to officiate as Medical Storekeeper at Calcutta. Major R. G. Turner, Civil Surgeon at Gonda, has been transferred as Civil Surgeon of Cawnpore, vice Major W. Young, who has been granted leave from India. Major J. W. Watson, Bombay Presidency, has arrived home on leave. Captain H. W. Pierpoint, Officiating Civil Surgeon at Chanda, has been appointed to the Executive and Medical Charge of the Chanda District Jail. Captain N. S. Simpson has been appointed Officiating Medical Officer in Charge of the First Battalion 9th Gurkha Rifles. Captain W. P. G. Williams has been posted to the Madras Presidency for employment in the Jail Department. Captain A. W. M. Harvey has been appointed Officiating Medical Officer in Charge of the 31st and 32nd Mountain Batteries, Royal Artillery. Captain C. A. Sprawson, Captain E. A. C. Matthews, Captain J. E. Clements, Captain J. A. Cruickshank, and Captain H. D. Peile have arrived home from India on leave.

SPECIAL RESERVE OF OFFICERS.

Royal Army Medical Corps.

The undermentioned to be Lieutenants (on probation):—Claude Johnson (dated May 25th, 1910); John Ronald Rigden Trist (dated May 30th, 1910); and Thomas Alexander Weston (dated May 31st, 1910).

TERRITORIAL FORCE.

Royal Army Medical Corps.

Eastern Mounted Brigade Field Ambulance: Supernumerary Lieutenant Meredith S. Double is restored to the establishment (dated March 1st, 1910).

1st Highland Field Ambulance: Major Francis Kelly, from the 2nd Highland Field Ambulance, Royal Army Medical Corps, to be Lieutenant-Colonel (dated May 22nd, 1910).

5th Southern General Hospital: Major Bonner H. Mumby to be Lieutenant-Colonel (dated June 25th, 1910).

For attachment to Units other than Medical Units.—James Taylor Rogers MacGill, to be Lieutenant (dated March 23rd, 1910). Edmund Litchfield Anderson (late Lieutenant, 9th Battalion, The King's (Liverpool Regiment)), to be Captain (dated April 7th, 1910). John Graham to be Lieutenant (dated May 7th, 1910). John Goss to be Lieutenant (dated May 10th, 1910). Surgeon-Major Harry Poole Berry, from the 4th Battalion, The Lincolnshire Regiment, to be Major, with precedence as from Sept. 13th, 1902 (dated June 25th, 1910).

Attached to Units other than Medical Units.—Lieutenant Antony A. Martin to be Captain (dated Oct. 10th, 1909). Captain Herbert S. Oliver to be Major (dated Feb. 24th, 1910). Lieutenant John M. Bowie to be Captain (dated May 1st, 1910). Captain David M. Macdonald resigns his commission (dated June 25th, 1910).

THE BIRTHDAY HONOURS.

The full list of Birthday Honours for the medical profession will be found on page 40 of our current issue. In the Services Inspector-General of Hospitals and Fleets James Porter, C.B., Director-General of the Medical Department of the Royal Navy, has been promoted to a Knight Commandership of the Order of the Bath; and Surgeon-General Arthur Thomas Sloggett, A.M.S., C.M.G., Principal Medical Officer in India, and Surgeon-General Owen Edward Pennefather Lloyd, R.A.M.C., V.C., Principal Medical Officer in South Africa, have been made Companions of the same Order. Surgeon-General Charles Pardey Lukis, Director-General of the Indian Medical Service, has received a Companionship of the Order of the Star of India, and Surgeon-Lieutenant-Colonel Warren Roland Crooke-Lawless, C.I.E. (Coldstream Guards), has been made a Knight. Colonel Roderick Macrae, I.M.S., has received a Companionship of the Order of the Indian Empire; and Captain Robert McCarrison, I.M.S., Agency Surgeon at Gilgit, has received the Gold Medal of the Kaiser-i-Hind. Colonel Andrew Clark, administrative medical officer of the 2nd London Division of the Territorial Force, has been appointed surgeon to the King; and Colonel Joseph Whitfield Blandford, administrative medical officer of the Northumberland Division of the Territorial Force, has been appointed physician to the King.

MEDICAL EDUCATION AND THE ARMY.

In distributing the prizes to the students at St. Thomas's Hospital on June 23rd Sir Alfred Keogh, K.C.B., said that the fact that a student had gained a prize was no indication

whatever of how he would do later in life. It only indicated ability and a capacity for work. The London schools were unrivalled anywhere as far as the education of their students in clinical work was concerned, and the provincial schools were also doing splendid work, particularly in the preliminary education for the profession. After leaving his college, however, the Scottish student got abreast, if not ahead, of his English *confrère* in later years. This Sir Alfred Keogh attributed to the Scottish system of preliminary instruction, and in the army the man who had been a Scottish student often succeeded best, not because he was a Scotsman, but because his preliminary scientific training enabled him better to keep abreast of medical progress.

GENERAL ASSEMBLY OF THE ORDER OF ST. JOHN OF JERUSALEM IN ENGLAND.

