Lloyd to be Surgeon-Major (dated April 1st, 1908). Surgeon-Lieutenant John Owen to be Surgeon-Captain (dated Oct. 5th, 1908).

Royal Army Medical Corps.

3rd East Anglian Field Ambulance: Major and Honorary Surgeon-Lieutenant-Colonel Harry Thornton Challis takes precedence next above Major Josiah Oldfield.

2nd Northern General Hospital: Leonard Ralph Braithwaite to be Captain, whose services will be available on mobilisation (dated May 1st, 1910).

2nd Western General Hospital: Archibald Donald to be Captain, whose services will be available on mobilisation (dated March 6th, 1910). George Redmayne Murray to be Captain, whose services will be available on mobilisation (dated March 7th, 1910).

Attached to Units other than Medical Units.—Captain John F. Crombie to be Major (dated May 26th, 1910). Captain Robert Rannie to be Major (dated June 1st, 1910). Lieutenant John B. Rous resigns his commission (dated July 13th, 1910).

For duty with Units other than Medical Units.—Arthur Hill Burnett to be Lieutenant (dated June 1st, 1910). Percy Luke Armstrong to be Lieutenant (dated June 3rd, 1910). Alfred Sigismund Bruzard to be Lieutenant (dated June 4th, 1910).

Unattached List.—Cadet Louis Lawrence Cassidy, from the Royal College of Surgeons (Ireland) Contingent, Senior Division, Officers Training Corps, to be Lieutenant, for service with the Royal College of Surgeons (Ireland) Contingent, Senior Division, Officers Training Corps (dated July 9th, 1910).

TERRITORIAL TRAINING.

The First Eastern General Hospital (Territorial Force) carried out their annual training at Colchester from June 25th to July 9th under the command of Colonel Joseph Griffiths. The camp was located close to the Military Hospital, Colchester, by the side of a section of a field ambulance occupied by No. 9 Company, R.A.M.C. Reveille sounded at 5 o'clock each morning, followed by company and stretcher drill until 7.30 A.M., when breakfasts were served. Lectures and demonstrations on field medical equipment were given from 9 to 10 o'clock, after which the duties varied. The general scheme employed was to attach the Territorial *personnel* to the respective posts they would occupy on mobilisation. This was carried out by allotting some to nursing duties in the wards of the military hospitals, others to cooking, store-keeping, and other routine duties. Half the regular *personnel* of the military hospital was withdrawn, to allow of the Territorials being trained, and sent out for field training under canvas with the sections of a field ambulance. Demonstrations were given in practical camp sanitation, methods of cooking in camp, the conservancy of drinking-water supplies, the means of disposal of excreta, refuse, and so forth. Major F. E. A. Webb of Cambridge acted as registrar of the general hospital, and Captain W. A. Woodside, R.A.M.C., of Ipswich, who is the adjutant of the East Anglian Division, Territorial Force, was present in camp throughout the entire training. Inspections were carried out by Colonel Sir James R. A. Clark and Colonel C. E. Elliston, principal medical officer of the East Anglian Division.

THE NAVAL MEDICAL SUPPLEMENTAL FUND.

At the quarterly meeting of the directors of the Naval Medical Supplemental Fund, held on July 12th, Inspector-General W. H. Lloyd, R.N., in the chair, the sum of £40 was distributed among the several applicants.

WE regret to announce the death of Dr. J. Hougham Bell at his residence at Ventnor, Isle of Wight, in his 65th year. Dr. Bell, who for many years was surgeon to the Royal National Hospital for Consumption and Diseases of the Chest, Ventnor, received his medical education at King's College, London, of which he was an Associate and Warneford scholar, at the University of Edinburgh, and in Paris. He became a Member of the Royal College of Surgeons of England in 1866, and in the following year took the degree of Doctor of Medicine at the University of Edinburgh. At one time he held the post of assistant medical superintendent at St. Andrew's Hospital for Mental Diseases, Northampton, and was also a resident clinical assistant at the Bethlem Royal Hospital.

Correspondence.

"Audi alteram partem."

AN AMBULANCE SERVICE FOR LONDON.

To the Editor of THE LANCET.

