All that can be said as to the state of psychiatry generally in England applies in even a stronger degree to that special branch of it which deals with the criminal. During a period of nearly twenty years no contribution to criminal anthropology of any value appeared in this country, and although of late there may be said to have been some revival of the science among us, it is still in an infantile stage. Of this a striking proof is furnished by the non-appearance of English representatives at the International Congresses of Criminal Anthropology, which have been attended by delegates from all parts of the world. Maudsley and others have, indeed, preached concerning the desirability of an exact study of criminals; but while in Italy Lombroso, Marro, Ottolenghi and Rossi have alone examined according to modern scientific methods over 3000 criminals, English alienists have been content to leave the first tentative practical efforts to a prison chaplain. It would, however, be unjust to put this down merely to apathy. It is largely due to ignorance. My own extensive correspondence with prison surgeons (as well as with medical officers of asylums) has shown that they often possess genuine scientific interest in the phenomena presented to them, but that they do not know how to observe rightly and record the facts that come before them and would gladly receive hints that would enable them to bring forward results of value to scientific medicine. It should be part of the business of medical education to give these hints.

We are often told that the medical student of to-day is overburdened with study; and, although it must be remembered that the period of his studies is now being enlarged, there is no doubt truth in this statement. It becomes the more necessary, on the one hand, to place in a period antecedent to medical studies proper the preliminary scientific courses; and, on the other hand, to cut away without remorse those branches of knowledge which have ceased to possess any close connexion with modern medicine. In certain directions it is probable that the studies of medical students might with advantage be abbreviated or rendered optional. The study of botany, however valuable and fascinating, no longer possesses any special advantage as a preparation for medical practice, now that the physician is very clearly differentiated from the herbalist and "medical botanist." An exact knowledge of the pharmacopœia also, which once embraced almost the largest part of the doctor's work, may now safely be left to the medical antiquarian. If it is necessary to make room for anthropology by the omission or contraction of other preliminary courses, it is not difficult to put one's finger on studies which for the student of medicine have come to possess a value which is merely traditional.

The point at which anthropology comes into medical study is very clear. Human anatomy and comparative anatomy both lead directly up to it. The study of human anatomy we cannot afford to contract. The comparative anatomy course, however, might well be arranged so as to afford a general view of the province of anthropology, while passing lightly over those earlier stages of animal life which have less concern for the medical man. With these lectures should be associated a brief course of practical demonstrations. We can scarcely expect at present that individual medical schools should be at the expense of fitting up laboratories of physical anthropology. This point would be much simplified if the excellent suggestion of Sir Andrew Clark was adopted—namely, that there should be a common centre for the teaching of the non-medical branches of medical education. In the meanwhile there are existing centres which by arrangement might no doubt be utilised. There is Galton's Anthropometric Laboratory in active operation; there is the Anthropological Institute, which might become a centre of work; and, above all, there is the Museum of the College of Surgeons, so rich in objects of anthropological interest, and which has not seldom been presided over by eminent anthropologists.

The time seems to have come when some small preliminary step in the direction here indicated should at length be taken. In Paris the anthropological Musée Broca, with its active laboratory and the anthropological school, has long formed part, as it were, of the medical schools. It is not necessary for the medical man of to-day to know much of the lower animal forms; still less necessary is it that he should have any thorough knowledge of plants. But it is increasingly necessary that he should understand the science of man.

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THE TREATMENT OF FILARIA SANGUINIS HOMINIS.

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IN the beginning of 1891 Surgeon-Lieutenant-Colonel E. Lawrie¹ reported two cases of filaria sanguinis hominis, in which the immature parasites disappeared from the blood under the use of thymol internally; and in December of the same year Dr. Walsh² of the General Hospital, Calcutta, recounted a case of chyluria in which they disappeared from the urine under the same treatment. Surgeon-Lieutenant-Colonel Lawrie gave one grain, and after a fortnight two grains, of thymol every four hours in one case, and two grains, increased to five grains, thrice daily in the other case; and after two and one month's treatment respectively the filaria could no longer be found. Dr. Walsh followed the treatment adopted in Surgeon-Lieutenant-Colonel Lawrie's second case, and in a fortnight the urine became clear and no filaria could be found in it.

I have recently given this drug in two cases. The first was a young man aged eighteen years, who was sent into hospital for lymphatic varix of the left spermatic cord. A history of periodic fortnightly fever, with lumbar pain accompanying the spermatic enlargement and a recent phlebitis affecting the left basilic vein, led me to suspect that he was infested with the filaria, and three immature worms were found in one preparation of his blood. I began by giving him on Feb. 2nd 5 grains of thymol thrice daily and rapidly increased the dose till on the 18th he was taking 200 grains daily, and this dose he took on Feb. 18th, 19th and 20th. The blood was examined every second or third night, and on the night of the 20th there were seven active and lively worms under one cover-glass. This large dose of thymol produced little or no effect on the patient beyond a little giddiness occasionally during the three days on which he took 200 grains daily.

Another patient, aged sixty-seven, of no occupation, who had resided fifty years in India, was admitted on Dec. 7th, 1891, with a contused wound of the scalp and an old-standing anterior curvature of the spine. Towards the end of February she had fever, accompanied by pain and swelling of the right leg, and on the blood being examined it was found to contain the filaria sanguinis hominis, about four to each drop. The treatment with thymol was begun on the 14th of March in doses of 5 grains thrice daily, rapidly run up to 15 grains four times a day. These doses produced a sensation of heat down the track of the œsophagus after taking the medicine, but she could take 45 grains daily without inconvenience. After a fortnight's treatment the filariæ were found in considerable numbers and very active.

It is evident that in neither of these cases did the thymol, even when pressed to the limit of toleration, have any effect on the filaria. Thymol is so exceedingly insoluble that it is improbable that any appreciable quantity of it left the intestinal canal. As an intestinal anthelmintic I have the very highest opinion of thymol, using it with the greatest success in tapeworm as well as against the smaller worms of the bowel, but I am afraid we must abandon the hope that we had found in thymol a cure for the parasites of the blood. The second patient submitted herself for treatment with other drugs, and she was given in succession for a fortnight at a time the following:—Two minims of creasote three times a day; 2 minims of benzol, gradually increased to 5 minims, three times a day; 2 minims of guaiacol, increased to 5 minims, three times a day; and, lastly, 5 grains of gallic acid, increased to 10 grains, thrice daily, but at the time of writing the nematodes are as numerous and lively as ever.

Calcutta.

¹ THE LANCET, Feb. 14th, 1891.

² Indian Medical Gazette, December, 1891.

THE SEWAGE OF HALIFAX, YORKS.—A report has been issued by the borough engineer of a scheme for dealing with the town sewage at Salterhebble. It is proposed to construct settling and precipitation tanks, also sludge filter beds, and to chemically treat the sewage. The entire estimated cost is £19,683.