The annual General Assembly of the Order of the Hospital of St. John of Jerusalem in England was held at St. John's-gate, Clerkenwell, on June 24th, Lord Knutsford, the Chancellor, presiding. The election of the Duke of Connaught to the office of Grand Prior was announced and favourable reports of the continued progress of the Order and its various departments were submitted. A statement was also made showing the coöperation afforded to the War Office scheme for the formation of voluntary aid detachments. During the past few months over 30,000 persons have passed through the classes instituted by the ambulance department, this number being in addition to the general work carried on by the St. John Ambulance Association.

THE BRITISH RED CROSS SOCIETY.

At a meeting recently held at Ottery St. Mary (Devon), under the presidency of Major R. Coleridge, detachments for men and women of the British Red Cross Society were formed, with Mr. F. P. Bartlett, M.R.C.S. Eng., and Mr. A. L. Fielding, L.R.C.P. Edin., L.R.C.S. Edin., as medical officers. The commandant of the men's detachment (Colonel Scholes) stated that this was the first men's detachment formed in Devonshire.

THE TERRITORIAL FORCE ASSOCIATION FOR DEVON.

Earl Fortescue presided at a meeting of the Territorial Force Association for the county of Devon which was held at Exeter on June 15th. It was decided to represent to the War Office that the grant of £25 which was allowed for the office of administrative medical officer for the Wessex division (Surgeon-Colonel J. Raglan Thomas) was quite insufficient, and to recommend that the Government grant should be raised to £100.

The 4th Southern General Hospital (Territorial Force) will carry out their annual training at the Military Hospital, Devonport, from July 9th to 23rd.

Correspondence.

"Audi alteram partem."

A MARINE FLOATING LABORATORY FOR THE STUDY OF TROPICAL MEDICINE.

To the Editor of THE LANCET.

SIR,—I notice in your columns that a proposal is afoot for the establishment of a School of Tropical Medicine in Calcutta. All students of the subject must wish such a scheme every success and hope to see it carried into effect, for the benefit to India would be incalculable, and not to India only, but to all countries waging war with tropical disease. It has occurred to me that at this time I may, possibly with advantage, again press the claims of what I believe would be an even more useful institution. As a direct result of the usefulness of our small floating laboratory on the Nile I wrote as follows in the introduction to the third report of these laboratories:—

Indeed, I may perhaps be pardoned if I here state my conviction, already recorded elsewhere, that in the teaching of tropical medicine in Great Britain what may be called a marine floating laboratory would be of the utmost service. Every year I am inundated by appeals for material for teaching purposes from England, Scotland, Ireland, the United States, and various parts of the continent. It is noteworthy that amongst the institutions which apply are the two great English Schools of Tropical Medicine at London and Liverpool, and it is evident that even the latter school, despite its

numerous and valuable research expeditions, cannot obtain all it requires for the instruction of its students; hence I believe the difficulty might be solved by the provision of a well-equipped laboratory on board a vessel of from 800 to 1000 tons burthen. Such a ship would be able to visit any portion of the globe, could ascend large navigable rivers, and would be the means of bringing back a store of most valuable material both for museum and teaching purposes. It would be the duty of whoever was placed in charge to conduct abroad the best students in tropical medicine of any year. Participation in such an expedition would be the prize of diligence and ability, and in such a laboratory both tutorial and research work could be conducted during the voyage. Doubtless a certain number of graduates would welcome the opportunity for such a course of study, as opportunities would be afforded for visiting tropical hospitals and laboratories in different countries. If properly approached I believe those in charge of such institutions would be glad to assist in every possible way, and they might be repaid by demonstrations of new technique and interesting specimens. These institutions are often in cities on or near the sea, as, for example, Calcutta, Bombay or Madras, Cairo, Alexandria or Leopoldville, Hong-Kong, Rio de Janeiro, Manila, and so on. It is on the littorals of tropical countries that dengue, yellow fever, and other important diseases occur, and in the event of epidemics the infected places might be speedily visited and perhaps materially aided and benefited, while at all times the collection of specimens bearing on tropical medicine would form a most important duty. Specimens could be brought back in good condition, diseases studied on the spot, and parasites, especially blood parasites, observed in a living state. It will be at once apparent that such a laboratory ship could be utilised for the study of zoology, especially economic entomology, botany, geology, and hygiene, all subjects more or less intimately connected with tropical medicine.

The *Challenger* Expedition is still remembered. This scheme would provide for a kind of perpetual *Challenger*, and would, I think, challenge comparison favourably with any existing method of giving instruction in diseases of the tropics. It seems to me that it is largely a question of money, for difficulties as regards stability at sea, which are important in connexion with microscopic and other delicate work, might possibly be surmounted by the application of the principles of the gyroscope. I commend this idea to the consideration of those responsible for the teaching of tropical medicine to students in temperate climates.

Little or no notice has been taken of the suggestion save by some of the colonial newspapers, an enterprising firm of shipbrokers, and by the late and lamented Professor Cunningham of Edinburgh, who saw at once the great possibilities of such a laboratory and the opportunities it offered for the study of anthropology and comparative anatomy, subjects not so closely allied to tropical medicine as those above cited. That the arguments advanced were sound has again been recently proved.

