expected to become suddenly capable of handling successfully medico-political questions, whether such questions relate to the doctor or patient or both. Would it not be far better for doctors to support on the one hand the Royal Society of Medicine for the science attainment, and the British Medical Association for the medico-political aspirations, rather than to butt in with a new and inexperienced conglomerate? I am, Sir, yours faithfully,
HOVE, June 12th, 1921. E. ROWLAND FOTHERGILL.

* * * We publish Dr. Fothergill’s letter with pleasure, but the societies allied to the Federation cannot be described as “formed for the advance of scientific subjects alone,” and this fact interferes with his main argument.—ED. L.

THE DANGER OF ATHLETICS FOR GIRLS.

To the Editor of THE LANCET.

SIR,—I have been much interested in the recent correspondence, both in the daily press and in THE LANCET, on the subject of athletics for women. During the last five years I have had the opportunity of examining all the students at one of the largest physical training colleges for women, both on their entrance into the college and at the end of each term’s work.

Miss C. Cowdroy, in her letter to THE LANCET of May 14th, makes the following statements with regard to physical experts, that they frequently suffer from dysmenorrhœa or from dysmenorrhœa of some kind. Sometimes the monthly disability stops for long periods.” I should like to say that I have never come across a single case of heart strain, or of displacement of an organ. The amenorrhœa stops time, in about 1–5 per cent. of the students, is never permanent, and has never to my knowledge produced any ill-effect, whereas the cases of dysmenorrhœa (which is very uncommon among this class of girl) have frequently been distinctly benefited.

Miss Cowdroy further states “that the attitude of these women to life is frequently not a normal one, their mentality is not healthy.” She also speaks of “the curious influence exerted by some of these women on girls, neurotic girls seeming obsessed by them.” That such women do exist is certainly true, but to say that the condition is due to the practice of athletics seems to me to be making a very unfair assumption. The state of affairs so far is that it is not conclusive of the best results for a physical, intellectual, or even examination point of view.—I am, Sir, yours faithfully,

MARGARET G. THACKRAH.

New Cavendish-street, W., June 4th, 1921.

THE VALUE OF SANATORIUM TREATMENT.

To the Editor of THE LANCET.

SIR,—In your issue of June 4th Dr. J. M. Johnstone claims that sanatorium treatment holds the premier place in the treatment of tuberculosis and stigmatises as unsatisfactory the conclusions recently arrived at by a tuberculosis officer, that cases do better in their homes. One wonders whether his experience extends to the treatment of patients of the working classes. When an attempt is made to trace after the dispensary and sanatorium cases, the results of sanatorium treatment are disappointing, and the final result in those who have had it is little better than in those who have not. It is a common occurrence for patients to go downhill rapidly six months after discharge from a sanatorium as improved or much improved. This result is not the fault of the sanatorium, but rather of a system which tends to label that institution as the sheet-anchor in the treatment of the disease.

It has been stated frequently that most of the treatment of a working-class patient with tuberculosis must be carried out at his own home, and in my experience some undoubtedly do better in their own homes, and do not need institutional treatment. Give him a short period of educational treatment at a sanatorium by all means, or send him because he believes in the cure,” but he cannot stop sufficiently long to bring about a cure. Modern opinion makes resistance the keynote to the treatment of the disease. Cannot our efforts be concentrated on raising resistance in the home? Better food and adequate rest seem to be most important factors, and the working man is slow to understand the other factors, of course, but I am not convinced that the sanatorium holds the premier place any more than housing does.—I am, Sir, yours faithfully,

Metropolitan Borough of Walthamstow
F. G. CALEY,
Tuberculosis Officer.
June 7th, 1921.

DIGITALIS AND THE PERIPHERAL CIRCULATION.

To the Editor of THE LANCET.

