

Universities and Colleges

UNIVERSITY OF LONDON

The following have been appointed or nominated for appointment or reappointment as representatives of the University on the governing bodies indicated in parentheses: Dr. G. Selby Wilson (Lister Institute of Preventive Medicine); Professor J. Whillis (Royal Dental Hospital of London, School of Dental Surgery); Dr. C. E. Newman (West London Hospital Medical School); Mr. S. Gnessen (Mount Pleasant School).

C. B. Allsopp, D.Sc., Reader in Physics at Guy's Hospital Medical School, has been appointed to the Chair of Physics applied to Medicine tenable at that School from October 1.

The Special Advisory Board in Postgraduate Medical Studies has been constituted from October 1, and until further order, as follows: the Dean of the Faculty of Medicine; the Director of the British Postgraduate Medical Federation; the Dean of the London School of Hygiene and Tropical Medicine; three representatives of the Board of the Faculty of Medicine; the two members of the Senate appointed by the General Medical Schools; one representative of the Board of Advanced Medical Studies; two representatives of the Board of Pre-clinical Studies; one representative of the Board of Studies in Pathology; one representative of the Board of Studies in Hygiene and Public Health; one representative of the Board of Studies in Dentistry; and not more than six other persons to be appointed after report from the Special Advisory Board.

The Paul Philip Reitlinger Prize of the value of £30 is offered for the best essay embodying the result of some research work on a medical subject carried out by the candidate. Candidates must be students of the University who, on June 1 preceding the award, were studying in one of the Schools of the University in the Faculty of Medicine, or graduates of the University who, on the same date, were of not more than five years' standing from the date of taking their first degree, and who are, or were, students in such School. Essays must reach the Academic Registrar, Senate House, not later than October 1, 1954, and must be accompanied by a certificate from the candidate's teacher or other responsible person to the effect that the research work forming the subject of the essay is substantially the work of the candidate presenting the essay.

Dr. R. A. Shooter, Senior Lecturer in Bacteriology in St. Bartholomew's Hospital Medical College, has been appointed to the University Readership in Bacteriology tenable at that College.

UNIVERSITY OF SHEFFIELD

At a meeting of the Council held on June 19 Dr. A. J. N. Warrack was appointed Part-time Honorary Lecturer in Pathology.

The resignation of Dr. S. A. Doxiadis, Senior Lecturer in Child Health, was received.

At a Congregation on June 27 the following medical degrees were conferred:

M.D.—J. A. Griffiths (with distinction), D. Dexter, E. A. Johnson.

M.B., Ch.B.—W. K. C. Morgan (with second-class honours), J. O. Newman (with second-class honours), E. M. Bateson, Audrey M. F. Brook, Juliet S. Bryant, A. H. Clarke, Mary W. Dickson, E. R. J. Emery, Avril M. Frampton, P. N. Griffin, P. C. Griffith, G. Haigh, B. F. Hallatt, R. B. Heath, W. Heathcote, Dorothea V. M. Holmquist, W. P. G. Jones, J. Longstaff, C. M. MacCallum, Ann B. Marples, T. W. May, P. B. Moxon, Mary Neville, Eileen M. O'Neill, C. Protheroe, P. A. Ramsey, G. B. Schofield, W. E. Sharnan, N. W. Shephard, R. E. Smith, C. F. I. Sparling, A. H. Stearns, Enid M. Stephenson, C. K. Sutcliffe, R. Tym, W. G. Waterlow, J. Wilson, B. Winchurch, J. A. Wright.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the College held on July 9 Sir Cecil Wakeley was re-elected President for the ensuing year. Sir Reginald Watson-Jones was re-elected and Professor Lambert C. Rogers elected Vice-presidents.

Dr. E. Rohan Williams (St. Mary's) was co-opted to the Council for the year 1953-4, representing radiology.

It was reported that Dr. E. Ashworth Underwood, director of the Wellcome Historical Medical Museum, had been elected a Hunterian Trustee.

The following three deaths were reported with regret: Mr. Victor Bonney (Past Vice-President and Member of Council);

Mr. R. G. Hogarth (Past Member of Council); and Dr. Frank H. Lahey (Honorary Fellow).

