

A series of post-graduate lectures will be given at Ancoats Hospital, Manchester, on Thursdays, at 4.15 p.m., from October 17th to November 28th, both dates inclusive. On December 5th, at 4.15 p.m., medical and surgical cases will be discussed at a clinical meeting.

We are asked to announce that the weekly lecture and demonstration at the Hospital for Sick Children, Great Ormond Street, W.C., details of which are given in the diary column of the *Supplement*, form part of a series. Full particulars may be obtained from the dean.

On October 7th the new Vice-Chancellor of Manchester University (Professor J. S. B. Stopford) and Mrs. Stopford were entertained to dinner in the Whitworth Hall of the University by members of the Court, Council, Senate, and teaching staff. The large company included the Chancellor (Lord Crawford and Balcarres), the chairman of council (Sir Christopher Needham), the treasurer (Sir Ernest D. Simon), the Pro-Vice-Chancellors (Professors Gibson and Stocks), the chairman of Convocation (Dr. T. A. Goodfellow), the Lord Mayor of Manchester, and the Mayors of Salford, Blackburn, Bolton, and Wigan, the president of the Manchester Chamber of Commerce, the chairman of the Manchester Royal Infirmary, and the presidents of the Manchester Medical Society and Manchester Law Society.

The issue of *Paris Médical* for September 21st and of the *Deutsche medizinische Wochenschrift* for September 27th are devoted to blood diseases.

The Academy of Sciences of Rome announces that a Bocconia prize of 150,000 lire will be awarded for the best work on the aetiology and treatment of malignant growths.

Professor Roussy, dean of the Paris faculty of medicine, has been nominated an officer of the Legion of Honour.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, B.M.A. House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone, unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

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All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

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QUERIES AND ANSWERS

Chronic Arthritis

"J. H." (Renfrewshire) writes: I shall be grateful for any suggestions as to treatment in the following case. Lady, later middle age, has suffered for one and a half years from arthritis. The finger and thumb joints are the ones giving most trouble now. She has had all kinds of internal treatment, spa treatment, and ultra-violet rays. Any local form of treatment makes the joints worse; in fact, cold water gives most relief for the time being.

Blepharitis

Mr. SYDNEY TIBBLES writes, in answer to "M.B., Ch.B." (October 5th, p. 650): If he first soaks the scales between the roots of the lashes in a tepid solution of 1 per cent.

sodium bicarbonate they will become loosened or dissolved, and any debris can be removed with a blunt-pointed instrument; should any raw surface be found below the crusts apply 1 per cent. silver nitrate in solution on a fine brush; then, and not till all traces of the crusts have been removed, apply ung. hyd. ox. flav. to the edge of the lids. Build up the patient's health, and be certain that any glasses she is wearing are absolutely correct; if they are not, they may merely produce another error in place of the one she originally had. It may seem absurd to stress this point, but having seen the most minute errors cause styes, cysts, migraine, blepharitis, and conjunctivitis, it has been interesting to find them clear up after a proper correction when the usual local treatments gave only temporary relief.

Gastric Carcinoma after Gastro-enterostomy

Professor SEYMOUR BARLING writes: In the *Journal* of October 5th (p. 650) "D. V." asks for suggestions in the case of a patient presenting general failure of health with local symptoms fourteen years after a gastro-enterostomy who was satisfactory up to a short time ago. If, as he states, jejunal ulcer is absent, the possibility of gastric carcinoma must be borne in mind; for, though this is said to be rare under the circumstances, I have met with the complication twice recently, and the clinical picture is a very indefinite and misleading one owing to the presence of the stoma, and radiographic, chemical, and clinical findings must be interpreted in the light of the altered physiology of the stomach. The presence of a tumour or of occult blood would be strongly suggestive, whilst the radiographic examination must be undertaken with this possible complication in mind.

LETTERS, NOTES, ETC.

Faraday's Eyesight and the "Blind Spot"

A paragraph in *Nature* of January 12th referred to an entry in Faraday's diary of date January 15th, 1835, in which Faraday mentioned "a slight obscurity of the sight of my left eye." Dr. Frank Marsh, in a letter published in the *British Medical Journal* of September 28th, suggests that Faraday had discovered his physiological blind spot. A note in *Nature* of October 5th points out that Dr. Marsh's suggestion that the blur in Faraday's vision was due to his blind spot is not satisfactory for several reasons. "Faraday describes it as a 'slight obscurity of the sight,' that is, it was a definite blur—in ophthalmological phrase, a positive scotoma. The blind spot causes a hiatus in vision, but no positive blur; in other words, causes a negative scotoma. Apparently the blur was first noticed when Faraday used both eyes in reading, though it is not definitely stated that the right eye was open. If both eyes were being used the blind spot would not be noticed in reading. Moreover, the size of the scotoma ('about half an inch in diameter') does not correspond with the visual angle subtended at the nodal point of the eye by the normal blind spot. Faraday's description is meticulously accurate, as one would expect from him, and it is unlikely that he would write 'to the right and below the axis of the eye' if the true projection were to the left, as would be the case for the blind spot. It is probable that Faraday had a temporary retinal lesion, possibly a small retinal haemorrhage, and that this accounted for the obscurity he described. In concluding his letter Dr. Marsh asks whether Faraday's entry was the earliest reference to observations on the physiological 'blind spot.' It was certainly not; for in the second volume of the *Philosophical Transactions* it is recorded that Mariotte demonstrated the blind spot to the Royal Society before King Charles II in 1668."

Motor Car Insurance

"CLIFTON," in the course of a letter describing some personal experiences, makes the sensible suggestion that all medical men should carefully study the terms of their motor car insurance policies when these are first issued to them, so that there may be no possibility of misunderstanding with regard to the cover afforded. He suggests that it might be wise in these days to have cover against legal costs in the higher courts.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 50, 51, 52, 53, 54, 55, and 58 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 56 and 57.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 172.