Captain W. J. Weston has been appointed to hold medical charge at Haulbowline Island, Queenstown. Captain V. G. Johnson has been appointed to Dover. Captain C. McQueen has arrived home for duty from South Africa. Captain A. B. Smallman has been transferred from the London District to the Aldershot Command. Captain A. L. Otway has been selected for appointment as Specialist Sanitary Officer to the Southern Command. Captain D. G. Carmichael has embarked for a tour of service in India. Captain A. A. Sutcliffe has been transferred from the Military Hospital at Chester to Carlisle for general duty. Captain T. S. Eves has taken up duty at Lucknow Cantonment. Captain M. O. Wilson has been placed under orders for a tour of service with the Aden Brigade.

Lieutenant E. C. Stoney has been transferred from the Military Hospital at Meiktila Cantonment to Bhamo, Upper Burma. Lieutenant A. S. Cane has been appointed to the Military Hospital at Kirkee Cantonment. Lieutenant J. M. Elliott has been transferred from Hilsea to the Military Hospital at Portsmouth. Lieutenant R. E. Porter has been appointed to the Cork District. Lieutenant J. M. Weddell has taken up duty at the Military Hospital, Fyzabad.

INDIAN MEDICAL SERVICE.

The King has approved of the promotion of the following officers of the Indian Medical Service:—Lieutenants to be Captains: Mozaffer Din Ahmed Kureishi (dated Oct. 24th, 1912); Rustam Hormasji Bharucha, Framroze Jamsetjee Kolapore, Edward Galwey Kennedy, Robert Forrester Douglas MacGregor, Arthur Lewin Sheppard, Paul Knighton Gilroy, Joseph Arthur Alexander Kernahan, Maurice Lionel Corrie Irvine, Ernest William O'Gorman Kirwan, John Valentine Macdonald, George Lawrence Duncan, Anath Nath Palit, Hubert Alan Hirst Robson, and Kalyan Kumar Mukerji (dated Jan. 29th, 1913).

SPECIAL RESERVE OF OFFICERS.

Royal Army Medical Corps.

Lieutenant Arthur H. Habgood to be Captain (dated March 22nd, 1913).

Cadet Ivan Lindley Waddell, from the London University Contingent, Officers Training Corps, to be Lieutenant (on probation) (dated Feb. 14th, 1913).

William Henry Johnston, late Cadet Sergeant Royal College of Surgeons in Ireland Contingent, Officers Training Corps, to be Lieutenant (on probation) (dated Feb. 26th, 1913).

TERRITORIAL FORCE.

Army Medical Service.

Colonel Thomas M. Dawson, on vacating the appointment of an Assistant Director of Medical Services of a Territorial Division, resigns his commission, and is granted permission to retain his rank and to wear the prescribed uniform (dated March 19th, 1913).

Lieutenant-Colonel Robert Jackson, from the 3rd West Lancashire Field Ambulance, Royal Army Medical Corps, to be Colonel, on appointment as an Assistant Director of Medical Services of a Territorial Division (dated March 19th, 1913).

Royal Army Medical Corps.

3rd West Lancashire Field Ambulance, Royal Army Medical Corps: Major William B. Cockill to be Lieutenant-Colonel (dated March 19th, 1913).

Welsh Border Mounted Brigade Field Ambulance, Royal Army Medical Corps: Lieutenant William Smith resigns his commission (dated March 22nd, 1913).

2nd Northumbrian Field Ambulance, Royal Army Medical Corps: The undermentioned Lieutenants to be Captains (dated Dec. 3rd, 1912):—Arthur C. H. McCullagh and George R. Ellis.

4th London General Hospital, Royal Army Medical Corps: Thomas Crisp English to be Captain, whose services will be available on mobilisation (dated March 4th, 1913).

Sanitary Service.

Lieutenant-Colonel Nathaniel E. Roberts, Sanitary Officer of a Territorial Division, resigns his commission, and is granted permission to retain his rank and to wear the prescribed uniform (dated March 19th, 1913).

Major David Smart, from the List of Officers attached to Units other than Medical Units, to be Major on appointment as Sanitary Officer of a Territorial Division (dated March 19th, 1913).

For attachment to Units other than Medical Units.—William Ernest Lloyd Elliott to be Lieutenant (dated Feb. 1st, 1913).

Attached to Units other than Medical Units.—Lieutenant William E. Alston to be Captain (dated Jan. 1st, 1913).

ROYAL HUMANE SOCIETY'S MEDAL.

The committee of the Royal Humane Society has awarded to Captain F. E. Bissell, R.A.M.C., a medal for attempting to rescue a native from the Gongola river, Northern Nigeria.

Correspondence.

"Audi alteram partem."

A CASE OF VERONAL POISONING; RECOVERY.

To the Editor of THE LANCET.

