative Anatomy.

Oxford, June 9th, 1919.

W. H. PERKIN,
Fellow of Magdalen College; Professor of Chemistry.

D. H. NAGEL,
Fellow and Tutor of Trinity College.

W. COLLIER,
Exeter College; Hon. Physician, Radcliffe Infirmary.

W. T. BROOKS,
Christ Church; Litchfield Lecturer in Medicine; Hon. Physician, Radcliffe Infirmary.

R. H. ANGLIN WHITELOCKE,
Exeter College; Litchfield Lecturer in Surgery; Hon. Surgeon, Radcliffe Infirmary.

C. G. DOUGLAS,
Fellow and Tutor in Natural Science, St. John's College.

A. L. ORMEROD,
New College; M.O.H., City of Oxford.

E. MALLAM,
Magdalen College; Hon. Physician, Radcliffe Infirmary.

C. SINGER,
Tutor of Exeter College.

G. B. CRONSHAW,
Fellow and Bursar of Queen's College; Hon. Treasurer, Radcliffe Infirmary.

H. M. VERNON,
Fellow of Magdalen College; Investigator to the Industrial Fatigue Research Board.

CHRONIC SECONDARY COLITIS.

To the Editor of THE LANCET.

SIR,—In an article entitled "Certain Chronic Colopathies," by Dr. Edouard Joltrain, Dr. Paul Baufle, and Dr. Robert Coope, published in your issue of May 31st, attention is drawn to the very important fact that acute inflammations of the colon are often followed by a secondary colitis of a markedly chronic type. (The term "colopathy," which is used to describe the condition, seems to me an unnecessary and painful addition to the nomenclature of the subject.) For years I have frequently had to treat these cases of secondary chronic colitis, and can endorse all the authors say as to their chronicity and the difficulties of obtaining a cure. My

own view is that the acute disease, whether it be amoebic dysentery, or some other acute colitis, acts as the agent in introducing a secondary infection into the mucosa of the colon. This secondary infection, often a streptococcus, penetrates into the deep layers of the mucosa, and is very difficult to eradicate. The infection will often lie dormant for a long period in the deep layers of the mucosa only to flare up violently when the general health of the patient is lowered by a cold or some other ailment.

An examination at periodical intervals with the sigmoidoscope is often most useful in diagnosis. The treatment which I have found most useful is lavage of the bowel with antiseptics such as the various silver preparations in suitable dosage, combined with the use of intestinal antiseptics in full doses, and the administration of charcoal. The important thing is to repeat the treatment at short intervals independently of the presence of any symptoms, the object being to destroy any organisms that may have escaped the previous treatment, and to prevent their remaining to restart the trouble when favourable conditions occur. In obstinate cases which refuse to respond to such treatment an appendicostomy opening should be established to allow of the colon being kept thoroughly washed out. The resulting improvement is often startling. These cases suggest that it is not so much the persistent character of the infection which makes a cure difficult as our inadequate means of dealing with it in such a large area as the colon.

I am, Sir, yours faithfully,

J. P. LOCKHART-MUMMERY.

Hyde Park Place, W., June 7th, 1919.

ABSENCE OF CANCER IN THE ARCTIC REGIONS.

To the Editor of THE LANCET.

SIR,—Referring to my letter on the above subject, printed in THE LANCET of March 29th, I enclose a copy of a letter that I have received from Mr. W. R. Barlow, of Newfoundland, confirming Mr. V. Stefansson's investigations. Of course, negative observations have not the value of positive ones, but the available figures, when corrected by the Poisson formula, leave little doubt that cancer is non-existent, or at all events very rare, among the natives of the Far North.

I am, Sir, yours faithfully,

Clinical Laboratory, Ministry of National Service, H. C. ROSS.
62, Conduit-street, W., June 6th, 1919.

[ENCLOSURE.]

DEAR SIR,—With reference to your letter "Absence of Cancer in the Arctic Regions," printed in THE LANCET of March 29th, 1919, I spent two and a half years on the Labrador coast, stationed at Okak Hospital—an Eskimo settlement—and the district in which my work lay was from Makkovik to Cape Chidley, comprising about six settlements of Eskimo—about 1200 natives. I visited these settlements regularly, summer and winter, and never saw a case of cancer, and there was no record of a case in the hospital records, a period of some eight years. Labrador can hardly be considered as being in the arctic regions, as, though the "fall," winter, and spring, are very cold, the two months of the summer can be very hot. I might add that I have talked to missionaries resident on the coast for over 20 years and they cannot recall any case of cancer occurring among the natives, though one case occurred in a missionary's wife—a German—who went home and had her breast removed. I thought you might consider the above interesting.

Yours sincerely,

Trinity, Newfoundland, April 22nd, 1919. W. R. BARLOW.

MEDICAL MEN AND SHARE HOLDING.

To the Editor of THE LANCET.

SIR,—I received a circular a few days ago which involves a most important matter of principle. It was from a company engaged in the manufacture of proprietary articles, intimating that more preference shares were to be issued, and contained the following sentence: "..... recognising the merit of the present movement towards coöperation in industry, my directors are confining the present issue to members of the medical profession, members of the Pharmaceutical Society actually in business on their own account, and the milk suppliers." To my mind this is the thin end of a most dangerous wedge, and I think that the General Medical Council should take the matter up and give a ruling on the

¹ Any Master of Arts or Doctor of Medicine whose name is on the books of his College is a member of Convocation.