in the dictionaries of Lippincott—a work which I am revising at the present time—Dorland, Dunglison, Foster, Gould, Billings, &c. As further examples of the use of prodromata see W. Aitken's "Science and Practice of Medicine," "Index Medicus" (1904) and "Index Catalogue" (Vol. XI.). It should also be remembered in this connexion that the German word is "prodrom" and the French, "prodrome." The double plural as seen in "prodromata" is by no means an isolated instance in the English language; thus, in children we have both the *er* and *en* plural. I agree with Professor Allbutt that the word "fore-runner" is an excellent word, and the same is to be said about the German "Vorläufer," the French "avant-coureur," and other similar words in the different languages. Personally, I am very glad to have Sir William R. Gowers's authority for the use of "auras" instead of "auræ."

I am, Sirs, yours faithfully,
HENRY W. CATTELL.

Philadelphia, Pennsylvania, Nov. 20th, 1906.

A MEMORIAL TO CHRISTOPHER HEATH

To the Editors of THE LANCET.

SIRS,—I would ask the hospitality of your columns to make known to University College Hospital men who were pupils or house surgeons to the late Mr. Christopher Heath that we are proposing to erect a memorial to him in the new school buildings. The memorial would take the form of a medallion portrait, and, if funds sufficed, a prize in surgery bearing his name would be established. Subscriptions are to be sent to me at University College Hospital.

I am, Sirs, yours faithfully,
SIDNEY MARTIN,
Dean of the Medical School.

Mansfield-street, W., Dec. 8th, 1906.

THE STUDY OF THE STREPTOCOCCI PATHOGENIC IN MAN.

To the Editors of THE LANCET.

SIRS,—We thank Dr. Andrewes and Dr. Horder for their answer and assure them that any wrong impression that might have arisen from their paper has been removed by their letter. With regards to their conclusions we neither had a right nor desire to take offence. If we have distorted any of the facts in their paper to our own advantage it was unintentional. Probably less than they do we desire to enter into a controversy upon the causation of rheumatic fever, for their "criticism" of the diplococcus was obviously the first step. It is, then, in no controversial spirit but in one of justice to ourselves that we decline to accept the impression given in their letter. Our position does not, we maintain, hinge largely upon the specificity of the diplococcus.

In our writings we have made two "assertions": (1) a diplococcus is a cause of rheumatic fever; (2) there is a group of cases of malignant endocarditis rheumatic in nature. Later we gave as our "opinion" that the diplococcus is the bacterial cause of rheumatic fever, because it was the only organism we repeatedly found and the only one which to our knowledge has fulfilled Koch's postulates.

Our contention has been that rheumatic fever is a specific disease and that the only proven bacterial cause must then probably have specific characters and is specific in the sense that it causes a specific disease. We have never relied solely upon the production of a non-suppurative polyarthritis and endocarditis in rabbits, and our animal experiments have never been uncontrolled by other means of research. In passing we may mention that monkeys as Dr. Vernon Shaw has shown with our cultures are susceptible, and there has accordingly been no need for us to rely upon rabbits solely. We have never claimed the experimental results as "specific," but only when taken with other factors considered them as highly suggestive. Menzer and Cole's researches only prove that there are various causes of arthritis and endocarditis, a fact of which we were well aware, and this, we would point out, applies equally to man.

We have ourselves made investigations with the pneumococcus and streptococcus so-called pyogenes and staphylococcus, and one of us with Dr. Shaw has studied mixed infections. In our experience the streptococcus pyogenes does not *naturally* cause death from septicaemia in rabbits, but just as in man may sometimes produce arthritis and endocarditis. In

our opinion, if all the facts with regard to the diplococcus are taken together it is possible to recognise it when taken from the human body. More than six years ago¹ we showed that this micro-organism was present in the saliva and throat and proved that it caused infection through the tonsil; nevertheless, we do not think that the streptococcus salivarius is either a good or helpful name.

We are, Sirs, yours faithfully,
F. J. POYNTON.
ALEXANDER PAINE.

A NEW LIMITED LIABILITY COMPANY AND A DISCLAIMER.

To the Editors of THE LANCET.

SIRS,—My attention has been called to the prospectus of the British Orchid and Nursery Company (Cowan), Limited, in which the name of J. Hamilton Hart, physician and surgeon, appears as one of the directors. As I am the only J. Hamilton Hart on the Medical Register I hereby state that I have no connexion with, or knowledge of, the above company, and I shall be obliged if you will publish this disclaimer in your next issue.

I am, Sirs, yours faithfully,
J. HAMILTON HART, M.R.C.S. Eng., L.R.C.P. Lond.
Walton, Suffolk, Dec. 10th, 1906.

* * It seems to us that Mr. Hart has a right to an immediate explanation of this occurrence. We have verified his statement that he is the only gentleman of his name upon the Medical Register.—ED. L.

THE ROYAL NAVY MEDICAL SERVICE.

To the Editors of THE LANCET.

SIRS,—Having recently resigned the commission of surgeon in the navy I have read with great interest the address by Sir Lambert Ormsby on the position of that service. I have also read the criticism of that address published as a leading article in THE LANCET of Nov. 17th, p. 1375. So far as my experience goes I am in complete accord with the statements of Sir Lambert Ormsby and not with those of the criticism. In the latter it is said that appointments must be made in this service for ascertained ability and that therefore a roster for foreign service would not be applicable. I think that many of the appointments are made by one of the sea lords who can have but little knowledge of a medical man's ability. Then influence undoubtedly has effect in obtaining good appointments for medical officers. Some medical officers hold good shore appointments in England year after year and never go abroad, yet they do not appear to be more able than others. Anyhow, their names are not specially known in the world. The criticism says that when a medical officer goes ashore on duty he has, as a rule, a special boat to himself. I can well remember on several occasions when going ashore on duty to obtain pratique for the ship having to share a boat with the Maltese messman who was going to buy vegetables. The captain and commander can always have boats to themselves when going ashore on leave whenever they like; but the fleet-surgeon must go at certain times with the midshipmen and warrant officers. In the matter of cabins the gunnery and torpedo lieutenants are always given better labelled cabins than the fleet-surgeon. Even the flag lieutenant and the captain's domestic are given a better cabin than the fleet-surgeon or surgeon. In every ship I have been in the captain's valet was given one of the best cabins—namely, that outside the captain's cabin, while the surgeon had to live on the deck below. The medical officer, whatever his rank may be, is always a junior officer.

I am, Sirs, yours faithfully,
LATE SURGEON, R.N.

¹ THE LANCET, Sept. 22nd and 29th, 1900.

BRISTOL ROYAL INFIRMARY.—Sir George White, the president of the Bristol Royal Infirmary, announced on Nov. 27th that the whole of the £50,000 which the committee asked the public to subscribe has been raised. The infirmary debt of many years' standing is now cleared off and £35,000 remain with which to carry out the long-desired improvements. Sir George White states that there will be a deficit of £2500 on this year's working of the institution and appeals for an increase in the number of annual subscribers.