SIR,—I think the following experience may be worthy of publication. On March 8th I was called to a man, aged about 40, who the previous evening, presumably about 6.30 P.M., had taken 125 grains of veronal. It was not discovered till 10 A.M. on the following morning, his bedroom door having to be forced open to get at him. I saw him about 10.45 A.M. I washed out his stomach thoroughly, and as I was not quite sure that he had not had some opium as well, I also washed it out with potass. permanganas, finishing up with the administration by the stomach-tube of some hot coffee and a couple of beaten-up eggs. He remained quite unconscious till the morning of the 11th. With the hypodermic injections of strychnia gr. 1/40 every six hours and the continuous administration of oxygen and rectal feeding I had the satisfaction of bringing him round. I might add the bladder had to be emptied night and morning. It seems a great pity that, in addition to putting veronal on the scheduled list of poisons, the authorities have not made a prescription obligatory before a chemist may supply it.

I am, Sir, yours faithfully,

A. GOLDNEY CHITTY.

Shepherd's Hill, Highgate, N., March 25th, 1913.

CAN ANGLO-SAXONS COLONISE THE TROPICS?

To the Editor of THE LANCET.

SIR,—I have read in THE LANCET of Nov. 30th, 1912, a letter by Dr. Richard Arthur, of Sydney, under this title, in which he asks for information on the effects of the climate on the descendants of Northern Europeans whose forefathers have resided for several generations in the tropics; he presumes that such information could easily be obtained from those who have had experience in such places as the West Indies, British Guiana, &c. There are, however, so many other complicating factors that it is difficult to estimate the exact effect of the climate *per se*. I may here mention a few of these factors.

1. First and foremost there is the part played by the various tropical ailments which at times have so marked an influence on the individual and which must to a certain extent react on the race.

2. All Europeans in the tropics who can afford it take an occasional holiday in a more temperate climate; their children are, moreover, sent for their education and profession to Europe or the States. From my own experience in the West Indies I can state that under such conditions there appears to be very little race deterioration, the periodic stay in a colder climate counteracting any injurious influence the climate might exercise.

3. There are comparatively few families among whose members, after a few generations' residence in the West Indies, there does not occur some admixture of coloured blood. In these islands it is this coloured class which to a large extent fills the various official and professional positions. One cannot help coming to the conclusion that this admixture of coloured blood makes the individual better fitted, intellectually and physically, for permanent residence in the tropics. It is interesting to note that

Dr. Kohlbrugge,¹ who has made excellent observations on the health of Europeans living in Java, comes to the conclusion that "no white race has been able to survive in the tropics unless race mixture takes place." Whether this solution of the problem is desirable or not opens up an intricate and difficult race question into which I need not enter.

4. The European in the tropics who has fallen on evil days soon finds himself in social and moral surroundings from which it seems almost impossible to extricate him. That apathy which life in the tropics seems particularly to engender hangs on him like an incubus, and he rapidly becomes a social wreck or moral degenerate "beyond redemption."

It is quite easy to understand how these various concomitant factors help to mask the effect of the climate itself on the descendants of Europeans residing between Cancer and Capricorn. If one could find any group of Europeans whose forefathers have continuously and permanently resided in the tropics for over 100 years, and in whom no race admixture has taken place, this would help in large measure to solve the question. Such a group of individuals does exist in the island of Barbados, where they form a colony known as the "poor whites." This remarkable and peculiar group of individuals are descendants of some of the early settlers who were colonists by compulsion, prisoners of war banished to the island by Cromwell during the Civil War. The larger number were, however, yokels who had taken part in Monmouth's rebellion and had been condemned by Judge Jeffreys to this exile.

Sir Frederick Treves in his book "Cradle of the Deep" gives a very interesting account of these "poor whites." Speaking of them he says:—

Their number now is few, but they are a most distinctive people. Long intermarriage, *long living in the tropics*, long centuries of purposeless existence, have left them utterly degenerate, anæmic in mind and body, sapless and nerveless, mere shadows of once sturdy men. The Briton in the West Indies clamours that he must go home from time to time or languish in health. These have never been home since the day when they were thrown out upon the scorching beach to fare as they liked. They have withered and faded, and, like a painted missal which has been bleached of all colour by years of sun, the writing that told who they were has become well-nigh illegible.

Quite apart from these "poor whites" there are still in Barbados the descendants of squires who left England after the Civil War to seek peace or renew their shattered fortunes in this island home. Many of them have kept their stock pure; they show little sign of any mental or physical deterioration. But they and their ancestors have, whenever they could do so, taken long and sometimes prolonged visits to the old country. The son, as were his father and grandfather before him, is sent to England for his education or profession. Intermarriage with fresh European blood occasionally takes place. In this manner any deteriorating climatic influence is in large measure nullified.

I am, Sir, yours faithfully,
FERNAND L. DE VERTEUIL, M.D. Edin.,
M.R.C.S. Eng.,

Vancouver, B.C., Feb. 28th, 1913.

