

and Surgeon-Captain William Gordon Mitchell, from the 5th (Deeside Highland) Volunteer Battalion, The Gordon Highlanders; Surgeon-Captain Thomas Alexander Sellar, from the 6th Volunteer Battalion, The Gordon Highlanders; Surgeon-Captain John Fordyce Robertson, from the 7th Volunteer Battalion, The Gordon Highlanders; Surgeon-Captain Alexander Cameron Miller, from the 1st (Invernesshire Highland) Volunteer Battalion, The Queen's Own Cameron Highlanders; Surgeon-Captain John Barr Stevens and Surgeon-Captain James Cowe Herbertson, from the 2nd (Renfrewshire) Volunteer Battalion, Princess Louise's (Argyll and Sutherland Highlanders); Surgeon-Captain John Gilfillan Ronald, from the 4th (Stirlingshire) Volunteer Battalion, Princess Louise's (Argyll and Sutherland Highlanders); Surgeon-Captain James Pearson Brown, from the 5th Volunteer Battalion, Princess Louise's (Argyll and Sutherland Highlanders); Surgeon-Captain Edmund Eustace Dyer, from the 7th (Clackmannan and Kinross) Volunteer Battalion, Princess Louise's (Argyll and Sutherland Highlanders).

To be Lieutenants: Surgeon-Lieutenant James Graham Miller, from the 4th Battalion, Northumberland Fusiliers; Surgeon-Lieutenant Alan Leonard Smith Tuke, from the Fifeshire and Forfarshire Imperial Yeomanry; Surgeon-Lieutenant John Leach and Surgeon-Lieutenant Alexander George Lovett-Campbell, from Lovat's Scouts Imperial Yeomanry; Surgeon-Lieutenant Andrew Currie and Surgeon-Lieutenant John Stewart, from the 1st Argyll and Bute, Royal Garrison Artillery (Volunteers); Surgeon-Lieutenant Alan Ayre-Smith, Surgeon-Lieutenant William George Thompson, and Surgeon-Lieutenant Frank Wilfred Burn, from the 1st Durham Royal Garrison Artillery (Volunteers); Surgeon-Lieutenant Alfred Augustus Beeks, from the 2nd Durham (Seaham) Royal Garrison Artillery (Volunteers); Surgeon-Lieutenant Lloyd Turton Price, from the 1st Forfarshire Royal Garrison Artillery (Volunteers); Surgeon-Lieutenant William Jenner Best, from the 1st Lincolnshire Royal Garrison Artillery (Volunteers); Surgeon-Lieutenant Wilfred Ernest Alderson, from the 1st Newcastle-on-Tyne Royal Engineers (Volunteers); Surgeon-Lieutenant Alfred Lees Low, from the 1st Orkney Royal Garrison Artillery (Volunteers); Surgeon-Lieutenant Francis William Squair, from the 1st Renfrew and Dumbarton Royal Garrison Artillery (Volunteers); Surgeon-Lieutenant William Edwyn Falkingbridge Tinley, from the 1st East Riding of Yorkshire Royal Garrison Artillery (Volunteers); Surgeon-Lieutenant Frederick Philip, from the Aberdeenshire Royal Engineers (Volunteers); Surgeon-Lieutenant David Henderson Weir, from the 1st Durham Royal Engineers (Volunteers); Surgeon-Lieutenant Henry Smurthwaite, from the 3rd Volunteer Battalion, The Northumberland Fusiliers; Surgeon-Lieutenant Henry Stanley Walker, from the 3rd Volunteer Battalion, The Lincolnshire Regiment; Surgeon-Lieutenant Robert Hugh Gilbert-Bruce, from the 2nd (Angus) Volunteer Battalion, The Black Watch (Royal Highlanders); Surgeon-Lieutenant Edward Fox MacLeod Neave, from the 3rd (Dundee Highland) Volunteer Battalion, The Black Watch (Royal Highlanders); Surgeon-Lieutenant William Duncan, from the 2nd Volunteer Battalion, The Sherwood Foresters (Nottinghamshire and Derbyshire Regiment); Surgeon-Lieutenant Alexander Charles Farquharson, from the 2nd Volunteer Battalion, The Durham Light Infantry; Surgeon-Lieutenant Frederick Keiller Smith, from the 1st Volunteer Battalion The Gordon Highlanders; Surgeon-Lieutenant William Cockburn, from the 2nd Volunteer Battalion The Gordon Highlanders; Surgeon-Lieutenant James Nicol and Surgeon-Lieutenant Edward Oliphant, from the 4th (Donside Highland) Volunteer Battalion, The Gordon Highlanders; Surgeon-Lieutenant Alexander Cruickshank, from the 5th (Deeside Highland) Volunteer Battalion, The Gordon Highlanders; Surgeon-Lieutenant Andrew Brown Murray, from the 6th Volunteer Battalion, The Gordon Highlanders.