SIR,—That no adequate organisation exists at the present time for dealing with cases of accident or sudden illness in the streets and public places of the metropolis outside the City of London is a sufficiently astonishing fact. For some years past, alike in Paris and in Berlin, in New York and Boston, as also in Liverpool and Manchester, arrangements have been made by the concerted action of the police, the telegraph and telephone, ambulances and hospitals, to give the sufferers from street accidents the advantage of the latest resources of surgical science, and to convey them with the least risk of life or limb to the receiving wards of hospitals or to their own homes. Since 1907 the City of London has also been well provided for in this respect. It has a motor-ambulance, well provided with surgical appliances for accidents, and accompanied by an attendant skilled in giving first aid, which can be summoned by telephone by any City policeman. Call-boxes to the number of 52 are fixed in the principal streets, of which each City constable has a key, and by means of telephone apparatus fixed in these he can also send special messages to the chief office in Old Jewry if necessary. Outside the City boundaries, however, where the control of street traffic is in the hands of the metropolitan police, the most haphazard system, or want of system, prevails.

Some ancient and out-of-date wheeled stretchers are provided at police-stations and elsewhere, but the metropolitan police constable, when called to a case of accident, has no means of obtaining these in a hurry when wanted, and usually trusts to a passing cab, cart, or van, rather than wait half an hour or so while a messenger can be despatched to, and return from, the nearest police-station. In consequence of the increase in motor vehicles of all sorts in London there has been a very considerable rise in the number and severity of street accidents in the metropolis during the last few years. In 1907 the number of persons known to the metropolitan police to have been killed or injured in street accidents was 17,055, an increase of 6515, or 62 per cent. over 1905. At the same time an increase in the gravity of the accidents is indicated by the fact that the number of fatal accidents increased from 155 to 283, or 80 per cent. in the three years 1905-07.

Dealing with this subject in 1904, the chairman of the Ambulance Committee of the London County Council stated that nearly 70 per cent. of the street casualties at present conveyed to hospitals by some vehicle or other are taken in cabs and carts, and not in ambulances of any kind, and on this basis it has been calculated that from 8000 to 10,000 severe accidents were taken to London hospitals or elsewhere annually in cabs, carts, or other unsuitable conveyances. It must be remembered that these figures mainly represent persons constituting a large mass of the inhabitants—artisans and labourers—who are the most liable, by reason of their occupations, to sudden accidents; those, in fact, who are least able to provide for emergencies of that kind, and who, along with their families and dependents, suffer the more when thus overtaken, and especially when, from lack of proper provision at the time of the accident, their recovery and wage-earning power are unnecessarily delayed. On the other hand, it must not be entirely forgotten that the well-to-do citizen of Greater London might in like manner be suddenly struck down and rendered unconscious in the street, and thus have cause to remember with gratitude the preservation of his life or limb by the timely arrival of a well-equipped ambulance at the moment when the bystanders were wondering who he was and where he came from.

Representations on the subject having been made to the London County Council in 1904 by a body of medical men, they thereupon appointed an Ambulance Sub-Committee with Sir William Collins as chairman, and in 1906 applied to Parliament for powers to enable them to establish and maintain, or contribute to the establishment and maintenance of, an ambulance service for street accidents in London, but it appears that the ambulance clauses of their Bill (General

Powers, London County Council) were struck out in the House of Lords owing to the opposition of the Home Office. Lord Camperdown, the chairman of the committee, explained that the committee had been satisfied by the medical evidence brought forward of the desirability of establishing a good ambulance service, but the Home Office was opposed to the scheme of the London County Council, and Lord Beauchamp, representing the Home Office, stated that the Secretary of State was about to summon a conference of the three bodies concerned—the London County Council, the Metropolitan Police, and the Home Office.

The Home Office having thus prevented the London County Council, the only body which had ever applied to Parliament for the purpose, from obtaining the necessary powers for establishing an ambulance service, and finding that it had not thereby got rid of the subject altogether, the Home Secretary, Mr. Gladstone, proceeded, on Dec. 7th, 1906, to appoint a Departmental Committee, consisting of Sir Kenelm Digby (chairman), Lord Stamford, and Sir William Collins, "to inquire as to the provision made for dealing with cases of accidents and sudden illness occurring in streets and public places within the metropolis, and to report whether any, and if so what, improvements in ambulance provision are necessary or desirable, and how they could best be effected with due regard to efficiency and economy."

