of Dr Robert Merle d'Aubigné (Paris), with the collaboration of Dr L. Boehler (Vienna), Dr M. Mason (Chicago), Drs Jean Gosset and R. Tubiana (Paris), Mr R. G. Pulvertaft (Derby) and Dr J. Boyes (Los Angeles). 14.30: Discussion. Scientific papers. 18.00 to 19.00: Reception of the congressists at the French Embassy. 20.00: Banquet (by subscription).

Friday, September 3—9.00: Scientific papers. 14.30: Closing session of the congress.

Saturday, September 4—Excursions. Jungfraujoch, with visit to the Scientific Station (3,575 m.) (one day). Lake of Geneva and Valais (Zermatt) (three days). The Grisons (St Moritz) (three days). Central Switzerland (Lake of Lucerne), Ticino (three days).

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CORRESPONDENCE

Radiological interpretation of Jüngling's disease and chondroma of bone—Although quarterly journals do not readily lend themselves to the vigour of correspondence columns, so that after one or two trials the British Editorial Board has discouraged such correspondence, we would like to record the comments of Dr Campbell Golding of London on two articles published in the May issue of the British volume of the Journal of Bone and Joint Surgery in criticism of the radiological interpretation. In reference to the paper by William Girdwood of Johannesburg* in which a case of tuberculosis of the hand and foot was described as Jüngling's disease he writes: "This was in fact tuberculous dactylitis in an adult showing trabeculated and expanded bone, from which the bacillus was identified; it is an uncommon manifestation of tuberculosis but it is not Jüngling's disease. Jüngling described osteitis tuberculosa multiplex cystoides, which bears no resemblance to this condition; he never isolated the bacilli from the lesions. I understand Jüngling's disease to be one of the synonyms for sarcoid, and similar to lupus pernio, Schaumann's lymphogranuloma, Besnier-Boeck sarcoid, or, as it is now called Boeck's sarcoid. Without correction, this article may help to perpetuate a fallacy."

Dr Golding refers also to the article by W. Laurence and E. L. Franklin† in which five cases were described as chondroma in long bones and he writes: "The case in which a biopsy was performed looks like a chondroma but the others do not. There are many cases in the literature with identical appearances which were in fact infarcts of bone. Of the cases published in this article one patient was aged fifty-three years and the other four were all over sixty years—an age when infarction may easily occur. The pathological evidence which is presented, based on degenerated cartilage, is not enough to establish the diagnosis of chondroma. I would not have quarrelled so much with the report if there had been reference to infarct of bone in the differential diagnosis; but it was not even mentioned, whereas chondroblastoma and Brodie's abscess were put forward as possibilities, both of which are slightly ridiculous—the first by reason of the age of the patients, and the second because the lesions bear no resemblance to chronic abscess."