Mr. R. S. Johnson-Gilbert was appointed assistant secretary of the College.

Professors and lecturers for the ensuing year were appointed as follows:

Hunterian Professors.—Mr. V. E. Negus, one lecture on the comparative (and human) anatomy of the nose and nasal sinuses; Mr. D. J. Browne, one lecture on the principle of controlled movement in orthopaedics; Professor R. Milnes Walker, one lecture on the place of venous shunts in the treatment of portal hypertension; Mr. F. W. Holdsworth, one lecture on traumatic paraplegia; Mr. H. S. Morton, one lecture on some potentialities of the electrogastrograph; Mr. J. B. Kinmonth, one lecture on the lymphangiography in clinical surgery and particularly in the treatment of lymphoedema; Mr. D. I. Williams, one lecture on the chronically dilated ureter; Mr. D. J. Robertson, one lecture on congenital arteriovenous fistulae of the extremities; Mr. A. B. Nutt, one lecture on the significance and surgical treatment of congenital ocular palsies; Mr. D. M. Morrissey, one lecture on the treatment of obliterative vascular disease; Mr. I. P. Todd, one lecture on the role of elective surgery in the management of diverticulitis of the colon; Mr. R. H. C. Robins, one lecture on primary reconstruction of the injured hand.

Arris and Gale Lecturers.—Mr. H. A. Haxton, one lecture on the sympathetic supply of the upper limb before and after sympathectomy; Mr. G. J. Hadfield, one lecture on the effect of hormones on healing; Professor D. Slome, one lecture.

Erasmus Wilson Demonstrators.—Dr. G. D. Lumb, one demonstration; Dr. J. S. Young, one demonstration; Dr. L. M. Franks, one demonstration; Mr. W. H. W. Jayne, one demonstration.

Arnott Demonstrators.—Professor M. F. Lucas Keene, two demonstrations; Professor G. W. Causey, one demonstration; Dr. F. Stansfield, one demonstration; Professor R. J. Last, one demonstration.

In addition Sir Stanford Cade was awarded a Hunterian Professorship, Dr. D. R. Haynes an Arnott Demonstratorship, and Dr. B. E. Heard an Erasmus Wilson Demonstratorship.

A Diploma of Fellowship was granted to M. Ali.

Diplomas were granted, jointly with the Royal College of Physicians of London, as follows:

DIPLOMA IN ANAESTHETICS.—R. W. Baxter, D. Bigley, May S. Bisset, T. B. Boulton, J. Burgoyne, A. D. Clarke, N. F. Cockett, D. J. Coleman, M. P. Coplans, T. T. Currie, C. H. Devereux, Beatrice A. Earnshaw, Elizabeth F. Everitt, J. G. Fairer, B. L. Finer, H. P. Graham, J. M. Hansen, H. M. Hardy, A. G. Henderson, J. I. M. Lawson, J. Leibovitz, J. W. R. McIntyre, Maria R. Mackay, A. L. MacKenzie, J. Middleton Price, R. E. Molloy, D. K. Morgan, G. N. Mulliner, C. Nikitik, J. F. Nunn, B. S. Perera, W. J. Pryor, Nancy G. S. Roberts, Margaret Rooms, Judith M. Ross, J. D. St. Clair, W. E. B. Scott, K. N. Sen Gupta, Beatrice E. Sleigh, J. R. Spears, M. K. Sykes, Charlotte McE. Taggart, J. A. Thornton, P. H. Venn, Patricia Wilson, V. P. Wordsworth.

DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.—S. Ahmad, P. A. O. Anyagbunam, R. W. Bailie, D. P. Belgrave, M. Brookes, P. B. Foxwell, J. H. Grant, R. Hully, G. Immermann, L. P. B. Kiriella, G. B. Leitch, J. F. McAuliffe, A. G. McCallum, K. G. Malcomson, A. Marsland, I. H. Mazer, G. Murray, M. V. Naidu, M. J. J. Rao, H. N. St. John, D. L. Sugrue, S. Sytcha, Caroline M. van Dorp.