The Departmental Committee thus appointed spent two years and three months in taking evidence and considering its report. It obtained, we are told, some valuable information in a series of tables furnished by the Commissioner of Metropolitan Police, giving the working of the present system of dealing with cases of accident and sudden illness in the streets, including figures as to the number of cases, the mode of conveyance, the distance of the place where the casualty occurred from the nearest hospital and nearest wheel-litter, and so on.

Whilst the Departmental Committee of the Home Office was thus leisurely pursuing its way the City of London police authorities had already taken action. About the same time that the London County Council had been considering the matter the attention of the City Police Committee had also been called to it. Not being, fortunately for their freedom of action, under the control of the Home Office, nor under any necessity to appeal to Parliament, they had obtained authority from the City authorities to carry out what was seen to be a very great improvement in police administration, and in May, 1907, while the talkie-talkie stage in the Departmental Committee had yet nearly two years to run the City police authorities had established an electro-motor ambulance, summonable by telephone street calls, and had thus exhibited the practical and successful working of a rapid ambulance service in the very heart of the metropolis. This service was commenced provisionally on May 13th, 1907, with one electro-motor ambulance stationed in a temporary building adjacent to St. Bartholomew's Hospital. Eventually the service is to be worked from two stations—one a new building to be rented from St. Bartholomew's, and the other a new building adjoining the Bishopsgate police station. Two, or possibly three, motor ambulances will be used. Each ambulance is to be fully equipped with all appliances likely to be required for first-aid treatment. A system of 52 electric street call-boxes has been organised, by means of which any police constable can summon the ambulance. Each constable carries a call-box key. On the occurrence of an accident the constable who sees it or is called to the spot, if he finds that the case is one apparently requiring removal to hospital, opens the nearest box and pulls a handle, which gives a call at the head office. Communication can also be made at the call-box with the head office by telephone. The one ambulance already in existence serves the needs of the western half of the City, taking cases to St. Bartholomew's Hospital. It is contemplated that the second ambulance will serve the eastern half, working in connexion with the London Hospital. Captain Nott-Bower, the police commissioner for the City, estimates the total annual cost of the three motor ambulances intended to be provided at £3000 and the prime cost of each ambulance at about £600. Captain Nott-Bower says that it has been found after six months' working that the average time taken after the occurrence of an accident for the ambulance to arrive on the scene is under four minutes, and the average time before the patient is delivered in the accident receiving ward of the hospital is only nine and a half minutes,

including the time taken in rendering first-aid on the spot; more than half the time previously taken in conveying an injured person to the hospital has thus been saved. When the Departmental Committee came to report upon the means actually in use by the Metropolitan Police for dealing with street cases of accident and sudden illness, they had to confess that it had been abundantly shown that the present system is gravely defective, and results in much preventable detriment by reason of the transport by unsuitable means of persons who have been injured or taken ill in the streets or other public places, and that the real evil arises from the great use which is made of ordinary vehicles such as cabs or vans in even serious cases which require the transport of the patient by the best possible means. At present practically all the cases are transported either by a wheeled litter, a stretcher, or in some ordinary vehicle, such as a cab, van, or tramcar, or are carried to the hospital.

Dealing with the question of police arrangements for summoning the wheeled litter (which the committee are far from regarding as an ideal means of removal), they have to report that at present no special provision is made (as in the City) for summoning it. It is either at the nearest police station or in its place elsewhere in the streets, and a messenger, another constable or a bystander, has to be sent for it—there being no telephone or telegraphic system of signalling available.

Thus far, as we have seen, the Departmental Committee are fully agreed that the present system is gravely defective, and urgently requires a remedy. It is when they come to consider what the remedy should be that differences manifest themselves, and here we get a glimpse of the possible reasons which led the Home Secretary to appoint this committee, when he could himself have easily obtained most of the essential facts they have so laboriously gathered through his subordinates at the Home Office and at Scotland Yard. Two of the committee, Sir Kenelm Digby and the late Lord Stamford, were of opinion that in the present circumstances prevailing in the metropolis the most efficient and economical system would be found in an extension of the non-infectious service of rapid ambulances which has been instituted by the Metropolitan Asylums Board. So far as relates to "street cases," they think this service should be worked in close coöperation with the Metropolitan Police. We do not recommend, they say, any alterations in, or interference with, the existing and contemplated system of rapid ambulances in the City of London.