Dr. C. W. Daniels writes me from London thanking me for specimens of the parasites of quartan malaria, and stating that their stock of slides exhibiting these organisms is well-nigh exhausted. Dr. J. W. Stephens writes me from Liverpool in the same strain as regards *Leishmania donovani*. But I think even more of the clinical opportunities than the pathological. How often does one hear a medical man in the tropics exclaim, "I am sure I don't know. I have never seen a case." Moreover, it is a great matter to observe cases under conditions in which they naturally occur. A case of sleeping sickness in London may give very little idea of the same disease as it occurs in Uganda; a case of blackwater fever in England may differ very considerably from the same dreaded complaint on the West Coast. There is a vast deal in environment, in tropical conditions, a vast deal to note both as regards symptoms and treatment. Think how tropical hygiene might be studied by those fortunate enough to travel in such a vessel. The ordinary medical man at home, however he may read and re-read the excellent manuals on tropical sanitation which now exist, has, I am convinced, but a vague idea of the conditions which obtain in tropical countries and the problems to be faced. The work must be learned practically after the theoretical foundation is laid, but I submit that the student should have this practice, not the man who comes out to take charge and who, without it, will lose time—valuable time which spells human lives. I write with some experience and because I am conscious of mistakes made and opportunities lost solely from lack of experience. That our English Schools of Tropical Medicine have accomplished a great deal I would be the last to deny. They have been a boon to mankind, but if, under the control of the Colonial Office, a marine floating laboratory was affiliated to these schools their usefulness would be increased four, ten, a hundred-fold. Apart from anything else, what a link such a laboratory would be in binding together the Mother country and her colonies in humanitarian bonds, in establishing relations between schools at home and their *alumni* working in the dark places of the earth! The thought is a fascinating one, but it is chilled by the bogey of expense. Still money is found, rightly and readily found, for polar expeditions.

Valuable though these may be, can they for a moment compare, as regards benefit to mankind, with repeated expeditions of the kind outlined? Emphatically no. Even in their scientific aspect I do not believe they can serve so useful a function. It is the beginning of a new reign. Is it too much to expect that some of our wealthy philanthropists may mark the occasion by the gift of such an institution? Its value is not to be reckoned in money, but in health and energy and human lives and the spread of knowledge, and the forging of yet another link between Britain and her children.

I am, Sir, yours faithfully,

ANDREW BALFOUR.

Wellcome Tropical Research Laboratories, Gordon Memorial College, Khartoum, June 2nd, 1910.

SOME MEDICAL ASPECTS OF PROPOSED POOR-LAW REFORM.

To the Editor of THE LANCET.

SIR,—In a leading article in your last issue under the above heading you say in reference to some remarks of mine which draw a distinction on principle between public services, such as the Sanitary, which are primarily for the good of the community, and only secondarily for that of the individual, and the Poor-law, which are primarily for the good of the individual, that you cannot appreciate the distinction: "The actual attendance of the Poor-law medical practitioner affects the individual precisely as does that of the public vaccinator."

I should have thought that the distinction generally was clear and well defined. On the principle that *Salus reipublicæ summum jus*, the State may insist on acceptance by the subject of services which are necessary for the public welfare, and rightly does so without regard to the wishes of the individual who may not even be benefited directly by them. It is otherwise where the services are primarily for the good of the individual. Such services may be also for the well-being of the community in a certain sense, but they cannot be made compulsory without tyranny. The burden, too, of the provision must be considered. As the expense of these services has to be met by the forced contributions of *all*, only the provision of those services coming under the former category has an absolute right to be paid at the public cost. The only justification for the provision of the latter services at the public cost is when they are restricted to a certain class who labour under some necessity not shared by the rest of the community, which may be a sufficient reason for allowing it a special privilege—that is, the granting of such services should be subject to a "test."

The distinction seems to me clear in the instance you quote. The district medical officer, acting for the community, offers his services, which may be *legally* declined by the individual. The public vaccinator likewise offers his services, but these may not be *legally* refused—i.e., if refused without good reason the State punishes the recalcitrant individual. Why is there this distinction, if it is not because in the latter case it is the welfare of the State that is imperilled, and in the other only that of the individual? Where so important a principle as *compulsion* intervenes between these two classes of services, I think I may fairly claim that the distinction I draw is a valid one. I am aware that the Minority Commissioners desire to obliterate this distinction and to apply compulsory methods at the present time unlawful. They are logical in this respect, as nearly all sanitary enactments are compulsory, and as they propose to make the Poor-law a department of public sanitation the methods of the latter require to be adopted. When this is done, no doubt, all *practical* distinction will become obliterated.

Again, you say that as, according to the intentions of both the Majority and Minority Commissioners, "there shall be an important increase in the amount of work done by the medical profession as a whole among the working classes, and also that the increase shall be paid for in part or wholly out of public moneys," it can hardly bring about disaster to the medical profession. Is this sound reasoning? It appears to me that, even granting all the above, the last state of the profession *might* be worse than the present. Let it be granted there is a considerable increase of medical work among the working classes, and that a considerable amount is paid for out of public moneys, I see no reason for admitting