appointed to officiate as Resident Physician at the Medical College Hospital, Calcutta, during the absence on deputation of Major W. V. Coppinger.

Lieutenant G. Tate has been selected by H.E. the Commander-in-Chief in India for appointment as Specialist in Midwifery and Diseases of Women and Children. Lieutenant J. V. Macdonald has been transferred to the Civil Department for employment under the Survey.

THE INDIAN MEDICAL GAZETTE.

In the November issue of this journal Major Leonard Rogers, I.M.S., professor of pathology at the Medical College, Calcutta, publishes interesting details of 60 cases of amœbic dysentery, illustrating the treatment by ipecacuanha and emetine respectively. Major Rogers's views on this subject were fully explained by him in THE LANCET of Oct. 19th, p. 1062, and the present paper is a confirmation of those views. Dr. T. F. Pedley, of Rangoon, contributes a note on the treatment of small-pox vesicles by tincture of iodine and liniment of iodine in equal parts, which alleviated itching, discomfort, and caused the vesicles to collapse and shrivel; the cuticle, peeling off later, left a clean white surface, free from marks or scars.

COLONIAL MEDICAL SERVICES: WEST AFRICAN MEDICAL STAFF.

Dr. E. W. Graham, senior medical officer, Northern Nigeria, has been transferred to the Gold Coast, and Dr. E. Hopkinson, D.S.O., medical officer, Gambia, has been appointed a Travelling Commissioner. Mr. J. P. Fagan, principal medical officer, Northern Nigeria, has retired on pension. The following have been selected for appointment to the staff: Dr. E. F. Ward (Sierra Leone), Mr. W. R. Parkinson (Southern Nigeria), Dr. J. E. L. Johnston, (Northern Nigeria), and Mr. S. L. Brohier (Gambia).

Other Colonies and Protectorates: Dr. J. Geoghegan has been selected for appointment as a Medical Officer in the Caicos Islands, and Mr. L. D. Napier has been selected for appointment as a Supernumerary Medical Officer in the Leeward Islands.

THE ROYAL NAVAL COLLEGE, OSBORNE.

The *Times* states: "It is understood that the Royal Naval College, Osborne, is to be rebuilt permanently on the present site at a cost of £200,000, and that the work will be begun almost immediately." It is officially stated that there have been seven cases of scarlet fever since the term began at the College on Sept. 20th. With this exception the health of the cadets is good. There are 445 cadets, aged from 11½ to 14½ years of age, at the College.

THE HEALTH OF THE NAVY.

The statistical report of the health of the Navy for 1911, which has just been issued in the form of a Blue-book, shows a continuous improvement in the general health of the total force of the fleet as compared with the preceding five years. The case, invaliding, and death ratios for the year are again lower than the average ratios for the last five years, and the average loss of service for each person compares favourably with the five years' ratio and with that of 1910. The total force in the year 1911 was 117,100, and the total number of cases of disease and injury entered on the sick list was 76,463, giving a ratio of 652·97 per 1000, a decrease of 26·96 as compared with the average ratio for the preceding five years.

INDIAN MEDICAL SERVICE EXAMINATION.

An examination for not less than 12 commissions in the Indian Medical Service will be held in London on Monday, Jan. 20th, 1913, and the five following days. Application forms must reach the India Office on or before Jan. 7th, 1913.

HUNTERIAN SOCIETY.—The Hunterian Society will hold its meetings for the remainder of the present session at St. Bartholomew's Hospital by the kind permission of the authorities. On the completion of the alterations now in progress at the London Institution, the society hopes to resume its meetings there, thus carrying on a connexion of 46 years' standing, or about one-half the time of existence of the society. The next meeting will be on Jan. 8th, 1913, at 9 p.m., at St. Bartholomew's Hospital, when Professor Arthur Keith will deliver the second Hunterian lecture on the History and Nature of Certain Specimens alleged to have been obtained from the Post-mortem Examination of Napoleon the Great. Visitors will be welcomed.

Correspondence.

"Audi alteram partem."

THE TREATMENT OF THE SICK AND WOUNDED IN CONSTANTINOPLE.

To the Editor of THE LANCET.

SIR,—I should like to make a few comments on Mr. Samuel Osborn's communication entitled "Beleaguered Constantinople" appearing in your issue of Nov. 30th.

The account given of the plight of the wounded and sick is true enough for the first two or three weeks of November, but I think it is only fair to the Turkish authorities to point out that their arrangements for the treatment and transport of wounded from the Tchatalja lines were much more satisfactory. Between Nov. 20th and 23rd some 700 wounded arrived at Stamboul by train; 44 of them were brought to this hospital. A large proportion of their wounds were of the most severe description. In all cases satisfactory first dressings had been applied and the men had been fed during transit.

