of cutting off the heads of their subjects, and they are no longer respected. They still acknowledge a kind of nominal sovereignty, feudal in character, but entirely different from that yielded by their neighbours, the Ashantees, to their king. It is more than probable that the latter people will, now that the kingly power is broken, become not very dissimilar. Small communes, jealous of each other, and constantly at war upon the most trivial pretexts, the tribes of the Gold Coast only repeat our own earlier history, when the half-naked Anglo-Saxon fought against the more disciplined and trained Roman, or, later still, the Celt ineffectually against his Anglo-Norman conquerors. We read of the same barbarous reprisals and mutilation of the dead and wounded, the latter being only preserved in the prospect of a ransom. In other words, recent African wars are only those of our own more savage periods repeated. Those who have studied the histories of the Middle Ages must be struck with the similarity of the savage customs. The long knife of the Welsh was in no way dissimilar from that of the Ashantee, or the headless trunks which in those early days were no uncommon accompaniment of war. Three hundred years since, the fear of the block in England was as potent to charm to obedience as is to-day a similar threat from the envoy of an African monarch. It may be said that the mention of these peculiar ethnological and other characteristics of the Fantee tribes is of no practical interest. It is a mistake to think so; for, until we learn and study thoroughly the habits and customs of a people, we cannot attempt to govern them with advantage, or train them into those habits of obedience so necessary to a healthy existence of their body politic. Until the great doctrines of Christianity diffuse their gentle teachings among these savage peoples, and education stirs up their better and dormant energies for good, we must hold them under subjection by the sense of our superior power and hopelessness of any attempts against it. This has been impressed upon them by the result of the late war. It behoves those in power to see that the lesson is not lost by the exhibition of subsequent weakness. Being the more lasting, such a policy is in the end the most economical and humane.

Curiously enough, we owe to the mutiny of the Gold Coast Corps in 1862 the first inklings of the fact that Europeans might for a short time, and under proper precautions, remain healthy on the shores of the Gold Coast. On that occasion, an officer and twenty-one men of the Royal Marines were landed for the purpose of garrisoning the ancient fortress whose guns frowned upon and command the filthy town which surrounds it. Confined to the precincts of the castle between the hours of 9 A.M. and 4 P.M., and carefully looked after, they only lost one man from the result of an accident. The next attempt at landing a portion of this corps was, unfortunately, not so happy; for, of one hundred and ten men and officers who arrived in the *Barracouta* in June 1863, eighty-one were invalidated by the following August to England.

From the foregoing brief preliminary remarks, it will be seen that in the climate, races, topography, and health-statistics of Western Africa, there are many professional points of interest. Several of these have been alluded to by the Special Correspondent of the JOURNAL during the continuance of the war. It may be, therefore, not uninteresting to touch upon some others hitherto not alluded to.

[To be continued.]

DR. HUGHES BENNETT'S STRICTURES ON THE "TUBERCLE" AND "PYÆMIA" DISCUSSIONS.

By LIONEL S. BEALE, M.B., F.R.S.

"IN truth, in this, as in many other discussions which take place in medical societies, accurate definitions and logical precision of language have been too frequently forgotten." Such are the words in which Dr. Bennett criticises our discussions last year on the subject of tubercle. He speaks of the speakers having "bewildered one another" and "puzzled themselves", but tells us that he thinks the confusion which prevailed upon the subject of pyæmia "may be dissipated".

Dr. Bennett tells us there is a "true pyæmia or suppuration of the blood"; and that, in a case of "hypertrophied spleen and liver", the blood was crowded with "pus-cells". As "pus existed in the blood", the case, he declares, was one of "suppuration of that fluid without inflammation". It is now, Dr. Bennett affirms, "recognised that pus-cells, lymph-cells, young mucus and epithelial cells, and the colourless cells of the blood, are identical."