We recommend, therefore, they continue, that the Metropolitan Asylums Board should be authorised by Act of Parliament to apply their funds to the establishment of a service of non-infectious ambulances for the transport of street cases, and to enter into agreements and generally coöperate with the Metropolitan Police for this purpose. Sir William Collins, the third member of the committee, dissents altogether from this view. He says he fails to appreciate the grounds of policy, administrative efficiency, or economy which would justify the imposition of this duty, for which they have never asked, upon the Metropolitan Asylums Board.

In the City the police authorities, of course, undertake the whole of the ambulance work, and Sir William Collins admits that there is much to be said for the Metropolitan Police undertaking the duty outside the City. If they were, he says, a municipal force as in the City and provinces, there can be little doubt that the duty would fall to them. (Here it must be recalled that the Progressive Party on the London County Council, of which Sir William Collins was one of the shining lights, long ago laid claim to have the control of the Metropolitan Police handed over to them.) But if the police are to be set aside, then he thinks the duty should be entrusted to the London County Council, who have sought powers from Parliament and have evolved a scheme for the purpose, rather than to the Metropolitan Asylums Board who have not. One of the medical witnesses having suggested to the committee that there might be a considerable surplus available from the Metropolitan Police Fund for the expenses of an ambulance service, a memorandum was put in by the Receiver for the Metropolitan Police, which is printed in the appendix to the report, and which shows, not a surplus, but a large deficit in the Police Fund annually. Here we have apparently the whole case against the employment of the police in a nutshell. It would cost too much!

If, now, we try to piece together the various facts we have obtained from the Blue-book containing the report of the

Departmental Committee and the accompanying Memorandum of Sir William Collins, we shall find that this is how the matter now stands. In 1906 the Home Office, the London County Council, and the City Police authorities had all become aware that a properly organised ambulance service was badly needed in London. The City Police thereupon set to work to organise such a system, and since May, 1907, have been working one so satisfactorily that the Departmental Committee of the Home Office has no suggestion to make for its improvement. The London County Council having in 1906 a Bill before Parliament for granting them additional general powers, included clauses enabling them to establish an ambulance service, which in consequence of the opposition of the Home Office were dropped out. Next, the Departmental Committee was appointed, and after two years and three months reported that the case for reform of the existing system (or want of system) had been fully made out, but two out of the three committeemen desired to throw the onus of providing an ambulance service on the Metropolitan Asylums Board, which had never asked for it, and apparently did not want it. As to the Metropolitan Police undertaking the duty, it was alleged they had no funds for the purpose, that they could not out of an annual income of over £2,360,000 provide for the purchase and upkeep of motor ambulances, and that though on occasion they had exceeded their income by £28,000, yet if the cost of providing rapid ambulances were to be thrown on the Police Fund it would become necessary to modify or repeal the statutory limit of 9d. in the £ imposed on the police rate by 31 & 32 Vict. cap. 67. Apparently it was thought by the Departmental Committee that the House of Commons would be unwilling to sanction the addition of even a farthing in the £ to the rate (which would have been amply sufficient), and on this ground alone, for none other is mentioned in the report, the majority of the committee decided, in the teeth of the opposition of their colleague, to recommend that the onus of providing an ambulance service for Greater London should be thrown on the Metropolitan Asylums Board.

Since March 1st, 1909, when the Departmental Committee presented its report, nothing whatever has been done by the Home Office to remedy the defects which its committee reported, but Sir William Collins before the Parliamentary session closed got a short Act passed enabling the London County Council, if it chose, to take action in the matter. It remains, therefore, with the Home Secretary recently appointed, and the London County Council recently elected, to say how long the discreditable state of affairs described in the report shall continue, and how much longer the thousands of unfortunate Londoners who annually meet with serious accidents in the streets will have to be carted to hospitals, or conveyed to their own homes, by means of obsolete wheeled litters, a passing growler, or a greengrocer's van.

I am, Sir, yours faithfully,

H. NELSON HARDY, F.R.C.S. Edin.

Croydon, July 8th, 1910.

MEASLES AND THE POST-OFFICE AUTHORITIES.

