

of infection in scarlet fever and diphtheria, except that sometimes some persons after contact with some patients suffering from these diseases develop them subsequently? Is it surprising that the practical working of institutions whose bases rest on guesswork, and whose management is guided by a rather raw variety of empiricism, should be faulty and unsatisfactory? The question whether fever hospitals do more harm than good is an open one, and deserves the most careful consideration. Dr. Killick Millard has made out a strong *prima facie* case for inquiry, and it is to be hoped that the movement he has so courageously inaugurated will not be allowed to rest. If the profession were mistaken in urging the provision of isolation hospitals as means for checking the spread of infectious diseases, and if the enormous expense that their upkeep entails is not justified, it would be far more in accordance with our dignity that we should discover the fact for ourselves than wait for a State inquiry by laymen.—I am, etc.,
Eastbourne, Dec. 1st. HUBERT E. J. EISS.

THE COMPARATIVE VALUE OF ORAL AND RECTAL TEMPERATURES IN THE STUDY OF PULMONARY TUBERCULOSIS.

SIR,—I have read with interest the report of an address by Drs. Kelynack and Williams delivered in the Section of Medicine at the recent annual meeting held at Swansea. Regarding the matter in a common-sense light, it would appear that if a thoroughly accurate temperature of the body be required the thermometer should be so placed that every portion of its bulb will be in close contact with some internal part of the body which is least likely to be influenced by varying external conditions. Obviously the rectum fulfils these conditions with a completeness which could not be expected of the oral cavity.

I do not doubt the possibility of raising the temperature very considerably in health if by exercise the manufacture of heat in a given time were altogether out of proportion to the power of the body to balance it by loss during the same period.

To a greater extent would this be the case in disease, where the recuperative power of the body is impaired. But a distinction should be clearly drawn in the diseased condition between the results recorded in cases in which the patient is under no proper supervision, and those in which his daily life is so regulated that the amount of exercise taken is in proper proportion to his individual needs; the body is then presumably enabled to maintain a proper balance between the manufacture and loss of heat without needless taxation of its physiological powers. To compare a patient so circumstanced with a healthy adult under circumstances quite different is obviously misleading.

In the case of the patient the "normal physiological variation in the temperature as taken in the rectum during exercise and rest" will be reduced to a minimum, if not entirely obliterated. This being so, it would surely be fair to regard the temperature immediately after exercise as pathological in the sense that, in spite of the careful regulation of exercise, the nervous control of the balance between manufacture and loss of heat is impaired, probably owing to the presence of toxins in the blood.

Of course this argument is based on the assumption that if a healthy person were placed under the same close supervision and the details of his daily life as carefully regulated, his temperature would not show a rise to any marked extent, if at all, above the normal.

In support of this view I have it on good authority that though amongst mountain climbers the temperature of the healthy body will rise considerably as the immediate result of this form of exertion, yet if the amount of exercise be carefully regulated, mountain guides can be trained to the indulgence in a considerable amount of exertion without disturbing the temperature to any marked extent, if at all.

Again, personal observation during several years has taught me that phthisical patients can be trained to take two and a-half hours' exercise (hill climbing), and return with a temperature of 98.4° F. (rectal). The cases selected for observation were patients upon whom I felt I could implicitly rely. In one of these the rectal temperature was 103° F. on his reception into the sanatorium.

I am therefore one of those who attach great importance to the rectal temperature taken immediately after exercise. In addition to this, the temperature may be ascertained after a period of rest following upon the exercise, and a comparison drawn between the fall at one time and that at subsequent

periods. This is doubtless instructive, but to my mind much value is to be placed upon the rectal temperature taken immediately after exercise.

I have never met with the least objection on the part of the patient (irrespective of sex) to the use of the thermometer "per rectum."

The whole subject is most interesting, and in commenting upon Drs. Kelynack and Williams's most interesting paper I merely in turn lay my own statements open to criticism.

The cases cited in which the rectal temperatures were constantly below the oral give us food for thought. I would here remark, however, that to obtain an accurate rectal temperature the thermometer should be passed not less than 2 in. into the rectum; if the bulb only be passed within the sphincter a lower temperature will be recorded.

Another interesting fact was pointed out to me by one of my patients (a naval officer) about a fortnight ago. His rectal temperature immediately after the morning walk was 99.8°, the thermometer remaining *in situ* five minutes. Being of an inquiring turn of mind, he replaced the thermometer after a short interval, and then found that after another five minutes' trial it recorded 100.4°. The patient was in the recumbent position the whole time. Of course explanations of these apparent anomalies occur to one, but I must not trespass further upon your space.

I would summarize my own impressions as follows:

1. That when accuracy is an important point the temperature should always be taken in the rectum, whether during rest or after exercise.
2. That in phthisical patients subjected to close supervision and guidance in a sanatorium the rectal temperature taken immediately after exercise is almost, if not entirely, a pathological one, and as such it is of primary importance as a guide to the physician.
3. That the rect temperature taken "per rectum" also affords useful information to the sanatorium physician.
4. That the actual temperature of the blood, while circulating in the living vessels is unknown.

