

upholders of the theories not so welcome to him as symbiosis.

Dr. Leith Murray remains in this blind alley, and overlabours these tiny points in an infinity of the unknowable. It is all highly interesting, but leads nowhere in particular, and proves nothing, except perhaps the unity of principle running through all things—of life, of change, of motion, and affinities.

And what is the purpose of reproduction, and is it possible that disease, which seems opposed to the life of the individual and the type, is after all of the same category and making for the same end?—I am, etc.,

Bow, North Devon, March 22nd.

ARTHUR KING.

SIR,—In the autumn of 1910 I brought before a Divisional meeting some views on this subject.

In the variety of nature are to be recognized processes the continuous working of which Lyell discerned in the inorganic; Darwin in the organic world. In the latter the differentiation of varieties and species counts amongst its factors what Romanes called "physiological isolation." By this he meant a sexual incompatibility between members of the same species, having its foundation in individual differences of the kind, if not of the degree, of those which separate species. Sexual attraction may be said, therefore, to be dogged by sexual repulsion.

The evidence of this will be, maritally, infertility, the relative sterility of Matthews Duncan, or abortion; clinically, all the malaise of gestation from morning sickness to eclampsia; pathologically, the leucocytosis, blood and parenchymatous changes of normal pregnancy; immunologically, the reactions which the methods of Ehrlich are discovering—those of alien serums.

Human conception, then, has hazards like pollination in plant life, and which Marshall Ward, careless of the distinction between physiological and pathological, compared to the infection of the ovary by fungus hyphae. Its hazards and success are those also of grafting: scion and stock may injure each other; the stock may be improved by the scion. Fertilization is more than an impulse to growth: it is a graft of the male upon the female; into the zygote and embryo and placenta, and maternal circulation enter all with which the chromatin rods of the spermatozoon are freighted—the characteristics of a diverse line of descent.

If infrequently and exceptionally disastrous, the state of gestation, notwithstanding its inherent struggle and flaw, is commonly benign—the health more robust, a chlorosis altered, a tuberculous infection suspended—the explanation may be that the maternal tissues are reinvigorated by the graft of a stronger mate.—I am, etc.,

Clifton, March 2nd.

DAVID A. ALEXANDER.

THE MEDICAL SERVICE, R.N.

SIR,—I have submitted to the First Lord of the Admiralty the following proposals as to the Royal Naval Medical Service:

1. No further admissions to be made to existing Royal Naval Medical Service or Royal Naval Sick Berth Staff after a certain date.

2. A new organization to be formed called the Marine Division of the Royal Army Medical Corps. This body to include the medical officer of the future and the future personnel of the sick berth staff. This new body to bear the same relation to the Royal Army Medical Corps that the Royal Marines do to the regular army. Military titles, military rank, command power, training, discipline, etc., to be on the lines of the Royal Army Medical Corps, with perhaps petty modifications as existing in the corps of Royal Marines.

3. A dépôt to be formed, say at Plymouth Royal Naval Hospital, for the drill and training of the corps, Aldershot to be used for the higher ambulance instruction.

4. A limited number of officers of the newly proposed corps to be permitted to serve with the army in tropical stations to get tropical experience.

5. Permission to be given for a limited number of officers of the Royal Army Medical Corps to volunteer to take a tour of limited service afloat, but no compulsory power to exist in this matter. Special provision that financial grants equal to allowances on shore be given as "service afloat pay" to the voluntary Royal Army Medical Corps officer.

6. Every effort to be made to draw the two corps into closer union on all scientific matters where possible, and in technical war training for combined action in the field.

Several army medical officers of experience regard these proposals as a possible basis for a future organization.

Finally, it has to be borne in mind that much of the variety and romance attached to life in the old Royal Navy in the way of varied travel and experiences throughout the world has now ceased, and a hard business career in the home seas is and will be the rule. All pay and all boons held out as attractions to enter such a service must be based on purely business principles, and must greatly exceed the old standards.—I am, etc.,

GEORGE J. H. EVATT, M.D.,
Surgeon General.

Junior United Service Club,
London, March 22nd.

SIR,—I am glad that "Fleet Surgeon (Ret.);" also suggests a short service scheme for surgeons, and that he thinks there is little room for specialists. The Admiralty does not employ medical officers to provide interesting practice for them, but to supply appropriate medical treatment when required, and to have a safeguard against criticism in the event of accident or emergency. As soon as a seaman is incapacitated, the policy is to invalid him, and to obtain a healthy substitute.

A short service scheme would, I believe, fulfil this purpose for the ships; and possibly the Admiralty might consider one medical officer enough for each ship. The ships cruise in fleets, and intercommunication by boat is nearly always possible; besides, with their high speed, they are seldom far from port.

Each flagship, however, might have an additional surgeon, picked from the short service men, who will then be experienced in naval matters, and who will be charged more with the supervision of the junior surgeons in the other ships. They might be permanently appointed to act as consultants; and they might be enabled to serve a year alternately in a flagship and in a naval hospital—or, better still, if the numbers allow of it, two years in hospital and one at sea. Their alternate years of hospital experience would place them in a position to maintain their supervising work in the fleet, and while in hospital they could have an opportunity to specialize. Teaching them in civil hospitals would hardly be necessary; when at sea they would always have the prospect of returning to their homes and hospital work in less than a year, and, in addition, they would be acquainted with naval routine.

But the majority of the medical personnel would be short service men receiving a good salary for two years with the prospect of a gratuity at the end of it to start them in civil life. I believe that such a scheme would be popular, and meet the requirements.—I am, etc.,

London, W., March 23rd.

H. C. ROSS.

TUBERCULOSIS MEDICAL OFFICERS.

SIR,—It is recognized on all hands that the tuberculosis question is a public health question. The Astor Report points out that "sanitary authorities are the bodies primarily concerned in the administration of the public health laws of this country, and they must occupy an important position in any general scheme dealing with tuberculosis," and "it is, therefore, clearly desirable that the schemes which are to be organized by county councils should be so framed as to secure the co-operation of sanitary authorities to the fullest extent" (Interim Report, paragraph 35), and "the chief tuberculosis officer of the dispensary should be . . . in intimate relationship . . . with medical officers of health" (paragraph 27).

Can there, then, be any need for the formation of still another society or association when there is already in existence the Society of Medical Officers of Health, among whose members are a large number of tuberculosis officers? At the meetings of the society, both in the provinces and in London, many discussions take place dealing with tuberculosis, both in its administrative and its clinical aspect, and it would seem that if a society were formed exclusively of tuberculosis officers there would be a tendency to lessen the importance of the public health side of the question of tuberculosis. I hope, therefore, that Dr. J. T. Crowe and his friends will delay taking steps to form such an association as he suggests on page 687 of the BRITISH MEDICAL JOURNAL, until they have been satisfied