To the Editor of THE LANCET.

SIR,—Your correspondent, Mr. W. G. Groves, maintains that the infection of measles is frequently carried indirectly, and Dr. R. A. Fryer opposes the new practice of allowing children over seven, protected by a previous attack, to attend school while living in an infected house. This practice was commenced in London, on Dr. J. Kerr's recommendation, after an inquiry into 2700 cases of measles notified in Woolwich in the years 1901-06. The results of the inquiry, which mainly confirmed Dr. Kerr's previous conclusions, were described in papers by Dr. C. J. Thomas and myself, read at the London International Congress on School Hygiene. We came to the following conclusions, among others:—

1. Probably every human individual is susceptible to measles until protected by a previous attack. 3. It is impossible to prevent the frequent introduction of measles into schools. 4. Once introduced into a class measles will spread with a rapidity proportional to the number of non-protected children attending, if the class continues to assemble. 12. Though preventive measures have largely failed to reduce the prevalence of measles, education of parents by leaflets, and instruction given by health visitors and others, has the effect of greatly reducing the mortality of this disease. 13. The

great majority of children only have one attack of measles, and the infection is unlikely to be carried by a third person. 14. When two-thirds of a class are protected by a previous attack measles is not likely to spread, even if introduced, and measles contacts in the class who have had measles themselves need not be excluded from school. 15. In view of the above conclusions, which have for the most part been arrived at independently by other observers, it is desirable that the medical officers and authorities of schools should revise their regulations as to measles, with a view to avoiding unnecessary interference with education.

Dr. Thomas found that the majority of children in elementary schools over seven years of age had already had measles, and it could therefore usually be safely inferred that children from infected homes, even if they carried a few germs about them, would not convey the infection to classes of children in the boys' and girls' departments, where the children are nearly all over seven. For practical preventive measures one must consider, not possibilities, but probabilities, and the conveyance of measles by a third person can hardly be described as probable. Steps which interfere seriously with education ought to be well grounded, and those who advocate them should be able to show that the gain to health is clear and decided and not merely problematical.

Personally, I am of opinion that there is a very large amount of interference with education for the prevention of infectious disease which is unjustifiable and which causes much unnecessary expense to the parents of children in secondary schools. This is especially the case as regards non-fatal diseases, such as mumps and chicken-pox. The above remarks do not apply to children under seven whose school education is of secondary importance and who may justifiably be excluded from school if there is the least prospect of benefit to their health.

I am, Sir, yours faithfully,

Woolwich, July 9th, 1910.

SIDNEY DAVIES.

AN IMPROVEMENT UPON THE SOUR MILK TREATMENT.

To the Editor of THE LANCET.

SIR,—I suppose that there are few of us who have not at some time during the past few years tried to a greater or less extent treating some of our chronic dyspeptics by means of soured milk. Although our experiences and consequently our opinions respecting the treatment have probably varied, there must be few who have not seen benefit result in some cases.

Now, however fond Bulgarians and others in Eastern Europe and Western Asia may become of their sour milk, it is certainly a fact that it is at first distasteful to most Western palates, and though it is usually tolerated on further acquaintance not many people get to like it, and in a great many, if not in the majority of, instances it is discontinued on account of dislike before its full benefit has been reached. In order to circumvent this fact and to extend the benefits of soured milk treatment to many who were either unable or unwilling, or both, to tolerate the distastefulness of the prepared milk, many attempts have been made to administer its active principle in either a tasteless or a palatable form. As bacteriology figures so largely nowadays in medical science, it was perhaps natural that the organism which appears to be the chief active agent in the souring process used in the Balkans should be the first thing credited with the benefits of soured milk. Therefore tablets by many makers, all claiming to contain the one and only necessary organism in pure culture and in an active condition, have been made.

To be fair to the medical designers and the original makers of these it is necessary to state that they were produced for the purpose of being used, according to careful instructions, for the home production of soured milk, and I believe I am right in saying that most of them, when used solely for this purpose, have given every satisfaction. Very soon, though, the tablets themselves began to be taken instead of soured milk, some milk being sometimes afterwards drunk, with the idea that the souring process would take place as efficiently inside the body as out of it, and so the bacilli swallowed would soon be multiplied a thousand-fold and would therefore accomplish what was