—I am, etc.,

Shotley Bridge.

E. W. DIVER, M.D.

REPRESENTATION ON THE GENERAL MEDICAL COUNCIL.

SIR,—The Divisions have been asked, as your readers are no doubt aware, to consider the following resolution, which was passed by the Representative meeting at Swansea:

That a petition be presented to the Privy Council praying that in any future legislation the British Medical Association be directly represented on the General Medical Council in proportion to its magnitude and representative character.

The British Medical Association is a joint stock company, composed of medical men who already are represented in the General Medical Council by the five direct representatives. That the medical practitioners who belong to this Association should be more fully represented on the General Medical Council than the practitioners who do not may have appeared desirable to the meeting at Swansea, though I think it would be very difficult to persuade the Privy Council to take that view. But the meeting was not content to ask for representation: it desired the Association to be represented to a particular extent, namely, "in proportion to its magnitude and representative character."

Now as regards its magnitude, the Association includes I suppose three-fourths of all the practitioners in the United Kingdom, and it may be hoped that the proportion will go on increasing. We must presume, therefore, that the Swansea resolution, in advocating a proportional representation, contemplates a considerable addition to the General Medical Council. On the other hand, it is proposed that the "representative character" of the Association should be taken into account, apparently in oblivion of the fact that the Association is not a representative body at all. As I have already said, it is a joint stock company, and it is no more representative than is a railway company or a social club. I think it would be desirable to have some definite pronouncement as to the extent of representation on the General Medical Council that is desired, and also as to the novel sense in which the expression "representative character" is employed in the resolution.—I am, etc.,

Liverpool, Nov. 16th,

THOS. R. BRADSHAW, M.D.

SALINE INFUSIONS IN THE TREATMENT OF PUERPERAL ECLAMPSIA.

SIR,—My attention has been directed to Dr. Jardine's letter in the BRITISH MEDICAL JOURNAL of November 21st to a mistake in the report of two cases of treatment of puerperal eclampsia given by me in the issue of November 7th, p. 1211.

The saline solution injected is there stated to be "common salt $\frac{3}{j}$, potassium carbonate $\frac{3}{j}$," as recommended by Jardine.

The salts used were one drachm of common salt and one drachm of potassium bicarbonate added to two pints of boiled water.—I am, etc.,

Cleland, N.B., Nov. 21st.

JOHN LITHGOW.

A PRACTICAL ANTICIPATION OF THE MODERN PROPHYLAXIS OF MALARIA.

SIR,—Recently in the Levant I came across what may be described as an interesting proof, and in a sense an anticipation, of the truth of the discoveries made by Major Ross in connexion with the causation of malarial fever.

The river Moulahitch enters the Sea of Marmora from the south between the towns of Moudania and Banderma. The mouth of this river is surrounded by marshes which are so notoriously malarial as to deter all but the hardiest and most daring from penetrating them, even to enjoy the excellent shooting offered by the game which abounds.

The whole country in this neighbourhood is unhealthy, but the delta of the river is peculiarly so. During the summer and autumn months—that is to say, during the unhealthy portion of the year—certain of the inhabitants dwell in these marshes in order to gain a livelihood by cutting reeds. They are more ignorant than even the general run of the Turkish peasantry; still they have been practising for years past methods of prevention against malaria which are only now being slowly introduced into some of our own tropical colonies. The reed cutters have provided themselves with mosquito nets made from a species of muslin.

The head man or chief has a large shelter formed by wooden stakes driven into the ground, each prop being about 4 feet high, and over them is stretched the net and pegged down. Smaller shelters are used by the men. During work all must expose themselves, but at meal times they all collect in the large shelter of their chief, and they sleep and pass their intervals of rest in their own. All work ceases before sunset, and the labourers immediately retire under their mosquito covers, where they remain until the sun has risen. In reply to inquiries they stated that they found by experience that if they did not employ nets they could not withstand the fever and ague. They were unable to say how many years this practice had continued—even the old men could not remember. Although many of them showed signs of having suffered from fever, still they looked better and stronger than the inhabitants of the higher and healthier uplands.

Certainly one would suppose that Asiatic Turkey was a very unlikely place to find such an interesting proof of the value of the great discovery of Ross. It is bad enough to think that we might have picked up a few "wrinkles" in sanitation from the ancient Cretan, but it is almost painful that the poor Turk, for whom it is now so unfashionable to say a good word, might still teach us a thing or two.—I am, etc.,

T. H. M. CLARKE, Captain R.A.M.C.

Canea, Crete.

THE MASTER-WORD IN MEDICINE.

SIR,—Professor Osler's address to the students of the Medical Faculty of the University of Toronto and your leader on the same, both of which appear in the BRITISH MEDICAL JOURNAL of November 7th, will be read with much profit. It is the teaching of stern reality—the philosophy of a good and honest heart. It is the philosophy of *must*, so hateful to those who bend to the modern fashion of "higher criticism," of idealism. "Men must endure going hence, as they must endure coming hither; ripeness is all." The philosophy of realism teaches that a man must work, which is best done cheerfully. Thus the hopeful man receives his reward at the time he commences work, while the idealist has his reward deferred till his work is finished; and who can tell whether he will finish it? Success is not gauged by position in life nor by banking accounts. The successful man is he who "rejoices in his own work, for this is his portion." Real success is therefore within the reach of all, for every man's portion is the watchword—Work. "All labour of man is for the mouth, yet the appetite is not filled"; and "goods are increased to those that eat them."

