thousands of embryos which the adult worm is seen to contain, we can understand how even a single worm can give rise to a very marked degree of infection of the blood. The removal of the tumour in this case may have been the cause of the absence of embryos from the blood, and, if such is the case, a very important indication for treatment is given in those cases where the adult is situated superficially in glands or otherwise.

In conclusion, I wish to express my thanks to Professor Hamilton for kindly allowing me the use of the Pathological Laboratory of the Aberdeen University, and to Dr. Manson for several valuable suggestions.

REMARKS ON THE APPARENT IMMUNITY OF ASIATICS FROM ENTERIC FEVER.*

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I wish to direct attention to a subject of considerable interest—namely, the apparent immunity of Asiatics from enteric fever, as shown in the following table:

	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	Total.
Chinese	1	5	—	—	2	10	7	1	9	16	51
Non-Chinese	4	5	—	5	4	5	7	10	14	11	65

During the ten years, 1890-99, only 51 deaths of Chinese from enteric fever were registered as against 65 deaths of non-Chinese, although the Chinese form 94 per cent. of the total population, and in my annual report for the year 1897 I wrote:

It is interesting to note the small number of cases of enteric fever which occurred among the Chinese during the year, an experience which accords with the apparent immunity of the native population of India from this cause, while the circumstances connected with these cases appear to suggest that the same explanation of this apparent immunity may apply to both races—namely, that they are so fully exposed to the infection throughout the whole period of their existence that they almost always contract the disease in infancy or early childhood, when, if they recover, the disease will have been practically unnoticed, while, if they succumb, the death will be attributed to diarrhoea, convulsions, or some other symptom. Should they then happen to contract a second attack in adult life, it will be so modified by the previous one as to be again scarcely recognisable, or at least to be insufficient to drive the patient to a hospital under European control. Of the seven cases which occurred among the Chinese in this colony last year, one only was an adult, and he contracted the disease in Saigon, from which port he arrived by steamer, while the other six were children ranging from 6 to 17 years of age, resident in a home under European management. These children obviously contracted the infection from a German pastor who was brought down to the home from the Tung Kun province of China, in consequence of illness, and died of enteric fever a very few days after arrival; the children had been carefully protected from any infection of this nature while in the home, which means practically from infancy, as the home is a foundling one, until the arrival of this European case, when they showed that they were equally as liable to contract the disease as any European children would have been. And it appears to me, therefore, that we have in the history of these cases a very suggestive corroboration of the theory that the Asiatic is not naturally immune to enteric fever, but that he is almost invariably protected by an attack in infancy.

This report of mine served to draw the attention of Dr. Thomson, the officer in charge of the Government mortuary, to this subject; and in the following year (1898) I was able to report that 3 deaths from enteric fever in Chinese children under 10 years of age had been discovered in the mortuary, while in 1899 7 such deaths were reported.

During the current year, however, the theory has received very strong confirmation, as Dr. Thomson has fortunately been able to devote more time to this research; and, as a result, I find that, while 12 deaths have been registered as due to this disease among the non-Chinese, 22 have been registered among the Chinese, and of these 7 were in infants under 1 year of age, and one a child between the ages of 1 and 5 years. It must be borne in mind that these cases have, moreover, been found amongst the few bodies of infants that are picked up in the streets by the police, and that no *post-mortem* examination is made of the bodies of the 1,500 or more infants that are taken annually to the French and Italian

convents in a moribund condition, and whose deaths are registered as due either to "diarrhoea," "fever, undefined," "marasmus," or "convulsions," and that these convent returns comprise about 75 per cent. of the total deaths in the Colony under 5 years of age.

Speaking of England, Whitelegge says, "It is probable that true enteric fever is rare among infants and young children, and that many of the cases at those ages are due to faulty diagnosis," and it is possible that this may be true of England, where domestic hygiene receives considerably more attention from householders than it does in China or even in Hong Kong. Here, however, it would seem that we have only to look for the disease *post mortem* in order to find its evidences even amongst the smallest of infants. The main sources of infection will no doubt be the contamination of feeding utensils and the custom of keeping excreta within the dwellings for periods of twenty-four hours or more; and until we can educate the Chinese to live more cleanly and healthful lives I am afraid that the disease will flourish among them, and will continue to destroy a large percentage of their infant population.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

PERSONAL PROTECTION AGAINST MOSQUITOS.

BELIEVING it may be of some interest and value to the members of the British Medical Association who have not given it a trial yet, I wish to record my experiences during the last few months in the use of the ordinary kerosene oil (which is sold here at 4½d. a quart) as a simple and inexpensive and reliable means of personal protection against the mosquito. That is readily effected by sprinkling some of it all about the sleeping chamber, or cabin, or bunk, and tying a handkerchief or clean towel nearly saturated on the bedposts, etc., above the head of the occupant, due caution being, of course, taken not to bring a light too near. We have found it a very excellent adjunct to the mosquito net which is generally recommended and used, and may under certain circumstances fairly become a substitute thereof, where in a way somewhat similar to the method of Dr. Stanley Haynes there is no mosquito netting. He, however, used surgical carbolic soap, locally applied to the face, neck, hands, and forearms. I have likewise used a solution of carbolic acid in the same way as above mentioned for kerosene oil, and with great satisfaction. But I prefer the latter agent, because it is not only cheaper but innocuous—an important point amongst an ignorant and careless population, such as we have to treat here: besides, it is fully as effective. I am inclined to believe that the kerosene drives away the mosquitos, owing to its peculiar penetrating odour overstimulating their olfaction, and causing them to flee from the source of the irritation.

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VELD SORES.

I SHOULD like to call attention to a few points in the etiology of the so-called veld or Natal sore, which, so far as I can ascertain, is not a settled question amongst the medical profession in South Africa, and to the relation between this affection so prevalent in this country and the horse tick. During the last eight months with the troops in South Africa I have myself made the following observations as to its occurrence:

1. In the cold weather and at high altitudes the horse tick is rarely found, and there is coincident with this a disappearance of veld sores.
2. Veld sores are more common in the cavalry and artillery ranks than in the infantry regiments, in which case they are mainly confined to batmen or grooms.
3. There is, so far as my experience goes, a complete immunity amongst officers, who naturally do not groom their own horses.
4. From the character of the sore it would appear to be of a specific bacterial origin and not a simple ulcer following on

* Read at a meeting of the Hong Kong and China Branch.