

been discovered in recent years which have led to such an amelioration of symptoms as many patients are satisfied to call a cure. Instead of reiterating the ancient parrot cry that there is no cure for asthma we can now encourage the asthmatic by telling him of the great advances made in treatment, and that, with few exceptions, there is hope for all.

The following methods of outstanding value have each cured scores of cases: The regime of diet and exercise advocated by Dr. John Adam, the intravenous injection of peptone of Dr. Auld, the mixed coliform or entero-antigens of Professor Danysz, the radiation of the chest of Mr. Gilbert Scott, the use of tuberculin and other work of Professor Storm van Leeuwen, and last, but not least, the dermal reactions as elaborated by Meltzer and other American workers. Given a knowledge of the various types of asthma there is only one that is at present incurable, though even that type may be helped.

Naturally I am entirely in favour of all research which may throw light on the problems of asthma, but I consider the public will be more ready to subscribe to a venture that has paid a dividend and can promise more than to one which advertises its insolvency, especially as I, for one, believe the latter assertion to be untrue.—I am, etc.,

London, W.1, Jan. 12th.

FRANK COKE.

** While the bald statement that there is "no cure for asthma" may give a wrong impression, it is far less misleading than to announce that "a certain cure" for asthma has been found. The position was accurately and concisely stated by Sir Humphry Rolleston, Lord Dawson, Dr. Hurst, and Dr. Fremantle in their letter printed last week at page 84: "there is not any one form of treatment which is effective in all cases of asthma."

TUBERCULOSIS BOARDS.

SIR,—Dr. T. Readman, in his letter under this heading (November 10th, 1928, p. 868), makes the cruel insinuation that 75 per cent. of the men who were discharged from the army suffering from tuberculosis have not got the disease and probably never had. It would be most interesting to know the official percentage of men who were originally discharged as suffering from this disease and who have since died from it. Many of those who are left have learnt to take care of themselves, and should go on for an indefinite period, provided they are not badgered and worried over their pensions.

Dr. T. Readman also states that he is of the opinion that if a man really has tuberculosis which originated in the war he will not now be in a condition to take a railway journey of, say, four hours each way. If this is really his opinion it merely demonstrates that, although he is a medical superintendent of a sanatorium, he has not yet grasped what can be accomplished by prolonged and intelligent sanatorium treatment, followed by a quiet, well-regulated life in the country. I have personally found sanatoriums and sanatorium treatment to vary greatly in quality. If Dr. Readman's patients have all been looked upon as potential malingerers, to perhaps the extent of 75 per cent., it is not surprising that after ten years they are either dead or bedridden.

I have the misfortune to belong to the group of disabled men whom he goes to such pains to malign. I have suffered from tuberculosis for the last twelve years. At times I am perfectly healthy and strong, at others I have positive sputum, night sweats, slight fever, etc. As a result my practice is small, but nevertheless it contains three men who contracted tuberculosis in the war, and who, in consequence of the very careful life they have led, are still able to enjoy prolonged periods of almost perfect health. If they were examined at such a time by a trio of medical men with a similar outlook to Dr. Readman they would undoubtedly have their pension reduced. The hardship thus entailed would no doubt seriously and irretrievably damage, if not destroy, their chance in the gallant fight they are putting up against one of the most disheartening and treacherous of diseases.—I am, etc.,

December 19th, 1928.

M.B., CH.B.

LIPIODOL.

SIR,—May I express my agreement with Drs. F. G. Chandler and W. Burton Wood (January 12th, p. 84) in their dislike of the scalpel incision as a preliminary to lipiodol injection. Contrary to your reviewer I feel much safer with an instrument with a sharp (but short) point. When a moderately blunt point was used I found that much greater care was required in order to avoid injury to the posterior wall following the sudden cessation of resistance as the anterior wall is penetrated; this danger is increased by the fact that the trachea is so elastic that considerable flattening may take place before it is pierced. However sharp the instrument used, anyone with practice in pneumothorax treatment will have no difficulty in feeling the lack of resistance as the point enters the lumen of the trachea.—I am, etc.,

Mundesley, Jan. 14th.

ANDREW MORLAND.

"THE RIGHT TO PRACTISE."

SIR,—Section 34 of the Medical Act, quoted by Dr. J. Gordon Macqueen, clearly defines what a "qualified medical practitioner . . ." means "*when used in any Act of Parliament.*" This in no way defines who shall or shall not practise. It is illogical to conclude that a person not "registered" is not a "duly qualified medical practitioner." A duly qualified medical practitioner is not bound to register. Such a person would have every "right" to practise, and would still legally be a "duly qualified practitioner."

I quite agree with Mr. W. E. Hempson that if every degree or diploma was taken away a man could still practise medicine or surgery, *but as an unqualified practitioner.* In fairness to me, he must see that my remarks applied to the discussion so far as a "qualified" medical practitioner was concerned.—I am, etc.,

St. Leonards, Jan. 5th.

A. G. NEWELL, M.D.

Obituary.

FERNAND WIDAL, M.D.,

Professor in the Faculty of Medicine, University of Paris.

WE greatly regret to announce the death, on the night of January 14th, of Professor Fernand Widal. Our Paris correspondent, Dr. Gustave Monod, writes:

The standard-bearer of French medicine is dead. Cerebral haemorrhage has suddenly destroyed that beautifully organized brain. All round the world let us observe one minute's silence.

Widal was born in Algeria in 1862. An exceptionally brilliant student, he climbed up quite young the stiff steps of the various concours leading to professorship. Laboratory work appealed to him from the start, and the combination of both the gift for research and the gift of a born clinician seems to give the explanation of his exceptional contribution to modern medicine. Let us mention his method of cytodiagnosis, the agglutination reaction in typhoid fever which bears his name throughout the world, his studies on the influence of sodium chloride upon oedema. With Chantemesse he has been one of the promoters of typhoid vaccination. The hall-mark of his work is experimental accuracy, and his publications are clear and precise, giving every opportunity and facility for control.

Those who have visited his wards at the Hôpital Cochin know what an organizer he was. Every patient was examined systematically by the staff, and every morning the master sat at the bedside and started a sort of Socratic exposition, asking questions and inspiring answers. He began with the first-year man, and finally himself concluded in a few words. Once a week the theatre was packed to the ceiling when he delivered a clinical lecture, speaking for an hour in his easy way without referring to any notes. Those who knew him more intimately can be the witnesses of what careful preparation led to his apparent facility.

Widal was, and will remain, in our thoughts perpetually young. He said he had no time to grow white hair. His secret was work and the love of the young ones. Official