At no time has there been any difficulty in the transport of cases to our hospital. On the first two days of our establishment I took stretcher parties to the receiving sheds and selected cases; subsequently all wounded were carried here by Turkish soldiers. The distance from the sheds to this hospital is about 400 yards.

The choice of the museum as the site of the British Red Cross Hospital has proved a satisfactory one. Thanks to the active help of the Ottoman Red Crescent Society, gas and water were installed within a few days of our arrival, and subsequently the wooden floors of three wards were covered with oilcloth. Some two weeks after our installation 100 camp beds, presented by Mrs. Doughty-Wylie, arrived from England, and now the hospital can compare favourably with any other similarly extemporised institution in Constantinople.

Miss Burgess's Girls' School, privately offered to us, is at Koom Kapou, three miles from the receiving station, and would have therefore only received slightly wounded or convalescent cases. The utilisation of Kroecker's Hotel as a hospital was never within the range of practical politics.

The proposed "rest hospital" was carefully inspected, and judged to be unsuited for the suggested purpose. It was simply a large warehouse room, ill-lit, and with a rough floor. Any sanitary arrangements that could have been made would have been inadequate. It is situated at the same distance from the receiving sheds as our present hospital.

The points I have enlarged upon will, I think, help to give a clearer view of the conditions under which the Red Cross Society here have worked.

I am, Sir, yours faithfully,

C. M. PAGE.

Museum Hospital of the British Red Cross Society,
Stamboul, Dec. 9th, 1912.

MEDICAL EDUCATION AND THE NATIONAL INSURANCE ACT.

To the Editor of THE LANCET.

SIR,—In his speech to the General Medical Council, reported in your issue of Dec. 7th, Sir T. Clifford Allbutt alluded to the influence which the working of the Insurance Act may exert upon medical education. He appealed to the Council to look ahead and prepare for such developments, and to be ready to speak authoritatively about them when the time comes. Sir Clifford Allbutt dwelt chiefly upon research and clinical pathology, two matters which are officially included within the scope and intention of the Act. There are, however, other directions in which the Council will have to watch very closely the ramifications of national insurance; and the experience of Germany and Austria throws light upon some of the problems which may be expected to arise. As hospital experts have lately been insisting, the relations of the insured and the voluntary hospitals have been almost entirely neglected by the authors of the Insurance Act; and the future of the hospitals is distinctly nebulous. Loose as are the formal bonds which connect hospitals and

attached medical schools, in fact and practice the connexion is so close that nothing which affects one can fail to affect the other. In Austria, as your Vienna correspondent has recently pointed out, there are even now searchings of heart because of the results upon medical education of State Insurance. The practitioners who attend insured persons in Vienna have been accustomed to refer to charitable institutions those of their patients whose cases are likely to be tedious or expensive in dressings. This is in effect an abuse of the charities, and has aroused protests on that ground. Those practitioners, it is argued, who accept the State's contract practice have no right to shirk the work by getting endowed hospitals to do it—an argument which is absolutely certain to be used in this country. But if insured patients are to be denied access to the clinics—say those who conduct them—medical education will suffer through lack of clinical material. Exactly the same dilemma will confront British medical schools unless some definite steps are taken to protect and preserve the interests of the voluntary hospitals under the Insurance Act. The point has not received much consideration so far, but it is obviously one which some day will closely concern the General Medical Council. This is only one of the unforeseen problems which the Act creates. Its solution depends so greatly upon the courses of action which the Government and the hospitals decide to take that for the present it may be premature to discuss it. But continental experience shows that it is no imaginary difficulty, and it is just conceivable that its issue may be State control and conduct of medical education. That, at least, would be the ideal of some of our lay critics and reformers; and it is safe to prophesy that the hospitals and the schools stand or fall together in so far as the voluntary principle is concerned.

I am, Sir, yours faithfully,
Breachin-place, London, S.W., Dec. 14th, 1912. H. ROBINSON.

UNILATERAL ASTHMA.

To the Editor of THE LANCET.