Surgeon, R.N. (ret.).

A QUESTION IN LUNACY CERTIFICATION.

To the Editor of THE LANCET.

SIR,—Although "Tweedle" may be written on the back of both collars, in law there is a difference, and it must be either "Dum" or "Dee." The law permits no compromise and no half-measures, and does not permit the logic of "Alice in Wonderland": "If it was so, it might be; and if it were so, it would be; but as it isn't, it ain't." In my letter I stated that Lunacy orders signed by justices not specially appointed will be invalid unless countersigned by a justice who is specially appointed. Dr. L. Harris-Liston takes exception to this, and asserts that "they are valid and are accepted by the Lunacy Commissioners," but he proceeds to show that they are invalid unless before "fourteen days elapse the order is approved and signed by a judicial authority," and this is the whole crux. He quotes the Lunacy Act, 1891, Section 24 (3), in support of his statement that the order is valid, but this portion of the Act is one which recognises its invalidity, for it definitively provides for the approval and signature of a specially appointed justice, as was stated in my letter in THE LANCET of

March 15th, p. 784, and the subsection quoted entirely supports what I then said—viz., that unless within a specific period the order is countersigned and approved it is invalid, and the patient cannot be detained. The Lunacy Act never contemplated that practically two orders should be obtained, one for reception and the other for detention. It is therefore correct, as I stated, that justices other than those specially appointed cannot sign an order for the detention of a private patient, and it is against the spirit of the Act to obtain orders, one of which admits, and the other detains, the former being valid only when countersigned after the patient's reception into an asylum.

Dr. Harris-Liston states he is acquainted with specially appointed justices who were not aware that they had been so "specially appointed." I should like to point out that before any justice is "specially appointed" to deal with lunacy cases he is first asked whether he is willing to serve in this capacity, and it is only after his consent is obtained that his colleagues nominate him at the Michaelmas quarter sessions, or if of the borough, then at their October sessions, and it shows a slackness on the part of any justice thus to "forget" his judicial responsibilities. Some justices even "forget" to attend to any judicial duties whatsoever, and it is only right that slackers should, as they now do, receive a special communication from the Lord Chancellor reminding them of their "forgetfulness" and further requesting that they should show reason why their names should not be removed from the commission. Dr. Harris-Liston states that "practically any J.P. can sign a reception order which can be acted upon." Again this statement is incorrect, as the Lunacy order will be invalid unless it is signed for a pauper by a justice "with jurisdiction" where the patient is, Lunacy Act, 1890, Section 14 (3), and in the case of a private patient he must, as already pointed out, be "specially appointed."

The fact that presumably so well informed a practitioner as Dr. Harris-Liston has failed to comprehend the interpretation of a valid order shows how easy it is to walk into one or other of the many pitfalls of the Lunacy Acts, and in an experience of over 14,000 orders I know there are many. It also demonstrates how you yourself, Sir, fully realise the technicalities of lunacy certification when you consented to publish my reply to "B.A., M.D." in the correspondence section of THE LANCET.

I am, Sir, yours faithfully,
Claybury, March 25th, 1913. ROBERT JONES, M.D. Lond.

PROFESSOR BIEDL'S TREATISE ON "THE INTERNAL SECRETORY ORGANS."

To the Editor of THE LANCET.

SIR,—The strictures in the review of the English translation of Professor Biedl's valuable work on the internal secretory organs, appearing in THE LANCET of March 22nd, p. 833, compel me to reveal the rather amusing inner history of the translation. It is perhaps natural that I should regard some of these strictures as hypercritical, but I hasten to add that, in the main, they are sound and well deserved. And this is how it all happened. In making his contract with the English publisher, Professor Biedl stipulated that he should see the English translation before it went to the press. The first chapter was accordingly sent in carefully typewritten MS. After a considerable interval this was returned endorsed "Durchgelesen und Korrigiert—B." The text was literally bespattered with erasures and corrections, while the margins were heavily decorated with annotations in the professorial style, the professor's English, and red ink. The translator was naturally in despair that her laborious and careful work should thus be so Biedlerised as to make it unintelligible to the English reader. So a respectful but emphatic protest was despatched to Professor Biedl, pointing out the inconvenience occasioned by his corrections. In the meantime the second chapter had reached the Professor. In due course this was returned, likewise "Durchgelesen und Korrigiert. B," similarly bespattered, bemangled, and annotated in red ink, auf ächterster und korrektester pädagogischer Weise, with a letter from Professor Biedl's publishers, which set forth that not only was he, the learned Professor, fully conversant with the English language, but that he was assisted by a "fachmännliche Persönlichkeit," and that, further, it was his

¹ Eugenics Review, April, 1911; quoted in THE LANCET, Nov. 30th, 1912, p. 1526.