Lieutenant William L. Martin to be Captain (dated April 6th, 1908), Hugh Kirbell Lacey to be Lieutenant (dated April 10th, 1908), James Law Brownridge to be Lieutenant (dated May 4th, 1908), William Arthur Valentine to be Lieutenant (dated May 14th, 1908), Lieutenant James B. Jamieson to be Captain (dated May 19th, 1908), Frederick Ernest Stokes to be Lieutenant (dated May 19th, 1908).

#### THE WEST AFRICAN MEDICAL STAFF.

The Secretary of State for the Colonies has appointed a

departmental committee to inquire into the duties, organisation, emoluments, and selection of officers of the West African Medical Staff. The committee will be composed of Mr. H. J. Read, of the Colonial Office (chairman); Dr. Theodore Thomson, of the Local Government Board; Mr. W. H. Langley, principal medical officer of the Gold Coast; Dr. J. Kingston Fowler; and Mr. A. Fiddian and Mr. H. C. W. Verney, of the Colonial Office. Mr. J. R. W. Robinson, of the Colonial Office, will act as secretary to the committee.

#### SYPHILIS IN UGANDA.

As the result of the report on the prevalence of syphilis in Uganda by Colonel F. J. Lambkin, R.A.M.C., the following officers of the Royal Army Medical Corps are proceeding to that Protectorate at an early date on special duty under the Colonial government: Captain W. M. B. Sparkes, R.A.M.C., Lieutenant H. T. Treves, R.A.M.C., and Lieutenant G. J. Keane.

## Correspondence.

"Audi alteram partem."

### A SERUM TREATMENT FOR CARCINOMA IN MICE.

To the Editor of THE LANCET.

SIR,—It is with great regret that I find myself obliged to question certain statements made by Dr. W. Blair Bell, published in THE LANCET of Oct. 31st, p. 1300. I had hoped that his reflections upon the work done in this laboratory would not have appeared in print and that I should not have been obliged to deal with them publicly. This regret is the greater because, as far as my knowledge goes, he has no other first-hand experience of cancer in mice than that acquired during the time he was working in this laboratory as a guest, with about two dozen cancerous mice given to him by me. His statements deal with the results of experiments conducted in this laboratory with two serums obtained from rats and injected into certain mice with well-developed carcinomatous tumours.<sup>1</sup> He states definitely that the work cannot be regarded as "original or new," because Jensen in 1901 obtained immunisation in mice with mouse tumour cells, which result has since been confirmed by the work of Borrel, Clowes, the staff of the Imperial Cancer Research Fund, and by many others. He also states that "immunisation with *testis serum* had been done by Borrel and Bridré and undoubtedly by others. .... All the work done tended to show that it was comparatively easy to produce immunisation against mouse tumour in a certain percentage of cases by a variety of means, and almost as easy to produce curative effects."

What has been done in the way of immunisation may be summarised as follows. Mouse-tumour cells, emulsions of mouse's liver, spleen, embryonic, and other tissues have been injected into normal mice. The mice so treated have been found to be immune in varying degrees when subsequently grafted with tumours that had been proved to be transmissible under ordinary conditions from mouse to mouse. Mice were also immune after the injection of blood corpuscles, but *not* after the injection of serum.<sup>2</sup> Borrel and Bridré injected mice with mouse's testis and found that mice so treated were *not* rendered immune to subsequent graftings.<sup>3</sup> These experiments all deal with the immunisation of mice beforehand to tumours that were subsequently introduced, and have no bearing upon the treatment of already existing and well-established tumours. I did not refer to them, because my experiments had nothing to do with immunisation, but were confined to tumours that were already in an advanced stage of development. Only one of

<sup>1</sup> THE LANCET, Sept. 12th, p. 797, and Oct. 31st, p. 1299, 1908.