SIR,—In my introduction to the discussion on asthma at the Medical Society a month ago I stated that unilateral asthma was unknown. Dr. Berkart in a letter to your journal a week later said, "If unilateral asthma is unknown to Dr. West it is well known to me," and he referred me to his book. I consulted the book, but found no reference to unilateral asthma in the index, nor could I find any cases recorded in the text. I was puzzled until I turned to the definition which he gives of asthma. This explains what was otherwise difficult to understand. He states that the symptoms of asthma are those of a fibrinous bronchitis. Fibrinous bronchitis may, of course, be unilateral, indeed, it is rarely anything else. When unilateral, however, it does not give rise to the symptoms or physical signs usually associated with the term asthma. Generalised fibrinous bronchitis such as appears required by Dr. Berkart's theory, unless we accept his view of asthma, is practically unknown except in the course of diphtheria, and then the symptoms are of a very different type and much more severe. The distinction between asthma and fibrinous bronchitis is usually sharply drawn, as in my own opinion it should be, for the two conditions are essentially distinct and should not be confounded.

I defined asthma to be a widespread respiratory neurosis, of which the spasm of the bronchial muscles and the obstruction caused by it is at the most but a part. In that sense I maintain that unilateral asthma is unknown.

I am, Sir, yours faithfully,
Wimpole-street, W., Dec. 10th, 1912. SAMUEL WEST.

THE CARRIER PROBLEM IN DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—May I beg, through the medium of your columns, any information bearing upon the conduct and treatment of cases such as the following? A boy, aged 9 years, had nasal diphtheria in July last. Now, four months afterwards, swabbings from the nares still give a culture of the Klebs-Loeffler bacillus. Some years ago I had a similar case in which swabbings from the nares gave positive results for a period of nearly two years. Swabbings from the tonsils

were always negative. At this stage the boy went to school, and no infection of other boys resulted. It would be helpful to know what is the modern practice of metropolitan fever hospitals in such cases as to treatment and as to isolation and of the education authorities in allowing children to return to school.

Are there any means by which these bacilli can be destroyed in the nasal passages? and are they necessarily pathogenic after long residence in the nares? Clinically they appear to lose their power after a few weeks. Is it a fact that these organisms may not infrequently be found in the nares of perfectly healthy individuals? In these days of exact clinical research and modern methods of preventive medicine cases such as I have mentioned must no doubt be frequently under observation, but I am unable to refer to any discussion on the subject.

I am, Sir, yours faithfully,

HORACE A. DEBENHAM.

Presteigne, Radnorshire, Dec. 5th, 1912.

* * We deal elsewhere with our correspondent's question.—ED. L.

THE ROYAL SOCIETY OF MEDICINE.

To the Editor of THE LANCET.

SIR,—The phenomenal success of the Royal Society of Medicine—mostly due, as we must admit, to the skilful administration of the secretary, Mr. J. Y. W. MacAlister—its hydra-like advancement into fields of medical activity hitherto unprovided with the essential accessories of development, the buoyancy and exuberant vitality which it has infused into so-called medical society work in the metropolis, its palatial home, and, above all, its valuable educative influence, are features which tend to the conviction that it has now outgrown its title. The meticulous suggestion, adopted at the general meeting on Feb. 19th, 1907, of the present title presumably was based upon the fact that no one was able to foresee the brilliant success which the Society was destined to achieve. The use of the word "society" is, I submit, a poor description to apply to the work now accomplished by the Royal Society of Medicine. A "society" merely means "a number of persons united in a community," and is applicable to any purpose for which a number of persons combines to promote a common object, as, for example, a trade union; on the other hand, the first purpose of the Royal Society of Medicine is that of an educative body, in the promotion of which "a community of persons" has united to advance the science and art of medicine.

There is only one word which aptly and fully expresses the objects and aims of such an organisation, and that is "academy." It possibly may have seemed immodest at the foundation of the Royal Society of Medicine to have endowed it at first with this title, but now it must be conceded that out of its abundant resources it is possible for the Society to live up to any title. Again, there is no "Academy of Medicine" in this country, nor anything which can be held to fulfil the mission of such an institution. Furthermore, the title of "Academy" carries with it the conviction of a higher tribunal than that of the word "society." Thus, were the Royal "Society" of Medicine to become the Royal "Academy" of Medicine, the change in title might tend to raise as well as increase the influence of the already high standard of work, the results of which the Royal Society of Medicine has become the means of disseminating throughout the world.

Another point suggests itself. Is posterity to be allowed to forget the great personal sacrifice of this generation, without which the creation of the magnificent heritage to which future medical generations will ultimately succeed would have been impossible? The American nation have not been permitted to forget the personal sacrifice of their forefathers by whom emancipation from British rule was secured. Similarly, though of course in a much less degree, I believe that the medical generations of the future should have an annual opportunity of being reminded of the strenuous personal efforts, the financial difficulties overcome by private generosity, and the personal interests surrendered, without which the scheme of the Royal Society of Medicine could never have attained fruition. An annual commemoration day of the Society might thus come into being, consisting, with other details, of a lecture to be delivered by a