sanitary science and school hygiene, and the school medical officer is left to grope in the dark in that domain of knowledge "where three empires meet"—i.e., those of the physician, the pedagogue, and the psychologist. The result is in the highest degree unsatisfactory, for while a certain number of the school population belong to categories of mental deficiency the recognition of which is easy, the assessment of the mentality of many other children is impossible without a considerable knowledge of applied psychology. This difficulty is further intensified by those borderland cases which so often ultimately find their way into the criminal courts and prisons as "defective delinquents." A much wider acquaintance with modern methods of psychology is highly desirable in the interests of the children themselves and the community at large. Moreover, the elucidation and analysis of the mental processes and equipment of the feeble-minded child present a problem which is as full of practical interest as, for example, the psycho-analysis of a case of dementia præcox, and requires the same type of concentrated and prolonged examination. The somewhat perfunctory attendances at lectures on psychiatry or at an asylum, which constitutes part of the curriculum for the degrees granted by certain universities, are of little practical utility from this point of view, and the meagre facilities for gaining experience and training which are to be found in England at the present time do not show up well by contrast with those which exist in other countries. In proof of this statement I need do no more than refer to the reports of the Committee on the Mental Factors involved in Education published yearly in the Proceedings of the British Association for the Advancement of Science, more especially the reports presented at the meetings in Winnipeg, Sheffield, and Portsmouth. The provision of clinical lectures and post-graduate courses in some of the institutions for the feeble-minded in America points a way to a similar use of the abundant material to be found in the special schools of our large towns and the residential institutions for this class of the mentally defective. For example, in the last report of the Waverley Colony for the Feeble-Minded, the medical superintendent, Dr. Fernald, states that 33 clinical lectures, with demonstrations, were given during 1911. They were attended by students and graduates of Harvard and other universities. It was my privilege to be present at two of these demonstrations, and I can testify to the great value of the teaching to those for whom they were designed. Facilities for training are obtainable at other similar institutions in the United States, as, for example, the Vineland Institution, New Jersey, the Juvenile Psychopathic Institution at Chicago, and the Psychological Clinic in Philadelphia. So far as I am aware, no medical school in England gives any systematic teaching in this branch of medicine. It is to be hoped that in the movement for the establishment of a Diploma in Psychological Medicine this aspect of the question will not be overlooked.

I am, Sir, yours faithfully,

Birmingham, April 19th, 1912. GEORGE A. AUDEN.

To the Editor of THE LANCET.

SIR,—To expect psychiatry to advance in England to any extent under present conditions is to totally ignore the whole system under which we work. Even an asylum with a population of 2000 and upwards has only one medical officer recognised by law or the Commissioners in Lunacy. He is variously termed "The Manager," "The Superintendent," or "The Medical Officer." Often owing to his faulty and chaotic training he is forced to be "The Manager" to his brother physicians and "The Doctor" to the lay visitors. The many years of complete and abject subordination as assistant medical officer badly fit him to pose in either rôle. A temperament content to exist in two rooms for at least 10, and in some cases 20, years before attaining any particular position of responsibility is unlikely to be a great success in any serious professional work. That it does turn out excellent men of the lodging-house keeper type is, however, something to the credit of the system, and shining examples of such may be found all over the country. Restrictions such as compulsory celibacy, enforced detention for 24 hours daily within the asylum and grounds except by special request and leave, ordinary recreation often a subject of arrangement, the very diet at times indifferent and quite outside the assistant medical officer's control, the simplest expressions of opinion at times a subject

of offence, perhaps even want of due and humble deference to the superintendent's wife a serious set-back to a man's prospects, these and many other drawbacks impoverish a service that has as good a right as any other to the best brains in the profession. I am, Sir, yours faithfully,

April 17th, 1912.

A. M. O.

PYGMY CRANIA FROM EGYPT.

To the Editor of THE LANCET.

SIR,—In your note on Miss H. Dorothy Smith's paper on the above subject you write: "Presumably the author thinks the skulls are those of a pygmy race, for their comparison is made to the Akkas and Andamanese, and the paper leads the reader to suppose that a review is made of the crania of a pygmy race from Egypt. There is, however, a choice between 'infantile dwarfism' and 'ethnic dwarfism' which the author has not reckoned with."

Considering that the most complete account of dwarfism hitherto prepared was being issued at the same time from my laboratory, it would be surprising if the distinction had not been made by the author between infantilism and ethnic dwarfism. The following words, which have been apparently overlooked by your reviewer, occur on p. 266 of the article: "The several forms of dwarfism were quite familiar to the Egyptians, and the possibility that these are cases of dwarfism of the 'infantile type' is worthy of consideration. At the same time, the fairly perfect character of the teeth rather favours ethnic dwarfism."

Your writer's remark that "Egyptian skulls ranging from the third dynasty to Christian times have been examined, and among this wealth of material the author has found some few individuals who were undersized," is, I think, also liable to misinterpretation. The skulls examined were 1600 and *nine* were found to present noteworthy smallness. The 1600 crania are all from *one* period, the third dynasty. "In addition to the above," Miss Smith writes, "it has been possible through the kindness of Dr. Derry to procure measurements and photographs of two small specimens of other periods." These two other crania are only dealt with for purposes of comparison and do not mark a ransacking of Egyptian material from the third dynasty to Christian times.

The prevalence of dwarfism of all pathological types in modern Europe is certainly under 0.5 per cent., and in modern Europe ateleiosis and achondroplasia are, to say the least of it, as frequent as infantilism. Yet in the third dynasty we find 0.6 per cent. of these remarkable crania, and we have not so far come across identifiable achondroplastic skulls. I use the word "remarkable" advisedly because in the frequency distribution of the characters of our 1600 crania, these crania would, if included, form a lump at the tail, and this is contrary to our experience in many other long series when only adult crania are dealt with. "Infantilism" really seems for good reasons excluded, but Miss Smith spoke guardedly on the point. The works of Levi Kollmann and Ranke have made it plausible that in early Europe a pygmy race existed alongside a normal race, and they have suggested that individuals still to be found are descendants of it. It seems probable that the crania dealt with really belonged to a similar pygmy race, not negrito, surviving in a few instances alongside the normal Egyptians of the third dynasty. The crania do not appear in any way pathological, nor can we, I think, look upon them as extreme variants of a normal race.

I am, Sir, yours faithfully,

Biometric Laboratory, University College,
London, April 23rd, 1912.

KARL PEARSON.

THE ADMIRALTY TEST FOR COLOUR-BLINDNESS.

To the Editor of THE LANCET.

SIR,—In your issue of April 13th, under this title, you publish a letter from Dr. F. W. Edridge-Green, Hunterian Professor of the Royal College of Surgeons of England, on the relative advantages of "matching" and "naming" in testing the colour-sense. Judging from several months' experience of examining men for railway work by various tests, including Holmgren's wools (matching) and the Edridge-Green lantern (naming), it seems to me that the lantern has certain definite advantages. It is *conclusive*. A man who will hesitate with the wools and perhaps only blunder the first