DIPLOMA IN MEDICAL RADIODIAGNOSIS.—A. Ansell, G. Ansell, J. St. C. Ballenden, A. Berezowski, M. E. Berk, A. S. Bligh, H. H. Bloch, D. Brink, N. L. Bucky, J. C. Chartres, C. J. Don, A. J. Eley, H. G. Feltham, Eleanor B. Fielding, A. Fotoohi, H. Freilich, J. Friedman, Sarah H. Getz, N. K. Ghose, L. Green, B. C. Hale, M. A. Harris, J. W. Hoe, P. F. Mathias, J. S. Matthews, J. L. Morris, D. McK. K. Muir, E. Price, L. J. Sandell, H. Smith, J. V. Tillett, B. F. Vaughan, L. E. Wolpert, I. Yentis.

DIPLOMA IN MEDICAL RADIOTHERAPY.—T. W. Backhouse, R. F. Burton, Muriel Coates, A. F. Crook, B. Dosoretz, A. M. Jelliffe, H. Lehrner, M. B. McEvedy, R. G. C. MacLaren, K. W. Mead, R. A. R. Taylor, R. P. Varma.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—H. Bourne, C. P. C. Gore, E. J. E. Jones, Josephine M. Lomax-Simpson, Frances E. Smart, A. Watt, L. Zollman.

DIPLOMA IN PATHOLOGY.—J. D. Heppleston, P. W. Kippax, H. B. Marsden.

DIPLOMA IN CHILD HEALTH.—Lynda C. Proctor.

DIPLOMA IN OPHTHALMOLOGY.—G. A. O'Reilly.

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—L. K. Simango.

Hospitals were recognized under paragraph 23 of the F.R.C.S. regulations as follows: Royal United Hospital, Bath, ear, nose, and throat registrar for six months. Cumberland Infirmary, Carlisle, *redesignation*, junior registrar has now been redesignated "senior house officer." Queen Mary's Hospital for Children, Carshalton, two orthopaedic and general surgical registrars, both for six months. Essex County Hospital, Colchester, *decennial revision*, two surgical registrars; *from January, 1954*, two casualty officers. Leicester General Infirmary, *additional recognition*, three senior house officers for twelve months. Connaught Hospital, London, reduction from twelve to six months in period of recognition of existing posts of resident surgical officer and house-surgeon; *from January, 1954*, casualty officer. East Ham Memorial Hospital, London, resident surgical officer for twelve months; house-surgeon for six months; *from January, 1954*, casualty officer. Preston Hospital, North Shields, and Victoria Jubilee Infirmary, Tynemouth, three house-surgeons for six months (provided that each post shall be resident for approximately four months at Tynemouth Infirmary and two months at the Preston Hospital). Crumpsall Hospital, Manchester, *additional recognition*, senior house officer (genito-urinary department) for six months; *from January, 1954*, senior house officer (orthopaedics) (hitherto recognized for general surgery). Rochford General Hospital, *redesignation*, house-surgeon, orthopaedics and fractures, has now become "house-surgeon, general and orthopaedic." R.A.F. General Hospital, Ely, *from January, 1954*, casualty officer. Stockport Infirmary, *decennial revision*, resident surgical officer (surgical registrar) for twelve months; assistant resident surgical officer for six months; three house-surgeons for six months; *from January, 1954*, casualty officer. Southend-on-Sea General Hospital, *from January, 1954*, casualty officer. North Staffordshire Royal Infirmary, Stoke-on-Trent, *from January, 1954*, casualty and assistant resident surgical officer (hitherto recognized for general surgery). Sutton and Cheam Hospital, *from January, 1954*, casualty officer. Victoria Jubilee Infirmary, Tynemouth, see under Preston Hospital, North Shields. Hillingdon Hospital, Uxbridge, *additional recognition*, house-surgeon (general and thoracic); house-surgeon (general and traumatic) both for six months; *from January, 1954*, one registrar (casualty); three junior hospital medical officers (casualty); *revision*, reduction from twelve to six months in period of recognition of senior house-surgeon. Whitehaven and West Cumberland Hospital, surgical registrar for six months. Workington Infirmary, surgical registrar for six months. Rowley Bristow Orthopaedic Hospital, Woking, two senior house officers (resident) both for twelve months.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

The name of R. S. Morton was mis-spelt as R. S. Norton in the list of new Members of the College printed in the *Journal* of August 1 (p. 291).