<sup>2</sup> Ehrlich: Zeitschrift für Ärztl. Fortbildung, 1906. Michaelis: Soc. Med. Int. Berlin, 1907, in Deutsche Medizinische Wochenschrift, 1907. Borrel et Haaland: Comptes-Rendus Soc. Biologie, 1905. Schöne: Münchener Medizinische Wochenschrift, 1907. Bashford: Scientific Report of the Investigations of the Imperial Cancer Research Fund, 1906-07.

<sup>3</sup> Borrel et Bridré: Le Problème du Cancer, par le Dr. A. Borrel, Paris, 1907.

these immunisation experiments was made with a "serum," and that produced negative results. Borrel and Bridré did not use a "testis serum," but mouse's testis, and obtained negative results.

The experiments antecedent to my own with regard to the effects of various sera upon cancer in mice may be briefly summed up as follows. Where the serum treatment has been commenced at the same time as that at which the mice were grafted with the tumours the results have generally been contradictory. In the case of Jensen the results contradicted each other and were quite indefinite. In the results published conjointly by Gaylord, Clowes, and Baeslack the percentage of successful graftings was reduced in the case of mice treated with the serum of mice that had recovered spontaneously from cancer. This result has been also obtained by other observers. Borrel obtained a higher percentage of successful grafts in mice treated with the serum of a sheep injected with mouse cancer than in those treated with normal sheep's serum, and his lowest percentage of successful grafts was with mice not treated with any serum at all. With the serum of a chicken injected with mouse tumour he was also unsuccessful. The same sera possessed *no curative effect whatever upon already existing tumours*.<sup>4</sup> None of these experiments are really similar to mine in nature, and the results are quite different. I was referring to these experiments when I stated that I attributed the success of my own to the fact that whatever substance was produced in the sera must be produced in relation to living cells and that this condition had not been fulfilled in previous experiments. The cells of the mouse carcinoma given to this laboratory by Professor Ehrlich live in the rat for about three weeks. The cells of the testis of the mouse live in the rat for several days at least. It was for this reason that I chose the rat in working with mouse tumours. Borrel in referring to his failures with serum says, "it is possible that the choice of the animal furnishing the serum may be of great importance" and that such attempts as his should not be discontinued on account of antecedent failures.

As Dr. Bell stated at the meeting when my paper was read that many other workers had done the same experiments as myself and had obtained the same results, it is impossible for me, as his statements have been published, to let them pass unquestioned. In justice to the laboratory, to those who have helped me in carrying out the work, and to myself, it is necessary for me to make it clear, particularly to the members of the Liverpool Medical Institution, who have always treated me with the greatest courtesy and kindness, that no member of the staff of the Liverpool Cancer Research Laboratory has deliberately attempted to pass off second-hand goods in the guise of new. Dr. Bell gives no exact references and unless he can produce others beyond those I supply him with here, I must come to one of three conclusions: that he has misunderstood the writings of the gentlemen he quotes; that he has misunderstood my paper; or that he has misunderstood both. I would recommend to his notice "Le Problème du Cancer," by Dr. A. Borrel (whose name and works Dr. Bell quotes so freely), published first in the *Bulletin de l'Institut Pasteur*, and now issued in the form of a small book by Masson et Cie., 120, Boulevard Saint-Germain, Paris. In it he will find an excellent bibliography, an up-to-date account of the recent experimental work on cancer in mice, and a confirmation of my opinion with regard to Ehrlich's tumour with which his personal experience, "the result of many necropsies," made in the Liverpool Cancer Research Laboratory, has led him to disagree.

I am, Sir, yours faithfully,

CHARLES WALKER.

