It is not the Colonial Secretary's intention to dilate upon the eminent services which have been rendered by Dr. Gregory to this colony, which, quite apart from consideration of his status in the Civil Service, have fully justified the Government in conferring upon him in recognition thereof that promotion. I am also to inform you that Dr. Gregory possesses, *inter alia*, the following qualifications—viz., Doctor of Medicine; Bachelor of Surgery; Member of the Royal College of Surgeons, England; Diploma in Public Health, Royal College of Physicians and Surgeons, England.

I am to request that you will kindly cause this communication to be published in the next issue of your journal.

I have the honour to be, Sirs,

Your obedient servant,

FRED. WHICHAM,

Assistant Under Colonial Secretary.

Colonial Secretary's Department, Cape Town, Sept. 16th, 1901.

* * We have great pleasure in inserting the above letter which is a satisfactory answer to the statements upon which we commented in our issue of August 24th. We then wrote as follows: "We certainly think that no one should be appointed to the position who is not hall-marked as an expert in sanitary science. Dr. Gregory may be this for all we know." We are glad to learn that Dr. Gregory has the Diploma in Public Health of the English Conjoint Board.—ED. L.

DIFFERENTIAL DIAGNOSIS BETWEEN SMALL-POX AND CHICKEN-POX.

To the Editors of THE LANCET.

SIRS,—As we again have small-pox amongst us and there seems still to be a difficulty in the diagnosis between small-pox and chicken-pox, as proved by the fact that one district has insisted on the notification of chicken-pox, will you permit me to point out a well-known method by which these diseases can be easily differentiated, but which seems to be forgotten, or ignored, when we have small-pox epidemics?

The fact to which I refer is that the vesicles in chicken-pox are unilocular, whilst in small-pox they are multilocular. The practical result of this pathological fact is, that if a chicken-pox vesicle be pricked with a needle its contents can be completely evacuated and the cell will collapse, whereas in small-pox if you make 20 pricks with a needle the vesicle will not collapse, because, being multilocular, it is impossible to empty it.

I am, Sirs, yours faithfully,

GEORGE STEELE PERKINS.

Wimpole-street, W., Oct. 4th, 1901.

TUBERCULOSIS AND HEREDITY.

To the Editors of THE LANCET.

SIRS,—There has come to be a strong popular impression that an inherited influence in the causation of tuberculosis has been disproved by the discovery of its dependence on organisms received from without. The belief is apparently due to some sweeping unqualified statements which have been made that we must discard the idea of actual inheritance of the disease. This, of course, is true, but the facts still remain which have led to the belief that an inherited condition influences the occurrence of the disease. These facts are equally explained by the assumption that that which is inherited or transmitted is a relatively low power of destroying the tubercular organisms which have found entrance into the system. I think that the facts not only remain but retain their significance, even when all allowance is made for the effect of infection from one member of a family to another. Indeed, such relative disability enables us to understand the greater influence of exposure to infection in some families than in others. Moreover, we must assume an analogous acquired disability in order to understand the way in which tuberculosis is a special sequel to some acute diseases or may follow grave deterioration of general health.

The question is important in regard to life insurance. It is said that some offices have ceased to take cognisance of a family history of tubercle in consequence of the widespread impression above mentioned—that an hereditary influence has disappeared from the medical creed. The change seems, however, scarcely credible, since the customary practice is based upon definite experience, on facts which may have to

be differently explained but cannot be destroyed by the new knowledge.

The question is also of importance from a practical point of view. If such relative disability may be inherited the members of such families should secure, as far as possible, occupations that involve an open-air life, in order to reinforce the power that is deficient.

I am, Sirs, yours faithfully,

Queen Anne-street, W., Oct. 7th, 1901. WILLIAM R. GOWERS.

THE TREATMENT OF TUBERCULOSIS.

To the Editors of THE LANCET.

SIRS,—Much has been written the last few weeks on the important subject of tuberculosis. I have quite recently read six very clear and instructive addresses on the Treatment of Pulmonary Consumption by Hygiene, Climate, and Medicine, by Dr. J. H. Bennett, which appeared in THE LANCET in September, October, and November, 1866. Dr. Bennett says that phthisis is a curable disease—indeed, in the early stage a very curable disease—under proper treatment. His views and opinions are so precisely similar to those promulgated at the present day that I could not refrain calling the attention of my medical brethren to the fact that, although 35 years have passed, we had gentlemen at that date in our profession who were as much enlightened in the treatment of phthisis as we are at the present time.

I am, Sirs, yours faithfully,

Abingdon, Oct. 4th, 1901.

S. I. BAKER.

SANITATION IN WEST AFRICA.

To the Editors of THE LANCET.

SIRS,—In these days of many theories, some sound and others extremely speculative, the question of their practical application has to a regrettable extent been lost sight of in many instances, and has been exceptionally so in the important question of West African sanitation. All honour is due to the many workers in the field of malarial research, but unfortunately the methods of prophylaxis recommended, though excellent in theory, are in most cases impossible of execution. In laying down rules for the prevention of malaria, it appears to have been forgotten that in many parts of the coast the mosquitoes bite freely in the daytime, and also that as the sun rises at 6 A.M. and sets at 6 P.M. all the year round, everyone would have to go into his house and to remain there for 12 hours out of the 24, if the rules were carried out. For the sake of illustration, suppose the gnats at home were infected and were as plentiful as they are out here. What would be thought of a sanitary scheme which involved everybody in England staying in his house from six in the evening to six in the morning? Besides this, the nature of the country, the thousands of natives (who have practically all suffered from malaria), the small number of whites, the fact that these have their work to do—which is just as hard and takes up as much of their time as in England or more—and the expense which would be incurred in their execution, place many of these suggestions outside the bounds of practical utility. Short of carrying out these schemes in their entirety, the following fundamental sanitary principles based on practical experience should, in my opinion, be laid down.

No native huts should be allowed within half a mile of European bungalows, with the exception of the servants' quarters, which should be placed to leeward and as far away as convenient, and the servants themselves should be dosed regularly with quinine under European supervision. All Europeans should take quinine regularly. Mosquito-nets should always be used; if there are no mosquitoes, the nets keep out the damp, and though one cannot help being bitten, safety for eight hours out of the 24 is worth trying for.

The houses should be built broadside to the prevailing breeze which blows almost constantly every afternoon throughout the year from the sea. They should be so constructed that by opening the doors and windows every nook and cranny could be flushed out for an hour or two every day by the wind and the mosquitoes which lurk in quiet corners swept out. No house should be more than one room deep; this is essential for complete through ventilation. They should not be too large—a two-man bungalow should be the extreme, as the greater the number of Europeans who live under one roof the greater the number of natives who go in and out and the greater the risk of those mosquitoes which hang about the house in spite of all precautions becoming