SIR,—Your correspondent, Dr. W. J. Grant, whose letter appeared in THE LANCET of June 4th, has not grasped the principles on which the conclusions arrived at in my paper have been based. In order to form a clear conception in regard to the pharmacology of digitalis, one must not confine himself to the customary dosage of digitalis used for angina pectoris. It is not possible to form a clear idea as to the meaning of systolic, diastolic, and pulse pressure. Obviously, it is the increased pulse pressure which effects an increased volume of flow per minute, whereas the systolic and diastolic pressures are lower than normal. The more complete emptying of the veins near the heart which takes place owing to the greater systolic output may also affect the flow of the blood through the peripheral circulation to some extent.
I have already dealt in my paper with the problem of dilatation of capillaries, &c., to which I should like to refer your correspondent. Incidentally, I should like to state that already some old physicians observed an alteration in the character of the pulse after digitalis, doubtless due to the increase in pulse pressure which this drug effects. The observation was made by the simple method of feeling the pulse. Sir James Mackenzie, however, for whom sometimes facts do not exist which cannot be determined by his favoured methods, ridiculed the idea of a "digitalis pulse."

I am, Sir, yours faithfully,
Liverpool, June 10th, 1921.

I. HARRIS.

THE INHERITANCE OF ASTHMA.
To the Editor of The Lancet.

SIR,—In his lecture on asthma, reported in The Lancet of May 28th, Dr. A. F. Hurst shows clearly that this disorder is heritable, quoting Hyde Salter’s 217 cases in which 39 per cent. were inherited. Before the modern researches as to the pathogenesis of asthma this fact of its inheritance could hardly attract the attention of the Neo-Lamarckian. But now it is known that there are at least two factors which may operate in producing asthma, toxic and constitutional, and that “in half of Walker’s cases beginning after the age of 50 the patient was sensitive to a protein with which he came in contact as a result of his work” for example, bakers, ostlers, coffee-sifters, and chemists. There is strong presumptive evidence afforded of an acquired character being inherited. Mendelians may wish to analyse the transmission of an irritative bronchial centre and a toxic idio-pathy by their special laws of genetics, but, even if they find an answer, it would still leave the initial variation in question unexplained, whereas the facts would be strictly in keeping with Neo-Lamarckism. If their Neo-Darwinian opponents cannot refute the facts stated they must allow this instance to the Neo-Lamarckians.

I am, Sir, yours faithfully,
Chei tenham, June 8th, 1921.

WALTER KIDD.

A DEVELOPMENTAL ANOMALY.
To the Editor of The Lancet.

SIR,—An annotation which appeared in your issue of May 28th dealt with two anatomical freaks, but neither of them was quite such a freak as the normal structure of the human body. In its ectoderm at the fourth month, and to which a lot of things happened at 13 months.

I am, Sir, yours faithfully,
St. Mary’s Hospital, W., J. ERNEST FRAZER.
June 7th, 1921.

* * * We plead guilty to a slip so obvious that it could hardly mislead the reader. Month should, of course, read millimetre.—Ed. L.

A DISCLAIMER.
To the Editor of The Lancet.

SIR,—My name was not mentioned in the Daily Mail of June 13th in the article “Do Eyes Radiate Energy?” and I write to state that the information was given to the Daily Mail by someone amongst the manufacturers to whom the work had to be shown for the production of instruments. This was without my knowledge and against my wishes. The work is on the eve of announcement in the medical and scientific press, and is to be demonstrated at the Ophthalmological Congress at Oxford on July 7th. I must point out, as the author, I am annoyed at such a breach of confidence.

I am, Sir, yours faithfully,
CHARLES RUSS, M.B., &c.
Beaumont-street, W., June 13th, 1921.


UNIVERSITY OF BRISTOL.—Sir Isambard Owen is resigning his position as Vice-Chancellor of the University of Bristol, a position he has occupied with conspicuous success since the foundation of the University in the year 1860. The University of the University of Oxford, and at Armstrong College, Newcastle-on-Tyne, of which he was Principal till he came to Bristol in 1908. Since that time the University has increased steadily, not only in numbers and material assets, but also in the width of its appeal to the surrounding counties, and it is this policy of broadening the basis of interest for which the University is principally indebted to Sir Isambard Owen.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—A meeting of the Council was held on June 9th, Sir Anthony Bowlby, the President, in the chair. The Council passed a vote of congratulation to Sir Arthur Keith, Professor of the University of Cambridge, on having received the honour of knighthood. —A report was read from the Court of Examiners respecting candidates found qualified for the Diploma of Fellow, and the diploma was granted to the following 25 candidates (including one woman) :