Cancer Research Laboratory, University of Liverpool,  
Nov. 4th, 1908.

## THE PLIGHT OF EARLSWOOD ASYLUM.

To the Editor of THE LANCET.

SIR,—The wholly exceptional position in which the board of management of the Earlswood Asylum find themselves, through sheer misfortune, induces us to ask to be allowed specially to bring the subject before your readers.

In October, 1903, it was revealed, owing to fissures and subsidences in various parts of the extensive buildings, that

these, although on a clay soil, had originally (some 60 years ago) been erected without any adequate foundations, besides being weak in construction throughout. Professional advice was at once called in, with the result that there was found to be no alternative to undertaking forthwith a complete system of underpinning, and strengthening of the roofs and floors, refacing of the outer walls, and in many parts entire rebuilding. For five years the board have in consequence been straining every effort to meet a situation of probably almost unprecedented difficulty in endeavouring to save this great charity from destruction.

It was in some quarters even suggested that it might be necessary to contemplate entirely rebuilding the institution, the cost of which would have been beyond all visible resources, while there would have been no possibility of housing our inmates and staff during the process, and although it has become evident, as stated in the last annual report, that a sum much larger than was at first calculated on will first and last be required to restore the buildings, the entire outlay will not exceed about two-thirds of the amount that would have been required to erect new buildings of similar extent and accommodation. Over £43,000 have been already expended, raised partly by the generous help of friends and subscribers, but more largely still by the realisation of all available securities and by the sale for building purposes of a 24 acre field. There remains, however, a sum of not less than £40,000 still to be raised, quite outside ordinary maintenance expenditure; while it is brought painfully home to the board that the special help received has not been without a prejudicial influence upon our ordinary income from regular contributions, having largely consisted of diverted ordinary income.

The board now find themselves at the end of their resources for the completion of this vast undertaking. The works have for the last 12 months been stopped for want of funds, while large portions of the structure are only saved from collapse by temporary timber supports, and one wing, occupied by some 120 epileptic inmates, will most probably during the coming winter be vacated, temporary housing accommodation in that case having to be provided. The recent report of the Royal Commission on the Feeble-Minded bears abundant testimony to the national importance of institutions such as Earlswood, the first of its kind, for the care of this helpless and unfortunate class of the community, while the beneficent and unremitting work which for more than half a century has been there carried on and its present position entitle, we venture to believe, this noble charity, of which the late Queen Victoria and our present gracious Sovereign have been patrons throughout its existence, to claim special aid and sympathy in these circumstances of exceptional distress and misfortune.

May we earnestly express the hope that with this view, you, Sir, will grant us the favour of inserting this statement in your columns?—We are, Sir, yours faithfully,

E. C. P. HULL, J.P.,

Chairman, Board of Management.

E. A. GRUNING, F.R.I.B.A.,

Honorary Consulting Architect.

G. H. SAVAGE, M.D.Lond., F.R.C.P.Lond.,

Honorary Consulting Physician.

Earlswood Asylum Offices: 36, King William-street, E.C.

Secretary, Mr. H. Howard.

Nov. 6th, 1908.

PS.—Subscriptions received by all branches of the Union of London and Smith's Bank.

## THE CONSTITUTION OF THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editor of THE LANCET.

SIR,—Thousands object to women qualifying for general practice, but the question was settled in their favour years ago, and now the Universities of Oxford and Cambridge are the only two medical qualifying bodies who do not admit women to their degrees or diplomas. As women are admitted to other qualifications there can be no solid reason why they should be excluded from the Royal College of Surgeons of England and the Royal College of Physicians of London. Many who voted against their admission to the Royal College of Surgeons voted thus, I believe, to mark their disapproval of women entering the surgical profession at all. The willingness of many Fellows to allow women to become Members

<sup>4</sup> Jensen: Biologisk Selskabs Forhandlinger, 1901-02; Hospitalstidende, 1902; Centralblatt für Bakteriologie, 1903. Gaylord, Clowes, and Baeslack: Journ. Exper. Med., 1906. Borrel: Bulletin de l'Institut Pasteur, Tome V., Nos. 12 to 15, 30 juin-15 août, 1907.