and native soldiers in India will presumably have to be issued.

IMPERIAL YEOMANRY HOSPITALS.

Members of the staffs of the Imperial Yeomanry Hospitals who served in South Africa between Jan. 1st, 1901, and May 31st, 1902, are requested by the Imperial Yeomanry Hospitals Fund Committee to send their present addresses and the dates of the commencement and termination of their services in these hospitals to Mr. Oliver Williams, 116, Victoria-street, Westminster, London, S.W. The particulars given are to be compared with the entries on the medal rolls now being prepared by the commanding officers of the hospitals in connexion with the issue of the King's medal and clasps under the special Army Order of Sept. 29th, 1902.

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

A church parade of the London Companies of the Royal Army Medical Corps (Volunteers) will take place at the church of St. Bartholomew the Great, Smithfield, E.C., on Sunday, Oct. 26th, at 3 P.M. After the service, which will be conducted by the Rev. Sir Borrodaile Savory, M.A., rector of the parish and acting chaplain to the London companies of the Royal Army Medical Corps (Volunteers), a tablet in memory of those men of the corps who have died while on service in South Africa will be unveiled by Surgeon-General W. Taylor, K.C.B., K.H.P., Director-General of the Army Medical Service.

THE MEDICAL ARRANGEMENTS FOR THE ROYAL PROCESSION THROUGH LONDON.

At the Cattle Market, Islington, at the Surrey Sessions House, and at Olympia there will be stationed field hospitals, each of 25 beds, while at the Tower of London there will be a detention hospital of 10 beds which will also be used as a temporary field hospital. Along the line of route there will be 16 ambulance stations and 109 stretcher squads will be formed at various points. Colonel W. L. Gubbins has general charge of the medical service.

THE MEDICAL STAFF COLLEGE.

On the conclusion of the first session of the Medical Staff College in London, the lieutenants-on-probation for the Indian Medical Service will proceed to Netley for duty, where they will receive instruction in military medicine and surgery and in squad and company drill. They will also take part in the ward duties of the Royal Victoria Hospital and there receive clinical instruction. They are to arrive at Netley on Nov. 3rd. The course at Netley will occupy two months.

Correspondence.

"Audi alteram partem."

OVARIAN TUMOUR SECONDARY TO CANCER OF THE BREAST.

To the Editors of THE LANCET.

SIRS,—In the discussion at the Medical Society of London on Oct. 13th, on Mr. J. Bland-Sutton's case of ovarian tumour secondary to cancer of the breast, reported in THE LANCET of Oct. 18th, p. 1052, there appeared to be a considerable difference of opinion as to "the relative frequency with which cancer attacked both breasts concurrently or after an interval of months or years." As bearing on the point at issue I would mention that in the twenty-seventh volume of the Transactions of the Pathological Society of London Dr. Sidney Coupland gives an analysis of 89 cases of mammary cancer examined after death showing the relative frequency of the seats of secondary growths, compiled from the reports of the surgical registrars of the Middlesex Hospital, 1867 to 1875. Dr. Coupland shows that cancer was found in both breasts in 17 cases (a percentage of 19.1) and in the ovary in five cases. This analysis is appended to a report of a case of cancer of both breasts and ovaries under the care of the late Mr. Hulke. The case and the comments by Dr. Coupland are most interesting reading to students of cancer. There are

several other details in Dr. Coupland's paper that make it a valuable contribution to the statistics of cancer.

I am, Sirs, yours faithfully,
Stratford-place, W., Oct. 22nd, 1902.

T. W. NUNN.

THE NASAL TREATMENT OF ASTHMA.

To the Editors of THE LANCET.

SIRS,—The paper read at the Clinical Society of London on Oct. 10th by Dr. Alexander Francis of Brisbane on the above subject gave rise to so much discussion that many were unable to speak. Perhaps you will give space for a summary of my experience so far as it can be condensed into a letter. The fact that Dr. Francis stumbled upon his method—it was, he told us (in the first case), quite an accidental application of the cautery—would lead those unacquainted with the results of intra-nasal treatment of asthma and allied conditions to look with doubt upon his results, more especially as he was unable to specify any one area on the septum more likely to give relief than another. I gathered in conversation after the meeting that the sensitive area varied in each case and he found that many applications of the cautery might be required before the sensitive spot was found, while in others a single application had removed an asthma of several years' duration. That, as I understand, is Dr. Francis's position. Have others any ground for believing that the course of our inquiries lead up to the position accidentally secured by Dr. Francis? Let me briefly summarise my experience on the subject.

1. The most striking results are obtained in paroxysmal sneezing—patients, men and women, who suffer from profuse coryza and sneezing in the morning so that dressing is a difficulty. The attacks occur also in the night after the first sleep and in this regard closely resemble asthma. In several cases (when the attacks occur frequently in the day) patients have been threatened with loss of employment owing to the inconvenience and the exhaustion produced. In these cases a sensitive spongy area on the septum, which is the same for nearly all, will be found opposite the lower edge of the middle turbinal. The cauterisation of this acts rapidly, relief is magical, and one application on each side has removed a 10 years' trouble, with resulting improvements in general health. These, as Dr. Francis pointed out, are common cases. For my own part, I am in this, as in many other points, indebted to Dr. Greville MacDonald for my initial knowledge. Success in these cases is most marked when there is no exciting cause. When attacks are due to the odour of animals—e.g., horses, especially on a dry day,—to dust, or to particular flowers, success has not been so marked. In this group, however, all inquiries lead to the conclusion that the spot referred to above is not the sensitive area in all cases, for in a few no relief follows, while attention to other parts—for example, in one inveterate case the middle turbinal—affords relief.

2. No one can notice carefully the history of cases of asthma without observing that some abnormal nasal condition frequently exists or has existed. In young people especially nasal obstruction—from adenoids rarely, from hypertrophy of the inferior turbinal not unfrequently—is found; in others there is a history of paroxysmal sneezing. This latter symptom one might expect, for in its periodicity, in its variation from no assignable cause, and in the wheezy breathing it is so closely allied to asthma.

3. In children with "asthmatic attacks" beginning, it would not be difficult to collect evidence to show that after attention to adenoids, and especially hypertrophied inferior turbinals, the tendency has disappeared. Leading up to the intra-nasal treatment in this connexion it must be pointed out that odd results happen, as we know, in all spasmodic complaints. In a solitary instance removal of adenoids has effected—and unexpectedly—permanent relief, or the removal of a single polypus has removed a long-standing asthma. While these sporadic examples must, as in all inquiries, have their place and value as leading to further advance, the notable fact that removal of the grosser lesions, does not remove the spasm in asthma, only leads us to the conclusion, that in removal of these growths, when relief has been afforded, some specially sensitive area has been injured and destroyed. Instead of checking inquiry these isolated examples seem to point out to a further search in the direction indicated by Dr. Francis.

4. With regard to the association of polypi, it is well known that as a rule there is no true asthma. There are in a