was published in THE LANCET of Nov. 28th, 1903, p. 1506), Mr. B. G. Corney (Fiji) inquired whether mongooses suffered from plague. He mentioned that the matter was of some importance because some of the Colonial islands had imported ichneumons to kill off the rats. None of us were able to answer his question, though we told him that ferrets and many other animals were susceptible and therefore probably mongooses were not immune. On consulting the report of the German Plague Commission, I see that one ichneumon died from characteristic plague six days after it was subcutaneously inoculated on the hind leg. Another ichneumon was fed with the organs (containing many bacilli) of a rat which had died from plague; the animal succumbed to plague five days later, being apparently infected through the mucous membrane of the mouth, not from the stomach. Again in Nothnagel's Encyclopædia (Band I.) in the article "Die Pest von Müller und Poch," Ichneumonratten (Herpestes griseus) were experimented on. Though feeding these animals with plague bacilli did not produce plague, they died after intraperitoneal infection and the post-mortem appearances were those of septicæmic plague. I think it must be assumed that a mongoose is a dangerous animal to introduce into any colony affected, or likely to be affected, by human plague. The mongooses in Egypt live chiefly in the desert, and therefore there is no evidence as yet of their having been attacked by plague.

I am, Sirs, yours faithfully,
F. M. SANDWITH, M.D. Durh., F.R.C.P. Lond.,
Lecturer at the London School of Tropical Medicine.

THE NATURE AND ETIOLOGY OF CANCER.

To the Editors of THE LANCET.

SIRS,—Your leading article in THE LANCET of August 13th, p. 473, headed "The Nature and Etiology of Cancer," will be read by everyone interested in that question with great appreciation of its temperate and most careful analysis and of its fulness of home truths. The concluding sentences are entitled to special weight. The article says: "Let those who in future essay to advance our knowledge of cancer regard it as their first duty to add *new facts* to those long known. They may be more difficult to find than new explanations of the old ones but their accumulation will assuredly point somewhere much more definitely than the too many explanations of the old facts have done."

More than 20 years ago I ventured to say in a preface to an essay on Cancer that I would point to the discussion on cancer at the Pathological Society of London in 1874 to show how unsatisfactory the then state of our knowledge was: that there was a want of well-ascertained facts and that the opportunity of contributing facts of great interest in relation to cancer must fall to almost every practitioner. It is to be hoped that your article will stimulate the contribution of the facts which are so much needed. Fortunately, at the present time there now exist centres of investigation to which contributions can be sent.

I am, Sirs, yours faithfully,
London, August 16th, 1904. T. W. NUNN.

PARALYSIS FROM LESION OF THE UPPER PART OF THE BRACHIAL PLEXUS.

To the Editors of THE LANCET.

SIRS,—In a note on this subject published in THE LANCET of August 13th, p. 447, I described two cases in which as the result of injury the deltoid, biceps, brachialis anticus, and supinator longus were paralysed (as in Erb's paralysis), but in addition there was paralysis of the triceps and extensors of the wrist and fingers. I suggested that the cause of this form of paralysis might be lesion of the seventh cervical nerve root in addition to lesion of the fifth and sixth roots and that the lesion might affect the upper cord of the brachial plexus (formed by the union of these three roots) or the roots before their union. Since the report of these cases was sent to THE LANCET Dr. Wilfred Harris has drawn attention to the anatomical abnormalities in the composition of the nerve trunks of the plexus—the "prefixed and postfixed types" of the brachial plexus. He points out that "the whole plexus may be, therefore, shifted up or down as much as nearly half a root and this anatomical variation is

of great importance in the diagnosis of nerve root lesion" (see report of proceedings of the Neurological Society, *Brain*, 1903, pp. 613-15). In any case of paralysis of the arm of the form which I described it would, of course, be impossible to say without post-mortem examination whether the paralysis was due to lesion of the fifth, sixth, and seventh nerve roots (united or separate), or whether the case was one of lesion of the fifth and sixth roots only, in a prefixed type of brachial plexus. The latter would be a possible explanation in addition to the one which I have mentioned in my report.

I am, Sirs, yours faithfully,
Manchester, August 16th, 1904. R. T. WILLIAMSON.

MEMORIAL TO SIR THOMAS BROWNE, M.D.

To the Editors of THE LANCET.

SIRS,—The Sir Thomas Browne Memorial Committee has commissioned Mr. Henry Pegram, A.R.A., to prepare the statue which is to be erected at Norwich in memory of the famous author of the "Religio Medici." Mr. Pegram contributed to this year's Academy "Sibylla Fatidica," which has been bought for the Tate Gallery by the President and Council of the Academy as trustees of the Chantrey bequest. A few more pounds are still required to complete the necessary funds and contributions may be sent either to me, at King-street House, Norwich, or to the "Sir Thomas Browne Memorial Account" at Messrs. Barclay and Co.'s Bank, Norwich.—I am, Sirs, yours faithfully,
August 12th, 1904. F. R. EATON, Honorary Secretary.

THE VALUE OF THE ADDITION OF CITRATE OF SODA TO COW'S MILK IN INFANT FEEDING.

To the Editors of THE LANCET.

SIRS,—Dr. F. J. Poynton's instructive paper on the Value of the Addition of Citrate of Soda to Cow's Milk in Infant Feeding in THE LANCET of August 13th, p. 433, leads me to add my testimony to the great usefulness of this simple expedient. Since reading Dr. A. E. Wright's suggestion, "On the Possible Advantages of Employing Decalcified Milk in the Feeding of Infants and Invalids" in THE LANCET of July 22nd, 1893, I have constantly ordered the addition of citrate of soda for persons who could not otherwise take milk. Dr. Wright in his original paper says that an addition to milk of 1 in 200 of citrate of soda suffices to prevent any rennet coagulation. As an ordinary tumbler holds roughly from seven to nine ounces, or 200 to 250 cubic centimetres, one gramme of citrate of soda to a tumblerful of milk makes the right proportion. This decalcified milk has, in my experience, been always well borne by persons who had previously been upset by milk. In typhoid fever it forms an ideal nourishment.

I am, Sirs, yours faithfully,
Davos-Platz, Switzerland, August, 16th, 1904. WILLIAM R. HUGGARD.

A MINISTRY OF PUBLIC HEALTH.

To the Editors of THE LANCET.

SIRS,—The medical profession is consistently educating the public in the value that should be attached to State medicine and the need for a definite national or State "policy" in its favour. In August, 1904, the following resolutions have been passed:—

1. The Royal Institute of Public Health at Folkestone advocated a Ministry of Health and recommended that the subject should be made an official one in the programmes of all international or national health congresses.
2. The Oxford meeting of the British Medical Association desired that a Royal Commission be appointed to report upon the suggested reorganisation of the Local Government Board; the principles of which were defined in a memorandum to the Medico-Political and Public Health Committees.
3. The Interdepartmental Committee on Physical Deterioration, among 52 excellent recommendations, reported on the advisability of forming an advisory council. This would advise the Government on all legislative and administrative points concerning the public health, and would receive and