I know not what other pathologists may think of Dr. Bennett's effort to dissipate the confusion which exists; but I cannot allow his paper to pass without expressing my dissent from every one of the above propositions. Dr. Bennett uses the word "pus-cell", as it seems to me, most

improperly. He has not proved that the bodies he calls pus-cells are of that nature. But to assert that pus-cells and young mucus and epithelial cells are *identical*, is certainly open to grave objection. That they are like one another to look at, that they may exhibit similar reactions when tested, that they may be alike in chemical composition, may be true; but surely things may be like one another in many particulars without being *identical*. Although the bodies referred to by Dr. Bennett are alike in many points, no two are alike in all, and each has properties peculiar to it; each has a very different life-history, and performs a different office. They may be called by the same name, but differences cannot be dissipated in that way. As Dr. Bennett says, they have been called leucocytes or "white cells"; but they are not *cells*, nor are they *white*.

Dr. Bennett is surely as much open to the charge of forgetting "accurate definitions and logical precision of language," as any of those who joined in the discussion of tubercle last year. Dr. Bennett would introduce terrible confusion by calling leucocythæmia "suppuration of the blood". For my part, I cannot imagine any phrase open to more serious objections than this; and, whatever may be the fate of *pyæmia*, I do hope neither the Pathological Society of London nor any other society will consider *pyæmia*, *suppuration of the blood*, and *leucocythæmia* identical.

SO-CALLED ICHTHYOSIS LINGUÆ, AND ITS RELATION TO ICHTHYOSIS.

By TILBURY FOX, M.D., F.R.C.P.,

Physician to the Department for Skin-Diseases in University College Hospital.

I AM anxious to be permitted to offer a few remarks upon the subject of so-called "ichthyosis linguæ", which has been under discussion in the JOURNAL; and the more so, as I was unable to be present at the meeting of the Royal Medical and Chirurgical Society at which Mr. Fairlie Clarke's communication upon the topic was read and discussed.

I do not accept the definition of ichthyosis of the skin which Mr. Hulke, Mr. Morris, and indeed all the speakers, with one exception (Mr. Naylor), at the recent meeting of the Royal Medical and Chirurgical Society, approved—a definition which recognises ichthyosis of the skin as consisting in hypertrophy of its epithelium and papillæ, and perhaps subepithelial fibrous tissue, solely. Ichthyosis of the skin is much more than this; it is a congenital defect of nutrition, involving not only such organic change, but also—as an essential element of its composition—serious disturbance of the important functions of perspiration and sebaceous secretion. The skin is not only scaly, and its papillæ more or less hypertrophied, but it is harsh and dry; it rarely perspires; or, if it do so, it does so in the most scant and occasional manner. The lack of proper sebaceous secretion accounts in part for its harshness, and its inability to resist the action of external irritants like the healthy skin; whilst the altered character of the secretion explains in part the "caking" upon the surface, which is more marked in some cases, and in some places in the same subject, than in others. If such be the case, "ichthyosis" of the tongue is an impossible condition, since it entirely lacks any similarity in its parts to those functional derangements of the skin which are essential elements in ichthyosis of the skin. In a word, as a dermatologist, I decline to accept the limited definition which has been given of ichthyosis of the skin, such, for example, as that given in the very excellent paper of Mr. Morris on so-called ichthyosis of the tongue (BRITISH MEDICAL JOURNAL, Feb. 21), and which runs as follows. "True ichthyosis is primarily and fundamentally a deviation from the natural state of the epithelial structure of the skin, although in severe cases it may be associated with a hypertrophy of the epithelial sheaths of the papillæ, and in still more severe cases with an hypertrophy of the cutis vera." This definition might apply roughly to warts, corns, psoriasis, but, as I have explained, not to ichthyosis.

In the early stage and in the less severe forms of ichthyosis—viz., in what is called xeroderma—the papillary hypertrophy is by no means well marked; and the analogy, *quoad* naked-eye appearances, between so-called "ichthyosis linguæ" and ichthyosis (of the skin), is even here not striking at all. Viewed solely from a morbid anatomy point of view, no doubt there is resemblance between ichthyosis of the skin and so called ichthyosis of the tongue; but, clinically and etiologically, these two conditions are to me totally different.

Mr. Morris remarks, "that the objection (in relation to the similarity under notice), that ichthyosis of the skin is a congenital malformation, is not a strong one;" and he adds, "though often congenital, it often does not attain its greatest development till towards puberty, and it is stated on authority to appear occasionally late in life." But, under such circumstances, there are well marked evidences of the ichthyotic condition present, in the dry, harsh, more or less ill-nourished, non-