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At a meeting of the Council of the College on May 16, with the President, Mr. Arthur A. Gemmell, in the chair, the following were elected to the Council to fill statutory and other vacancies: *As representatives of the Fellows*, A. M. Claye (Leeds), J. F. Cunningham (Dublin), V. J. F. Lack (London), D. McK. Hart (Glasgow), J. A. Stallworthy (Oxford). *As representatives of the Members*, A. L. Deacon (Birmingham), A. S. Duncan (Edinburgh).

The following were admitted to the Fellowship: H. H. Fouracre Barns, J. W. D. Buttery, H. C. Callagher, A. B. Concanon, S. E. Craig, Gladys V. S. Cunningham, J. N. I. Emblin, L. W. Gall, D. S. Greig, U. P. Gupta, T. N. Hart, A. M. Hartnell, W. Hawksworth, O. V. Jones, C. W. A. Kimbell, W. M. Lemmon, J. T. Louw, D. J. MacRae, Mary H. Mayeur, S. D. Meares, S. Misra, Coralie W. Rendle-Short, Kathleen M. Robinson, Dorothy M. Satur, L. J. te Groen, R. A. Tennent, E. W. L. Thompson, H. K. Waller, J. A. Waterman, B. H. Watson, S. A. Way, J. L. Wright.

The following were admitted to the Membership: C. H. Borsman, D. M. Brodie, P. Bruce-Lockhart, K. G. Cockburn, S. B. Cooper, Janette G. Cowie, H. J. G. de Villiers, H. G. Dixon, Margaret M. Downes, E. M. Edwards, A. H. Foate, G. S. Foster, A. E. Fyfe, G. H. Garfield, J. M. Gate, L. Goldman, N. G. Gourlay, M. Grant, R. W. Grayburn, D. Hay, G. C. S. Hunter, Valentine M. Husband, Sarah I. Jacob, R. A. Kenihan, K. Khadenga, H. H. Kirk, B. V. Kyle, J. C. McCawley, J. Macpherson, J. S. McVeigh, Jean Murray-Jones, T. J. M. Myles, L. M. Norburn, E. M. O'Dwyer, S. Panchalingam, Evelyn Peters, R. M. McK. Pratt, M. J. M. Solomons, W. K. Sutton, T. A. Thompson, R. S. Wurm.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending July 25 (No. 29) and corresponding week 1952.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the 160 great towns in England and Wales (London included), London administrative county, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available. The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES in Countries and London	1953					1952				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria	17	1	8	0	0	25	3	4	0	
Dysentery	309	38	88	1	2	140	16	40	0	2
Encephalitis, acute..	9	1	0	0		3	1	0	0	
Enteric fever:										
Typhoid	2	0	1	3		2	0	1	0	1
Paratyphoid ..	11	1	0	0	1 (B)	39	0	1 (B)	0	0
Food-poisoning ..	516	54		7		180	33		0	
Infective enteritis or diarrhoea under 2 years				15	56				5	27
Measles*	4,394	65	1	120	148	7,225	730	100	164	284
Meningococcal infection	20	3	12	0	2	25	1	13	2	1
Ophthalmia neonatorum	45	4	0	1		34	1	10	0	
Pneumonia†	239	26	133	2		259	16	94	1	1
Poliomyelitis, acute:										
Paralytic	151	19	9	8	11	104	4	11	3	2
Non-paralytic ..	115	17								
Puerperal fever‡ ..	259	41	5	0		213	37	13	0	
Scarlet fever	1,037	58	113	17	51	1,038	84	138	10	56
Tuberculosis:										
Respiratory			129	28				112	23	
Non-respiratory..			18	3				36	7	
Whooping-cough ..	4,357	389	320	70	76	2,206	88	145	60	124

