

"A single absolute conflict between fact and hypothesis is fatal to the hypothesis."² Our facts are in conflict with the hypothesis. Professor Boyce tried to explain away these facts by setting up a theory which I have shown to be untenable.

His colleagues now suggest that our measures could not have been successful, because, in their opinion, they fail to reach mosquitos infected *ab ovo*. I see no difficulty in this. Our measures were directed to protect mosquitos from infection and to destroy infected mosquitos. The laying of infected eggs was thus prevented, or, if such eggs were laid, their development into mosquitos was arrested by the oiling of the water containing them.

Thus far we are the only British community to test the mosquito theory with an epidemic of yellow fever in progress. Setting aside the problem of mosquito extermination as being beyond our immediate capacity, we adopted the procedure which proved of service in eradicating foci of infection in Havana in May, 1903.³ The result was we stamped out our epidemic in Midsummer week, within six weeks of the recognition of the first case, without coercion, with little loss of life, and with trifling cost. The Liverpool School of Tropical Medicine see nothing in this, beyond that the facts conflict with their hypothesis. It is interesting, therefore, to cite the opinion of an unbiassed outsider, an American expert of twenty years' experience on yellow fever work, and with practical knowledge of Belize. "No better piece of yellow fever epidemic work is on record," says Dr. Thomas of the New Orleans Quarantine Service.⁴

Where the finances are small and it is desired to exterminate mosquitos, the period between epidemics is the proper time to act. With an epidemic in progress it is foolish to fritter away one's limited resources by undertaking to solve a problem of this magnitude within the limited time.

Major Ross and his colleagues have misread my letter. I nowhere admit that the whole population was probably immune in 1891. Writing with the avowed object of proving Professor Boyce's theory to be absurd, I granted him all his premisses. The more I granted the worse for his theory. Hence, I granted that the whole population of 1891 was immune; but, even after making this preposterous concession, I proved that in 1905 there were 5,000 non-immunes—that is, one-half of the population. This shattered Professor Boyce's theory. His colleagues now plead that among the 5,000 non-immunes there may be some immigrants from "fever-ridden territories" and who were immune. To meet this, I shall make what every one who knows Belize will know to be another preposterous concession—I shall grant we had 1,000 such. Even now the result is the same. Professor Boyce's theory is demolished. A theory which can be so easily demolished, in spite of such preposterous concessions, is of no value.

The extremist hypothesis that yellow fever can be stamped out in any place only provided *Stegomyia* is exterminated is in "absolute conflict," not only with our facts, but with the history of yellow fever. In the Old World, Spain and Sierra Leone are examples of places where yellow fever gained a foothold and disappeared; but *Stegomyia* remains. The detailed history of our West Indian colonies furnishes other examples. New Orleans has paid a severe penalty for blindly accepting this dogma and its corollaries. After Havana had been cleared in 1901 all quarantine restrictions were removed. Yellow fever reappeared in Havana in 1905, and Dr. Thomas expresses it as his "unshaken belief that yellow fever was imported into New Orleans from Havana in 1905" by means of persons who travelled during the period of incubation, and developed the disease after arrival at New Orleans.⁵ It is idle to turn a blind eye to such facts.—I am, etc.,

C. H. EYLES,
Colonial Surgeon.

Belize, Dec. 17th, 1906.

THE PROPOSED UNION OF MEDICAL SOCIETIES.

SIR,—In the BRITISH MEDICAL JOURNAL of December 15th, 1906, you kindly published an appeal from me against this union, and feeling deeply interested in the joint letter of Messrs. Latham and Pendlebury in the

² Jevons, *Principles of Science*, p. 516.

³ Ross, *Mosquito Brigades*, pp. 82-3.

⁴ Franco, *Yellow Fever and Yellow Journalism*, pp. 6 and 7.

⁵ The run from Havana to New Orleans is less than forty-eight hours.

JOURNAL of December 22nd, 1906, I now ask you to give me space for the following few comments thereon.

In my humble opinion the grave fact of the Medical Society refusing to join the union (at which I rejoice) ought to be ample reason to stop further action, but beyond this, the Honorary Secretaries' letter is sufficiently conclusive to the same effect.

Of twenty-five societies only twelve have decided to join the union; whilst of the other thirteen, five definitely refuse, four will only join under certain conditions, and with the remaining four peculiar difficulties are stated to exist.

Surely, by the Honorary Secretaries' own showing, the term disunion is more applicable to the case than union. With such want of harmony, how can the Royal Medical and Chirurgical Society continue to support this scheme, considering, also, all this old and powerful Society must lose thereby.

I regret that the Honorary Secretaries have not told us the "certain conditions" under which alone four societies will join, or how the difficulties raised by some societies about medical women becoming Fellows have been surmounted.—I am, etc.,

A. B. R. MYERS,
Brigade-Surgeon-Lieutenant-Colonel.

London, S.W., Jan. 5th.

MEDICINE AND THE LAY PRESS: A PROTEST.

SIR,—I should like, if I may, to add my protest to that of Dr. J. Hopkins Walters against the action of the *Practitioner* in allowing the contents of its January issue to be published and advertised in the lay press. I have before me the following extract from the *Daily Mail*:

Those who desire to obtain the special Influenza Number of the medical journal the *Practitioner* (from whose advance proofs the *Daily Mail* recently made a number of extracts on the aspects and treatment of this malady) will now find it on sale.

As the humble contributor of a letter to the January *Practitioner* on a non-technical subject I should like to say that nothing would have induced me to write it had I had the slightest idea that it was likely to be read by the public. I should, indeed, have considered it an act of professional indecency to do so; and that, I think, is how the action of the *Practitioner* is regarded by the profession, if I may judge from the private letters I have received on the subject from other medical men.

I am sending a copy of this letter to the editor of the *Practitioner*.—I am, etc.,

Dorking, Jan. 8th.

J. D. RAWLINGS.

OBITUARY.

EDWARD ASHBY FARDON, M.R.C.S., L.R.C.P.,
RESIDENT MEDICAL OFFICER, MIDDLESEX HOSPITAL.

THE death occurred on Wednesday, January 2nd, at St. Lawrence, Ventnor, Isle of Wight, of Mr. E. A. Fardon, who for nearly thirty years had held the appointment of Resident Medical Officer at the Middlesex Hospital.

Mr. Fardon came of a Quaker stock, his mother being a Bell of Alton, a descendant of one of the original Quakers, who up to the time of her death in 1895, at the age of 84 years, regularly wore the Quaker bonnet and grey dress peculiar to that Society. She was related by marriage to Elizabeth Fry and the Guerneys of Earham.

One of a family of six, Edward Ashby Fardon was born in 1846, and after receiving his education at the Quaker School at Sidcot in Somersetshire entered the salt works owned by his father, Joseph Ashby Fardon, at Droitwich, remaining there until he was 27 years of age, during which time he acquired business habits and knowledge which were of great value to him in after-life. Finding business life uncongenial, he decided to enter the medical profession, and defrayed the cost of his medical training by means of his accumulated savings, subsidized by money earned in the form of scholarships and prizes.

It was thus he came to enter the Middlesex Hospital as a student in 1873; he obtained the diploma of M.R.C.S. in 1878, and that of L.R.C.P. in 1879. He filled the offices of House-Physician, Junior and Senior House-Surgeon, and then of Resident Obstetric Assistant. During his tenure of the last-named post that of Resident Medical Officer