etiological standpoint and the essay must bear evidence of original observations. No essays should exceed 20,000 words, exclusive of tables, which may be added as appendices. Essays should be sent in to the secretary of the Prizes Committee, Royal Army Medical College, on or before Dec. 31st, 1911. Each essay is to have a motto and to be accompanied by a sealed envelope bearing the same motto and containing the name of the competitor.

SANITARY SERVICE (R.A.M.C.) DINNER.

The officers of the Sanitary Service of the Royal Army Medical Corps will dine at the Hôtel Métropole on Saturday, May 8th. The Right Hon. R. B. Haldane, M.P., Secretary of State for War; General Sir W. G. Nicholson, Chief of the General Staff; Surgeon-General Sir A. H. Keogh, Director-General, A.M.S.; and Lieutenant-General Sir W. H. Mackinnon, Director-General of the Territorial Forces, are the guests.

THE NAVAL MEDICAL SUPPLEMENTAL FUND.

At the quarterly meeting of the directors of the Naval Medical Supplemental Fund held on April 20th, Sir C. J. Thomas, K.C.B., in the chair, the sum of £55 was distributed among the several applicants.

Correspondence.

"Audi alteram partem."

AN AMBULANCE SERVICE FOR THE METROPOLIS.

To the Editor of THE LANCET.

SIR,—May I be permitted, as having had some considerable acquaintance with this subject, to endorse the plea in your leading article that to medical men the great thing at present is action by the Home Office in some direction. During 21 years' service as one of the divisional surgeons to the Metropolitan Police I had ample opportunities of seeing the need for such a service, having been obliged, sometimes at night, to send patients with broken limbs three or four miles to Guy's or St. Thomas's Hospitals in a four-wheeler—not exactly an ideal conveyance for a suffering patient.

Personally I must confess that I am unable to see how the coöperation of either the Metropolitan Asylums Board or the London County Council is essential. All the Metropolitan force as they join the ranks are now, I am informed, trained to render first aid, and on the occurrence of illness or accident in the streets they are authorised and directed to call in the nearest medical man to their aid if the divisional surgeon should be too far off. Liverpool has for a number of years had an admirable ambulance service organised by the police alone, and in recent years Captain Nott-Bower, who had experience of the Liverpool system before he was appointed Commissioner of the City of London Police, has got a similar service into working order there. What Liverpool and the City have done, Scotland Yard might surely be trusted to do with two such excellent models before it if only the Home Office would authorise the purchase of ambulances.

I am, Sir, yours faithfully,

H. NELSON HARDY,

President, United Kingdom Police Surgeons' Association.
London, April 19th, 1909.

THE ETIOLOGY OF ACNE.

To the Editor of THE LANCET.

SIR,—May I trespass upon your space for some remarks on Dr. A. Fleming's valuable paper on the etiology of acne in your issue of April 10th? Dr. Fleming's contention that the micro-bacillus is the cause not only of the comedo but of the suppuration of acne is based on the following reasons: (1) it is constantly present in the films made from the pus; (2) it is frequently the only organism present in the pus; (3) it can frequently be recovered from the pus in pure culture; (4) inoculated into a susceptible individual it produced a pustular folliculitis, and examination of the pus showed no other organisms to be present; (5) inoculated into animals it produces an abscess from which the bacillus has been recovered in pure culture (Gilchrist);

(6) the serum of patients affected with acne agglutinates the bacillus in some cases; (7) the opsonic indices of patients to the acne bacillus vary considerably from the normal; (8) large doses of a vaccine made from the acne bacillus induce a marked negative phase characterised by the appearance of fresh pustules from which the organism has been recovered in pure culture; (9) a vaccine of this organism has a marked beneficial effect on the condition; and (10) when a patient has a high opsonic index to the bacillus his condition improves, but when the opsonic index is low fresh pustules appear.

Now these results appear at first sight to be sufficient proof of the causal relationship of the bacillus to the suppuration of acne, but careful consideration will, I think, throw some doubt upon this conclusion. I may begin by quoting again a valuable principle laid down by Sabouraud—namely, that where an organism is found in luxuriant growth in the skin, that organism is producing its noxious effects, if any. I think it is sufficiently obvious that we must either admit the validity of this statement or throw overboard bacteriology in pathological research. Now it is admitted by all that if we examine the comedo in its *non-inflamed* state we find the micro-bacillus present in the most luxuriant growth. I have never examined a comedo without finding this (putting aside the grouped comedo of infants), and I have therefore agreed with Sabouraud that the micro-bacillus is the cause of the comedo. Acting as a mild irritant to the neck of the follicle it causes repeated attempts to be made by the epithelium to encyst it with the resultant characteristic onion-like formation. So far I think Dr. Fleming will agree with me.

Now as regards the suppuration it might be contended that only in certain persons is the micro-bacillus a pyogenic organism, but this is not the correct explanation for the following reason. If we take comedones surrounded by *no* inflammatory or pustular reaction from patients the subject of pustular acne we find this abundant growth of the micro-bacillus present in the non-inflamed comedo. So that we are driven, if we accept the pyogenic nature of the micro-bacillus, to say not that it is pyogenic in some persons, but that it is pyogenic in some lesions.

Years ago when working at this subject I examined a very large number of acne lesions both by the film method and by sections, and I came to the conclusions expressed in my book and quoted by Dr. Fleming. I have also examined for some years the pus from all private cases of acne and have only on very few occasions failed to demonstrate the staphylococcus in films. Recently I had a case in which I found no staphylococci present in films, but on excising a pustule I found them present in colonies near the wall of the little abscess. By cutting horizontal sections in this case I was able to demonstrate in one section two follicles so close together that both could be seen in one field of a one-inch objective, one suppurating with a central comedo and micro-bacilli and staphylococci in the pus when viewed with a high power, the other without the slightest leucocytic or other inflammatory reaction yet stuffed with micro-bacilli.

Turning now to Dr. Fleming's reasons, Numbers 1, 6, 7, 8, 9, 10 agree equally well with the bacillus as a cause of comedo. As regards 8, the causation of pustulation by the injection of bacillary vaccine, I have turned an ordinary microsporon ringworm of the scalp into a kerion on more than one occasion by the injection of ringworm vaccine, and am inclined to think that there is a future for this as a method of cure. Statement number two, that the bacillus is frequently the only organism present in the pus, I am convinced from an extremely extensive experience is inaccurate. The position of the staphylococci in the pus nearest the wall may account for the cultivation of the bacillus in pure culture on some occasions, and it is to be remembered that the suppuration is very indolent as a rule and that there are comparatively few staphylococci present. In the more actively suppurating lesions staphylococci are much more numerous. As regards animal experiment (No. 5), it is probable that Gilchrist's organism, if pure, was not the same as Fleming's, since Fleming's guinea-pigs showed no inconvenience while Gilchrist's died in about a week.

Lastly, I may allude to a patient shown by Sir Almroth Wright at his visit to the Dermatological Society of London in 1904.¹ This patient had suffered from the severest form of acne for many years, but on careful treatment with

¹ British Journal of Dermatology, 1904, p. 295.