

facilities that exist in this country for the practice of unregistered practitioners, it is most important that all practitioners, whether registered or unregistered, should be compelled to notify cases of contagious disease.

Although Mr. Allinson was convicted, I cannot help thinking the conviction was open to very serious doubts as to its legality, and may not be followed as a precedent on other occasions. It is true that in the Notification Act the term "medical practitioner" is not defined, but it is well recognized at law that a medical practitioner means one registered under the Medical Acts, and only such can recover fees for their services in courts of law. If the Allinson conviction were right, it would follow that had he notified the cases in question, he might have claimed the fees allowed by the Act for such notification. I have never heard it suggested that any but registered practitioners can claim these fees. Is it reasonable to conclude, without it being specially laid down in the Act to this effect, that an unregistered practitioner is subject to certain duties, without having any claim to the payments ordered for their performance?—I am, etc.

Hackney Road, N.E., Nov. 3rd. MAJOR GREENWOOD.

THE EVOLUTION OF THE ROYAL NAVAL MEDICAL SERVICE.

SIR,—

1. *Amalgamation of Sick Berth Staff, R.N., with Naval Medical Officers into Royal Naval Medical Corps.*

I propose an amalgamation of these two bodies doing the same class of duty into a single corps like the R.A.M.C. It would develop efficiency and *esprit de corps*.

2. *In future, copy the Royal Marine Organization.*

In future years, the evolution of the Royal Naval Medical Corps should copy the Royal Marine model, and become fully militarized. When on shore it should be divided into three main divisions like the Royal Marines, and have its local head quarters at the great hospitals at Chatham, Portsmouth, and Plymouth respectively, with its bands of music, barracks for subordinates, and all the usual subsidiary establishments of a marine division.

3. *Military Titles.*

By complete militarization, the titles now used by the Royal Marines would be used by officers and men of Naval Medical Corps, and it would exercise over its officers and men the same discipline used by the Royal Marines in its shore establishments. When a ship was commissioned, the needed detachment of the R.N.M.C. would march on board, as the Royal Marine Detachment now does, and on the termination of the Commission would return to duty at its divisional headquarters as the Royal Marines now do.

Such a Royal Naval Medical Corps could copy all the developments of field hospitals and drill as used in the R.A.M.C.

It seems essential to me, if national efficiency is to be maintained, that this evolution should take place in the Royal Naval Medical Service, so that the Royal Naval Engineer Service might copy it, and become a military body exactly like the Royal Marine Artillery—in my opinion the true termination of the struggle between the combatant and engineer branches of the Royal Navy.—I am, etc.,

Salisbury, Nov. 1st.

GEORGE EVATT.

THE EARLIEST MUNICIPAL LABORATORY.

SIR,—With reference to your editorial note on municipal laboratories, and your ascription of credit to Bristol as the first of them, will you allow me to point out that such a laboratory has been in operation in this borough for five years, and was, so far as I know, the very first of its kind in the United Kingdom? I may add that you gave a somewhat detailed account of its establishment and lines of work at the time, and have more than once commented on it since then.—I am, etc.,

November 1st.

EDWARD C. BOUSFIELD,
Bacteriologist for the Borough of Camberwell.

TREATMENT OF CARCINOMA BY THYROID EXTRACT.

SIR,—Will you kindly permit me to call attention to a slight error which Mr. Henry Morris makes in giving the date of a paper I read before the British Gynaecological Society on the

treatment of carcinoma by thyroid extract. The date was April, 1896, not 1897, and I cited four cases (not two) which recovered under the treatment mentioned. I have kept these patients under observation ever since, and so far there has been no recurrence. One of these was delivered of a healthy child about two years ago, and I saw her a few days ago prior to her departure for South Africa.

The date of my communication to the British Gynaecological Society I think clearly warrants me in laying claim to priority in advocating this method of treatment.—I am, etc.,

Glasgow, Oct. 23rd.

ROBERT BELL.

MEDICINE AND MATRIMONY.

SIR,—With reference to the letter on the above subject by Mr. Cooper in the BRITISH MEDICAL JOURNAL of October 25th, I may say that I have often heard the late Sir G. M. Humphry state that he had never but once distinctly told a man that he ought not to marry because he considered his patient could not possibly possess the necessary vigour, but that the patient married in spite of his advice, and begat a large family.—I am, etc.,

Finchley Road, N., Nov. 4th.

WALTER G. WALFORD.

MEDICAL DEFENCE UNION.

SIR,—Before imposing an entrance fee the Council of the Medical Defence Union should have ascertained the wishes of its members.

To do anything which may tend to restrict the growth of the Union is a doubtful policy; nor should it be necessary to impose a heavier tax on the smaller incomes of the more recently qualified practitioners, from whose ranks the bulk of new members should naturally come.

The reason given for this important change is the success of the Union. This hardly constitutes an urgent matter; and if the Council will hold its hand for a few months the question can be far more satisfactorily decided at the next annual meeting.—I am, etc.,

Barking Road, E., Oct. 29th.

PERCY ROSE.

OBITUARY.

LENNOX BROWNE, F.R.C.S. EDIN.,

Consulting Surgeon, Central London Throat, Nose and Ear Hospital.

MR. LENNOX BROWNE, the well-known specialist in diseases of the throat, died of malignant disease of the liver at Northwood, on Sunday last, in the sixty-second year of his age. Mr. Lennox Browne, whose real name was Isaac Baker Brown, was the son of the well known surgeon of that name, who was one of the pioneers of ovariectomy in this country. After his father fell under the ban of the profession and was expelled from the Obstetrical Society, the son obtained leave to change his name to that by which he was known for the greater part of his professional life. Though he abandoned his paternal name, he contributed to the support of his father in the last few years of his life, which were spent in straitened circumstances, and this at a time when his own resources were very slender.

Mr. Lennox Browne's natural inclination was towards art, and at the age of 18 he exhibited some paintings at the Society of British Artists in Suffolk Street. But he was destined for the medical profession, and he studied for that purpose first at Edinburgh, and afterwards in London at St. George's and Middlesex Hospitals. So strong was his bent towards art, however, that he is said to have abandoned his medical studies on one occasion and set up as a teacher of drawing.

In 1863 he was admitted to the Membership of the Royal College of Surgeons of England, and ten years later he became a Fellow of the Edinburgh College. Soon after obtaining his diploma he went to Australia, where he practised for some time. His earliest publication was a work entitled, *Australia for Invalids*, which appeared in 1865. About 1867 he became assistant to the late Dr. (afterwards Sir) Morell Mackenzie, with whom he continued to be associated for seven years. During that period he was on the staff of the Hospital for Diseases of the Throat, Golden Square. Severing his connexion with that institution and