

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 conglomeration?

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 heart trouble . . . or from displacements 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 amenorrhoea which occurs during term 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 dysmenorrhoea (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 cause so far as it is possible to apprehend it at all is probably a very complex one, connected with the social conditions of the time, the excess of the female population over the male, and in particular to the conditions, of necessity, prevailing in boarding schools and resident colleges, in which numbers of women live together without any male society whatever. It is these circumstances which tend to make the teaching profession, but not any particular branch of it, especially prone to produce this type of woman. My experience with regard to the students at this physical training college has been that they are the most natural and normal girls that could be desired. I have on several occasions in conversation with members of the staff commented on the simplicity of the students and their youthful and healthy outlook, and they have invariably agreed with me. These girls certainly compare very favourably with the ordinary flapper and average college student.

Miss Cowdroy says "their marriages are often childless." Such an observation is, of course, of no value. Owing to the diversity of factors involved it would require years of research and a multiplicity of data before any accurate statement on the effect on the birth-rate of any one particular class of training could be made. Everyone admits that excess in physical training is to be deprecated, especially in the case of growing girls and boys, but I do not

think that there is at present any evidence that athletics are practised to excess in girls' schools.

The question which, in my opinion, educationalists ought very seriously to consider is whether the daily school curriculum, particularly for girls of 14 to 17 years of age, is not too strenuous, and whether more time ought not to be allowed for complete relaxation and recreation. The time-table in many schools consists of full morning and afternoon sessions, followed by 2 to 2½ hours home-work. Even when 2 to 3 hours a week are apportioned to gymnastics or games it seems to me that such a curriculum constitutes far too great a strain on the average girl, and that it is not conducive of the best results from 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 astonishing 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-histories, dispensary practice shows that 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 slowly getting both. There are 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 Wandsworth F. G. CALEY,
Tuberculosis Dispensary, 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 it is necessary to have 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 unit of time at a time when both 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 the 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 that it is known that there are at least two factors which may operate in producing asthma, toxic idiopathy and an irritable bronchial centre, 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 irritable bronchial centre and a toxic idiopathy 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,
Cheltenham, 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 foetus of your second note which thickened 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., June 7th, 1921. J. ERNEST FRAZER.

* * 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.

Medical News.

UNIVERSITY OF CAMBRIDGE.—*Third Examination for Medical and Surgical Degrees.*—The Registry desires to call the attention of the tutors and prælectors of colleges and of the deans of medical schools to the report of the Special Board for Medicine of May 4th, 1921 (*Reporter*, p. 953), recommending important alterations in the times for the sending in of the names of candidates for the third examination for medical and surgical degrees, and for the presenting of certificates for the third examination for medical and surgical degrees. All medical students should be instructed to substitute the words thirty-first for tenth or thirty-one for ten, and thirty-one days for three weeks on pages 11, 17, 35, 36 of the Regulations and Schedules for Medical and Surgical Degrees. The additional fee for late entry is £2.

UNIVERSITY OF OXFORD.—Dr. Ernest Mallam, Magdalen College, has been appointed Litchfield Lecturer in Medicine for two years as from Oct. 5th, 1921.—Dr. Leonard Hill, F.R.S., has been reappointed Examiner in Animal Physiology in the Final Honour School of Natural Science.—The following have been re-elected members of the Board of the Faculty of Medicine: Dr. E. W. Ainley Walker, Fellow of University College; Dr. James H. Thursfield, Trinity College and St. Bartholomew's Hospital; Dr. Claude G. Douglas, Fellow of St. John's College.

Diploma in Public Health.—The following passed in Part I.: H. L. Coulthard, E. ff. Creed, S.-el-D. A. El Daab, A. Hunter, J. B. Kirk, N. B. Laughton, E. Newton, S. G. Overton, A. J. Partridge, E. G. Rawlinson, W. G. Southey, C. J. Todd, M. P. Wilson. The following passed in Part II., and received the diploma: H. L. Coulthard, T. J. Lloyd, G. W. Ronaldson, C. W. Sharpley.

UNIVERSITY OF MANCHESTER.—Mr. D. N. S. Watson, M.Sc., a former student of the University, has been appointed to the Jodrell Chair of Zoology and Comparative Anatomy in the University of London.—The following appointments have been made: Assistant Lecturer in Botany, Mr. Samuel Williams; Demonstrators in Pathology, Dr. P. I. C. Gibson and Dr. A. Haworth; Demonstrators in Anatomy, Dr. Georgina May Duthie and Dr. R. C. Shaw.—The Turner Medical Prizes have been awarded to Mr. G. V. Ashcroft and Miss Margaret Single.

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. His resignation is due to the fact that he is approaching the age limit laid down by the Treasury rules. Sir Isambard Owen brought to the new University experience gained at St. George's Hospital, at the University of Wales, and at Armstrong College, Newcastle-on-Tyne, of which he was Principal till he came to Bristol in 1909. 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 in its work 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, Conservator of the Museum, 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):—

K. B. Bellwood, Cambridge University and St. Bart's Hosp.; E. C. Bowden, London Hosp.; G. N. Brandon, St. Thomas's Hosp.; G. W. Carte, Oxford University and St. Bart's Hosp.; H. Cors, R. Coyte, and S. G. Dunn, St. Bart's Hosp.; J. A. W. Ebdon, London and Westminster Hosps.; Satapriya Ghosh, Calcutta and London Hosp.; J. B. Haycraft, Edinburgh and University and St. Thomas's Hosp.; S. N. Hayes, Middlesex and London Hosps.; O. S. Hillman, Middlesex Hosp.; J. B. Hunter, Cambridge University and Univ. Coll. Hosp.; C. M. Jones, Westminster and St. Bart's Hosps.; O. R. M. Kelly, London and Westminster Hosps.; T. P. Kilner, Manchester University and St. Bart's Hosp.; C. Lambrinudi, Cambridge University and Guy's Hosp.; H. M. Livingston, Durham University and St. Mary's Hosp.; R. P. S. Mason, Middlesex Hosp.; R. L. Newell, Manchester; H. C. W. Nuttall, Liverpool University; K. G. Pandalai, Madras University and London Hosp.; R. H. O. B. Robinson, Cambridge University and St. Thomas's Hosp.; F. W. Watkyn-Thomas, Cambridge University and St. Bart's Hosp.; and H. W. Wookey, Toronto University.