

of the proposed transference are numerous and obvious, but a strongly entrenched conservatism still stands in the way.

#### THE UNIVERSITY.

The many friends of the Dean of the Faculty of Medicine, Professor Sir Harry Allen, will regret to hear that he has been given extended leave of absence on account of ill health. He has, however, made such rapid progress that it is hoped he may be enabled to resume active duty at an earlier period than was originally anticipated. Dr. F. L. Apperly, a Victorian Rhodes Scholar, has been appointed acting professor of pathology, and the duties of Dean are being temporarily undertaken by Professor Berry.

Dr. J. H. Anderson, Senior Lecturer in Anatomy, has resigned his position and will proceed to England. He has performed his manifold duties with such singular ability and conspicuous success as to make it certain that his loss will be severely felt. Dr. L. E. Hurley has been appointed to the vacancy.

The Director of the Walter and Eliza Hall Clinical Research Laboratory, Dr. S. W. Patterson, having received an important research appointment in England, has resigned. He is to be succeeded by Dr. C. H. Kellaway. Until the arrival of the latter the duties are being temporarily discharged by Mr. H. R. Dew, F.R.C.S.

#### THE AUSTRALASIAN CONGRESS OF THE BRITISH MEDICAL ASSOCIATION.

The arrangements for the first Australasian Congress of the British Medical Association are in an advanced stage and give every indication of a successful meeting. Visitors from overseas will be particularly welcome. They should communicate with Dr. A. L. Kenny, 13, Collins Street, Melbourne. Trade exhibitors should communicate with Dr. B. L. Stanton, Children's Hospital, Pelham Street, Carlton, Melbourne.

## Correspondence.

#### THE PRESIDENT'S ADDRESS.

SIR,—One of the best editorials I have read for years in the *BRITISH MEDICAL JOURNAL* is that of to-day. In it you state: "The President would rather have healthy dwellings to prevent tuberculosis than sanatoriums in which to treat it." And you ask, "What, then, is to be the remedy? More houses, and better houses, of course. But how are they to be provided?"

The answer, in my opinion, is easy, and it is this: The purchase of agricultural land, for building purposes, at double its agricultural value. It is not so much a question of houses—it is a question of sites! Thousands in this country could build houses, but houses cannot be built upon air. And agricultural land is the one thing, for building purposes, that cannot be obtained at market value.

If a Land Act were passed so that the individual could buy a sixth of an acre for £20 or less, the housing question would, in my opinion, solve itself. Strips of land, half a mile deep, on either side of the King's highway, should be purchasable at double the agricultural value—that is, for £60 to £120 an acre. And then the individual should be allowed to purchase one-sixth, and only six houses should be allowed to the acre. If this were done the ideal of a sixth of an acre, a cottage, and a goat (as a non-tuberculous milk supply) would become a reality. The capital cost would be only £350 to £450, or a rental of 6s. to 9s. a week, and this rental could be reduced by the sale of vegetables or milk. The other assets would be evening occupation, sunlight, fresh air, and fresh milk and vegetables—in other words, health.

If these sites were purchasable, water could be supplied by road mains, and the trams run out and electric lighting provided. The main road would take the place of costly streets; the sewage would go back to its natural place—the soil, and 20 to 30 per cent. of town dwellers would return to the land. This would leave more air space and better habitations in the cities, and workers living by the roadside could reach their work by tram, especially if assisted

by starting work at a reasonable hour in the morning. Every thrifty citizen, in my opinion, should have the chance of such a site, and I believe the response would enlighten the pessimists.

The best cottage or house would probably be one of "Redruf" bricks, with hollow walls, castellated top, and flat roof. The flat roof has many advantages, and could become a home sanatorium for a tuberculous inmate in the summer months.—I am, etc.,

Newcastle-on-Tyne, July 28th.

T. M. ALLISON.

SIR,—Mr. Charles P. Childe's Presidential Address on Environment and Health at the recent Annual Meeting of the British Medical Association at Portsmouth, as reported in the *BRITISH MEDICAL JOURNAL* of July 28th, 1923, is, if I may say so, a survey of the greatest interest and value, but I am greatly disappointed to see in the section on tuberculosis the President's statement of the conditions of cure of this disease. Mr. Childe states that fresh air and sunlight are the essential conditions, not only essential but almost the sole conditions, and says that the cures at Alton are fresh air and sunlight. I venture to suggest that the feature of treatment at Alton is Sir Henry Gauvain's efficient system of splinting of various types, and that fresh air and sunlight are only adjuvants, though very valuable ones, but possibly preceded in value by abundance of wholesome food.

In other words, surely the basis of successful treatment of tuberculosis is rest. If the children with active tuberculous foci at Alton and elsewhere took full advantage of fresh air and sunlight and yet maintained the unrestricted use of the affected parts, then I think there would be few, if any, good results from treatment.

The same in pulmonary tuberculosis—the sufferer must rest if symptoms of systemic disturbance are to be relieved. Repeatedly I have heard of patients with active pulmonary tuberculosis being advised to seek "fresh air," and who have sought it with much exercise often in hilly country, with steady decline in health, when it was rest in bed for which their organisms were calling. For a long time in this sanatorium I have preached to my patients and others the value of rest in treatment, and have curtailed considerably in winter the free open-air conditions which cause such discomfort, discontent, and even harm in this country, and the results of treatment have not been impaired.

Fresh air is, of course, of importance in the treatment of tuberculosis, but, like graduated labour for pulmonary cases, it can be overdone. I submit that the essential conditions for the satisfactory treatment of tuberculosis in order of merit are rest, good and plentiful food, fresh air and sunlight.—I am, etc.,

CECIL G. R. GOODWIN.

Barrasford Sanatorium, Northumberland,  
July 29th.

SIR,—The President in his address alludes to cancer, tuberculosis, venereal disease, and alcoholism as scourges responsible for many deaths. We can protect ourselves against the last three—is there no means of protecting ourselves against cancer?

Without going into the pros and cons of the many theories of the cause of the disease, it seems to me that there is more evidence in favour of the organismal hypothesis than of any other. It is very probable that the organism is a protozoan similar to the *Coccidium oviforme* in the liver of rabbits, and that it is a parasite which spends part of its life cycle in another host, from which we become infected. It is possible, too, that the parasite is present in the blood of most individuals, and that it requires some previous susceptibility of the tissues to attract it and cause the epithelial cells of the part to cross the border-line and become malignant. For have we not a somewhat analogous condition in trypanosomiasis? Trypanosomes have been discovered in the blood of individuals not suffering from manifestations of the disease, and are not trypanosomes attracted to tissues irritated by the injection of turpentine, producing a fixation abscess?

I suggest, therefore, that we should endeavour to anticipate the onset of malignant disease by giving, after the