have had an attack of typhoid fever in his youth. This is a predisposing situation which recalls the methods of Sir Conan Doyle's hero turned out to be correct, having been suggested by the pale transverse striæ above the patellæ. Striae patellares are probably of mechanical origin. The splitting or cleavage of the deeper layers of the cutis which gives rise to the phenomenon is due partly to rapid growth which is likely to occur after acute infectious diseases, and partly to the flexed attitude assumed by the patient lying in bed. Dr. Parkes Weber, however, in his discussion on Dr. Rolleston's patient, suggested as a further factor in many of these cases an abnormal tension in the skin which could explain the normal elastic distensibility and even increased the tension present in the skin of all normal young persons.

### POST-VACCINAL ENCEPHALITIS.

Not only a prophet but the outcome of the investigations of a government committee may be famed abroad, while unknown in the country of its origin. A correspondent gives on p. 619 an interesting survey of the world literature of post-vaccinal encephalitis. Among the communications to which he draws attention is one made by Prof. Ricardo Jorge, director-general of Public Health in Portugal, to an international conference, held in May and June, 1925. Dr. Jorge refers, in the course of an exhaustive discussion of the available evidence, to the report placed before the Comité de l'Office International d'Hygiène Publique at a previous meeting held at The Hague in May, 1925. This report apparently embodied the findings of a committee appointed ad hoc by the Ministry of Health of Great Britain under the chairmanship of Sir Frederick Andrewes. Dr. Jorge says that "la commission Andrewes" considered, in turn, three questions: (1) whether the encephalitis is connected with the inoculation of vaccine in the direct relation of cause and effect, (2) whether, on the contrary, another known virus, such as that of poliomyelitis or encephalitis lethargica, has intervened, having found a portal of entry in the vaccination lesion, (3) whether some still unknown virus is the cause of the condition. According to him, each of these theories in turn was formally rejected by the commission, though it is difficult to see how they could all be wrong. He quotes with approval the following words of Prof. J. McIntosh, but gives no information on the committee's opinion that "I am strongly of the opinion that we have had to deal with a hitherto undescribed lesion of the central nervous system." In this connexion we may recall that in a paper published last August, Prof. H. M. Turnbull and Prof. McIntosh published records of seven cases in which they assert "there can be no doubt that vaccination was a definite causal factor." They describe the typical neurological appearances of the lesions found in the most important characteristics being the number and size of zones of extra-ventricular perivasculare infiltration in comparison to the size and development of the adventitial vascular sleeves.

### POST-VACCINAL ENCEPHALITIS.

Not only a prophet but the outcome of the investigations of a government committee may be famed abroad, while unknown in the country of its origin. Correspondent gives on p. 619 an interesting survey of the world literature of post-vaccinal encephalitis. Among the communications to which he draws attention is one made by Prof. Ricardo Jorge, director-general of Public Health in Portugal, to an international conference, held in May and June, 1925. Dr. Jorge refers, in the course of an exhaustive discussion of the available evidence, to the report placed before the Comité de l'Office International d'Hygiène Publique at a previous meeting held at The Hague in May, 1925. This report apparently embodied the findings of a committee appointed ad hoc by the Ministry of Health of Great Britain under the chairmanship of Sir Frederick Andrewes. Dr. Jorge says that "la commission Andrewes" considered, in turn, three questions: (1) whether the encephalitis is connected with the inoculation of vaccine in the direct relation of cause and effect, (2) whether, on the contrary, another known virus, such as that of poliomyelitis or encephalitis lethargica, has intervened, having found a portal of entry in the vaccination lesion, (3) whether some still unknown virus is the cause of the condition. According to him, each of these theories in turn was formally rejected by the commission, though it is difficult to see how they could all be wrong. He quotes with approval the following words of Prof. J. McIntosh, but gives no information on the committee's opinion that "I am strongly of the opinion that we have had to deal with a hitherto undescribed lesion of the central nervous system." In this connexion we may recall that in a paper published last August, Prof. H. M. Turnbull and Prof. McIntosh published records of seven cases in which they assert "there can be no doubt that vaccination was a definite causal factor." They describe the typical neurological appearances of the lesions found in the most important characteristics being the number and size of zones of extra-ventricular perivasculare infiltration in comparison to the size and development of the adventitial vascular sleeves;