DEATHS in Great Towns	1953					1952				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria	0	0	0	0	0	0	0		0	0
Dysentery	0	0		0		0	0			
Encephalitis, acute..		0			1		0			0
Enteric fever	0	0	0	0		0	0		0	
Infective enteritis or diarrhoea under 2 years	10	2	1	0	0	5		1	2	1
Influenza	3	0	0	0	0	4	0		0	0
Measles		0	0	0	0		0		1	0
Meningococcal infection		0	1				1	1		
Pneumonia	119	13	10	3	6	114	11		14	8
Poliomyelitis, acute	8	2			0	4	0			0
Scarlet fever		0	0	0	0		0		0	0
Tuberculosis:										
Respiratory	89	7	8	1	5	73	9	13	5	8
Non-respiratory..										
Whooping-cough ..	2	0	0	0	0	1	0		0	3
Deaths 0-1 year ..	223	31	24	2	14	199	23	19	7	17
Deaths (excluding stillbirths)	4,240	614	513	75	150	4,023	567	447	104	133
LIVE BIRTHS	7,675	1145	967	239	372	7,449	1114	814	210	443
STILLBIRTHS	186	29	19			179	32	23		

* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenzal pneumonia.

‡ Includes puerperal pyrexia.

Poliomyelitis

Poliomyelitis notifications (uncorrected) in the week ending August 1 (30th week of the year) were as follows: paralytic, 167 (151); non-paralytic, 103 (115); total, 270 (266). This is an increase of 4 compared with the previous week, the figures for which are in parentheses. The individual districts which have notified 15 or more cases in the year to August 1, with incidence per 100,000 in parentheses, are as follows: Southend-on-Sea C.B., 34 (22.44); Liverpool C.B., 21 (2.65); Hendon M.B., 15 (9.63); Birmingham C.B., 40 (3.57); Southampton C.B., 16 (9.12); Coventry C.B., 66 (25.29); Croydon C.B., 16 (6.38); Pewsey R.D.C., 16 (87.77); Manchester C.B., 15 (2.13); Leicester C.B., 19 (6.65); Lewisham M.B., 19 (8.37); Bristol C.B., 16 (3.60); Blackpool C.B., 18 (12.22); Camberwell M.B., 18 (9.93); Islington M.B., 16 (6.79); St. Pancras M.B., 17 (12.18); Bournemouth C.B., 22 (15.84).

The insignificant rise in total notifications from 266 to 270 is reassuring, even though there was an increase of 16 paralytic cases. The curve of incidence this year is now rather like that in 1952, although the seasonal rise started earlier and the figures are at a slightly higher level.

Medical News

Control of Isoniazid.—Under regulations which came into force on July 31 isoniazid and preparations containing it may be supplied to the public only on prescription by doctors, dentists, or veterinary surgeons.

Sports Physicians.—An invitation has been extended to members of the British Medical Association to take part in the international congress for sports physicians to be held at Obertraun, Hallstättersee, September 11 to 13. Details may be obtained from the secretariat: Liga für die Vereinten Nationen, Bösendorferstrasse 9, Vienna, 1.

Royal College of Surgeons in Ireland.—Mr. Michael P. Burke and Mr. Ian Fraser have been re-elected President and Vice-President of the College respectively.

COMING EVENTS

Symposium on Butazolidin.—The Empire Rheumatism Council is holding a symposium on butazolidin at the Royal Society of Medicine on November 13. Application for tickets should be made to the general secretary, Empire Rheumatism Council, Tavistock House (North), Tavistock Square, London, W.C.1.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Arnott.—On July 30, 1953, at Central Middlesex Hospital, Acton Lane, Park Royal, N.W., to Dr. Ruth Arnott (formerly Burt), wife of Dr. D. C. Arnott, a daughter.
Benn.—On July 28, 1953, at Musgrove Park Hospital, Taunton, to Patricia Mary (formerly Simpson), wife of J. Benn, M.D., M.R.C.P., a second son.
Edgington.—On July 31, 1953, at Queen Elizabeth Hospital, Birmingham, to Jean, wife of Dr. John Edgington, a son—Mark Jonathan.
Harrington.—On July 11, 1953, at Queen Victoria Nursing Home, Wolverhampton, to Geradine, wife of Dr. J. J. Harrington, of Dudley, a son—Sean Gerard.
Huggill.—On July 18, 1953, to Margaret (formerly Lawton), M.B., Ch.B., wife of J. A. W. Huggill, M.A., D.Phil., of 35, Warwick Road, Heaton Moor, Stockport, a son.
Matthews.—On August 2, 1953, at Lichfield, Staffordshire, to Joyce (formerly Wallis), wife of Dr. Bryan Matthews, a second son.
Stewart Hunter.—On July 18, 1953, at the General Hospital, Rochford, Essex, to Morfydd (formerly Ellis-Williams), wife of G. C. Stewart Hunter, M.R.C.O.G., a son—Christopher David.

