educational centres in China, and a new German-China institute has been established to bring the scientific and technical achievements of Germany to the knowledge of the Chinese people. These aims will be effected especially by the establishment and maintenance of Sino-German schools, medical, technical, and commercial, and also Sino-German sanatoriums, and by supplying German teachers to Chinese schools. As far as medical schools are concerned there are now in Shanghai and Tsingtao two subsidised colleges where a five years' course of medicine is given, with German as the teaching medium. Both these colleges have preparatory schools attached, where a thorough grounding in that language can be made before entering on the medical course. Although the British Government has not yet seen its way to extend official financial support to the educational efforts of British medical missionaries, the movement, nevertheless, in conjunction with their American *confrères* is in a healthy condition. In fact, there is every reason to be proud of the splendid sustained efforts being made by medical missionaries to establish scientific medicine in China. In all large towns the work of foreign doctors and missionaries is gradually creating a demand on the part of the Chinese for more efficacious treatment than they can get from their native empirics. Two new colleges with hospitals attached have recently been opened. In Manchuria the Mukden Medical College, which owes its existence to the fine work of the veteran missionary Dr. Dugald Christie, C.M.G., has had an extension opened by the Governor of Fengtien, H.E. Chang Hsi Man. The college has 80 students, and in addition to a fairly good educational equipment offers excellent clinical teaching by means of its hospital, which last year dealt with 47,000 out-patient visits and 2380 operations. A new feature is an X ray department, a gift from General Chang Tso-lin, the commander of the army in Manchuria. At the last entrance examination 157 candidates came forward, of whom only 40 could be admitted. This is a healthy condition of things educationally, as it ensures a high standard in those who enter. The other institution, the Tsinan-fu Medical College, formed by a union of the English Baptist and American Presbyterian Missions, has just had the foundation stone of its new hospital laid by H.E. Chin, the Military Governor of Shantung Province. Friends in England, mainly by the exertion of Mr. Harold Balme, subscribed a sum of £6000 for the erection of the hospital which, in addition to a central administrative block and a large out-patient department, fitted with five consulting-rooms and two operating theatres, will have accommodation for 100 beds in modern wards. As a sign of advance in the times I might add that the Chinese Central Government has issued regulations officially permitting human anatomy and post-mortem examinations, and that this is no mere paper affair is shown by the fact that the Peking Union Medical College has received from the local prison authorities unclaimed bodies of dead prisoners for dissection.

Peking, May 27th.

DONATIONS AND BEQUESTS.—By will the late Mr. Francis James Trewent, of Hampstead, N.W., left £1000 to a London hospital for patients suffering from paralysis, and £1000 to the Hampstead General Hospital, Haverstock-hill.—Under the will of the late Mrs. Jane Pitt, of Ullswater, the Royal Infirmary, Liverpool, will receive £500 and the Carlisle Infirmary £250.

Correspondence.

"Audi alteram partem."

THE MENTAL DEFICIENCY ACT.

To the Editor of THE LANCET.

SIR,—It seems, from the remark of Mr. Wallace, K.C., and from the letter of Sir Bryan Donkin in THE LANCET of June 20th, that a person who is mentally deficient is not mentally deficient within the meaning of the Mental Deficiency Act unless his whole history from birth or from an early age can be had. I do not know whether this has been so held by any court of competent jurisdiction, but I venture to assert that it is not only calculated to nullify much of the benefit of the Act, and to remove out of its scope many of those who ought to be within it, and who were intended to be within it, but also that it is not a necessary interpretation of the Act, and that the Act may and ought to be so construed as to escape such a futile result. I am the more concerned to show this since I am largely responsible for the definitions in the Act, each of which requires that the persons defined shall have suffered from defect from an early age, and all but one require that he shall have suffered from birth.

From this it has been inferred, so it now seems, that unless the whole career of the person is known, and his defect can be traced back in his history to an early age or to birth, the definition is not satisfied. The contention seems to me absurd. Take the frequent case of a person who suffers from congenital hemiplegia, with contracture, infantile undevelopment, and choreiform spasm of one arm and leg. The state of the limbs renders it certain on inspection of them that the physical deficiency dates from birth or from an early age; and no information from the mother, no written record of the person's history, could possibly increase our certainty that it does so date. The nature of the bodily deformity and deficiency is itself conclusive of its own inveteracy, and its existence from birth or from an early age; and so it is with many cases of deformity and deficiency of mind. When we observe certain mental defects we know at once, without investigating the history of the patient, that these defects have existed from birth or from an early age, and we no more need to investigate the history in order to determine the point, than we need to investigate the history of a red-haired person in order to determine whether the redness of his hair existed from birth or from an early age, or whether it was not brought on by profligacy and evil living.

If we can say that a person is mentally deficient, and that the deficiency is of a kind that we know by experience is inveterate, and is part of the original equipment of that person, then I maintain he is mentally deficient within the meaning of the Mental Deficiency Act.

I am, Sir, yours faithfully,

June 25th, 1914.

CHAS. A. MERCIER.

THE SOCIETY OF MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—I have just received a circular from the Society of Members of the Royal College of Surgeons of England asking me to vote for certain candidates—a rather belated request—at the election to the Council on Thursday next. This request

is based upon the fact that these candidates have pledged themselves if elected to support the claims of the Members for an active participation in the government of the College. The circular also includes the following remarkable paragraph: "To govern a great college there is needed a body of men of wide and comprehensive intelligence. To secure a council of such men we must *avoid those persons whose only idea is to glorify their own existence and to remain deaf to all suggestions for improving the College administration* [the italics are mine], and who refuse to adopt the only course which will help to make the College of Surgeons a real power for inspiring surgical knowledge and for protecting and guarding surgical practitioners."

Could anything have been conceived in worse taste, more impolitic, or more harmful to the Members' cause than this virulent expression of feeling? There is a flavour about it of the militant tactics of those insane women known as suffragettes. It has always been the policy of the Members' association to pour vials of vituperation upon the Council. Surely, the past has shown unequivocally the worthlessness of the proceeding. What has been gained by this policy? Nothing save, perhaps, the alienation of many Fellows who otherwise, at least in part, would be willing to show active sympathy with the Members and their claims. When will the Society of Members realise that to proceed on strictly constitutional lines is the only means by which the Members can hope to gain adherents to their cause among the Fellows? Meanwhile this last ebullition of feeling against the Council will only have the effect of destroying the chances of success of those candidates for whom the Society of Members have appealed for votes.

I am, Sir, yours faithfully,

Wimpole-street, W., June 29th, 1914.

PERCY DUNN.

SOME POINTS IN THE MANAGEMENT OF TRACHOMA.

To the Editor of THE LANCET.

SIR,—It may be of interest to record certain experiences in connexion with the management of trachoma in the Poor-law schools under the administration of the Westminster Diocesan Education Fund.

The authorities of the fund have two methods of dealing with this disease: (1) inspection, and (2) isolation in special schools. Under the first head 13 schools are inspected twice a year, and approximately 2200 children examined. The lids of every child are everted with a view to detecting any cases of trachoma or contagious ophthalmia. Any case of trachoma is drafted off to a special school for isolation and treatment. It is difficult to arrive at the percentage of trachoma in Poor-law schools, but I am convinced that a periodical and systematic inspection has a very marked effect in keeping down the number of trachoma cases. Stephenson's census, taken in 1896, when 13,047 children were inspected, gives a percentage of 4.91 trachoma cases. In my last inspection (I found approximately $\frac{1}{2}$ per cent. of the children had trachoma on the previous inspection) I found 22 cases of trachoma—i.e., 1 per cent. Six of these cases were found in one school where there had previously been trachoma, and seven were found in one of the smaller schools, and had nearly all been admitted within the last few months. I may add that the children of these schools are drawn from

the very poorest class, and a large percentage are of Irish parentage.

Secondly, with regard to ophthalmic isolation schools, the fund has such schools, one for girls and one for boys, at Chigwell. In the latter school I had last year on an average 240 boys under my care. One difficulty which may from time to time confront the surgeon in charge of such a school is a sudden inroad of cases, which the ordinary accommodation is not sufficient to meet. Such a situation arose at Chigwell on three occasions—namely, the summers of 1910, 1911, and 1912. In each year I had a number of boys put under canvas. The spot selected was a sloping field adjoining the school. The soil was gravel and the aspect west. In 1910 and 1911 30 cases were dealt with in this way. The tents were of the ordinary army bell-tent pattern, with boards. Six boys slept in each tent. There was a man in charge at night, whose duty it was also to see that the bedding was folded and the flies of the tents rolled up in the daytime. There was a lavatory adjacent to the tents, where the boys washed in running water and had access to the spray bath, as did the boys in the school buildings. Each boy had his numbered towel, &c. There was sufficient accommodation in the school for all the boys to attend classes, receive treatment, and have meals together.

In 1912 the numbers under canvas varied from a minimum of 100 to 120. This large increase was due to the fact that 87 boys had to be admitted in one month. The boys were accommodated in two large marquees. No boards were employed, but each boy had a mackintosh sheet under his bedding. A small gutter was cut round the higher side of the tent to carry off water. This year the boys were out from July to the end of October. It is interesting to recall that 1910 was a fairly average summer, 1911 was the year of drought, and 1912 was equally exceptional in the opposite respect. The type of season does not seem to have affected the welfare of the boys. In no year was it necessary to bring any boy in on account of rheumatism or chill. In 1912 there was scarlet fever in the school. Three or four of the boys under canvas became affected, and were, of course, removed to a fever hospital. In 1912 record was kept of the weights of the boys before and after their open-air sojourn. They all increased in weight except one boy, whose weight remained the same. The average increase was 7 to 8 lb. in the four months. One boy increased 28 lb.

On the whole, this method of putting the boys under canvas proved itself a very effective way of dealing with a sudden outbreak of the disease during the summer months. Stephenson, in "Epidemic Ophthalmia," p. 61, suggests that this method might be used, the tents being pitched upon a wooden or asphalt flooring. He cites two instances of epidemics having been treated in this way—namely, at the St. Petersburg Military Hospital in 1835 and 1839, under Florio, and in 1872 at the St. Stanislaus Asylum, Nancy. Boldt, in his book on trachoma, states "that if an epidemic of trachoma broke out at the seat of war, where there was satisfactory accommodation," he "would consider it imperative to treat the milder cases in tents or portable barracks, such as are, indeed, ordered for use in the treatment of epidemics on active service."

In order to meet any further epidemic the managers of the school at Chigwell have erected so-called "temporary" buildings to accommodate