MARRIAGES

Clark—Soutar.—On July 30, 1953, at King's College Chapel, Aberdeen, Charles Grant Clark, M.B., Ch.B., of Fraserburgh, Aberdeenshire, to Nita Millar Soutar, of Montrose, Forfarshire.

DEATHS

Blair.—On July 15, 1953, suddenly, at Ambercross, Links Gate, St. Annes-on-Sea, Robert Love Blair, M.B., Ch.B., aged 56.
Dolan.—On July 28, 1953, at Micklethwaite, Wigton, Cumberland, Edmund Michael Dolan, M.R.C.S., L.R.C.P., aged 73.
Lawson.—On July 27, 1953, Wilfrid Ernest Lawson, M.B., Ch.B., D.P.H., of Henry Square, Ashton-under-Lyne, Lancs, aged 78.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Is Rest Beneficial in Primary Tuberculosis?

Q.—Is there any really good evidence that rest is beneficial in the treatment of primary tuberculosis—even if there are very large hilar nodes? Provided children are not fatigued, is it not better to treat them as out-patients rather than admit them to hospital, especially since they get no specific chemotherapy anyhow?

A.—Nowadays the criteria of "really good evidence" are changing. We know of no controlled trial of the effect of rest in primary tuberculosis, or indeed in any other form of the disease. But the necessity for rest in primary tuberculosis, especially if the child is in any way off colour, is widely accepted. In general, unless he is very ill, it is much better for the child's emotional (and perhaps ethical) development that he should be rested in the security of his home.

Finding Antibiotics

Q.—What are the present methods used for screening moulds or bacteria with antibiotic properties from those without?

A.—The methods used for selecting moulds and bacteria which produce antibiotic substances have changed very little from those originally used. A central colony of the organism to be screened is grown on a petri dish containing a suitable agar medium. Test organisms are then streaked radially from this central colony to the edge of the petri dish, and the plate is then incubated for a further period. The production of a diffusible antibiotic substance is demonstrated by zones of inhibition near the central colony.

When moulds are being screened, it is most important that the agar medium be suitably buffered to prevent the development of low pH; this would produce inhibition even in the absence of an antibiotic substance. If the organism being screened will not grow satisfactorily on a medium suitable for the test organisms, then it must be first grown on its own medium, the growth then being cut out and embedded in a medium suitable for the test organisms.

The number of test organisms used in such screening tests depends on what type of antibiotic is being sought, but it is not unusual for as many as forty to be employed. And, if the screening is to be really thorough, the organisms being screened are grown on a number of different media, as the medium employed often affects the antibiotic substances produced.

Carbon Dioxide Snow and Eczema

Q.—Is the treatment of stubborn patches of eczema with carbon dioxide snow still considered an appropriate form of treatment? It was quite commonly used a generation ago.

A.—The treatment of eczema with carbon dioxide snow is a method which tends to be forgotten from time to time, and revived or rediscovered periodically. There is no doubt that it is occasionally a very effective method, particularly in chronic lichenified areas, when either solid carbon dioxide snow or carbon dioxide slush may be used. It is somewhat out of favour at the present time because other methods are more convenient and perhaps give better results. At the same time, there are always cases of eczema which fail to respond to the more usual methods, and treatment with carbon dioxide is always worth bearing in mind in stubborn cases.