Whatever philosophy goes beyond man's narrow sphere is false, is imaginary. Man may prepare the field but he may not prepare the seed: he has no further influence over the growing of the fruit. He cannot tell whether it will prosper. When the cottager's pear excels the squire's pear the squire

envies the cottager. An envious man, therefore, cannot be successful, for he sets his thoughts on the issue, the portion that may not be his, and over which he may not have any control. The absence of aims is the insurance against disappointment.

The pernicious, false philosophy of idealism does more harm than disease germs, for it causes men to dangerously overtax themselves in the pursuit of ever-receding Will-o'-the-wisps. In this pursuit some tire, some die on the way, and others enjoy *themselves* in the chase, but not one of such ever enjoys the good of his labour—his portion.

To the soundness of the philosophy of realism animated Nature has borne witness from the commencement of time; even the science of dead matter teaches that no organ ever so diseased fails to show that some of the cells remain real and undamaged to the end; and so the good old acceptable words as reproduced by Professor Osler in his address will be welcomed by all those who love life. A man may muddle through life with any philosophy, with even that of idealism, but the excellency of sound philosophy is the knowledge that all philosophies are of no account in the end.—I am, etc.,

Wolverhampton, Nov. 10th.

DOBSON POOLE.

ENTRY OF MEDICAL STUDENTS AT LIVERPOOL UNIVERSITY.

SIR,—My attention has been drawn to a mistake in the return made by me of the winter entry of medical students at the University of Liverpool, and published in the BRITISH MEDICAL JOURNAL of October 31st. The number 111 in the first column represents the total number of students now in the school who are taking the full medical curriculum. The number of students entering for the first time and taking the full medical course is 23, as against 24 last year.—I am, etc.,

Liverpool, Dec. 1st.

B. MOORE,

Dean of Medical Faculty.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

FLEET-SURGEON C. PEARSON, M.D., M.A., has been promoted to be Deputy Inspector-General, October 10th. He was appointed Surgeon, September 30th, 1875; Staff-Surgeon, September 30th, 1887; and Fleet-Surgeon, July 14th, 1896. He was Surgeon of the *Invincible* at the bombardment of the Alexandrian forts in July, 1882, and during the subsequent war, and has the medal with clasp, and the Khedive's bronze star.

The undermentioned gentlemen have been appointed Surgeons in His Majesty's Fleet, dated November 23rd:—W. P. YETTS, N. S. MEIKLEJOHN, T. D. LIDDLE, M.B.; W. P. HINGSTON, G. L. BUCKERIDGE, A. H. S. RICHARDSON, H. WOODS, M.B.; G. H. S. MILLN, M.B.; C. J. BOUCHER, M.B.; R. H. ST. B. E. HUGHES, F. M. V. SMITH, G. D. WALSH, D. H. VICKERY, P. D. RAMSAY, W. G. M. ANDERSON, M.B., B.A.; A. R. DAVIDSON, M.B.; E. B. KENNY, M.B.; J. E. JOHNSON, M.B., B.A.; J. C. BRINGAN, M.B.; F. J. GOWAN, M.B.; J. SHIPSEY, M.B.; L. C. E. MURPHY, F. COCK, E. R. TOWNSEND, A. D. C. CUMMINS, C. M. WOODS, A. R. SCHOFIELD, M.B.; T. W. JEFFERY, E. P. G. CAUSTON, B.A.; B. R. BICKFORD.

The following appointments have been made at the Admiralty: EDWARD B. TOWNSEND, Fleet Surgeon, to the *Monmouth*, December 8th; JOHN D. HUGHES, Staff Surgeon, to the *Pioneer*, on recommissioning; L. KING, Surgeon, to the *Monmouth*, December 2nd; GEORGE HEWLETT, Staff Surgeon, and WILLIAM E. GRIBBELL, Surgeon, to the *Bonaventure*, December 3rd; ALFRED E. WEIGHTMAN, Staff Surgeon, to the *Dido*, December 3rd; WARREN G. WESTCOTT, Surgeon, to the *Britannia*, December 3rd; DAVID W. HEWITT, Surgeon to the *Wulffire*, November 26th; CHARLES E. C. STANFORD, Surgeon, to the *Phoenix*, November 26th; ELIAH R. L. THOMAS, Surgeon, to the *Revenge*, November 26th; WILLIAM R. M. YOUNG, Staff Surgeon, to the *Venus*, December 8th; JOHN McDONALD, M.B., Surgeon, to the *Hibernia*, for the *Matine*, November 30th; A. D. SPALDING, Surgeon, to the *Jackal*, November 30th; C. E. C. CHILD and C. DAWE, Surgeons, to the *Fire Queen*, for disposal, November 30th.

ARMY MEDICAL STAFF.

COLONEL J. D. EDGE, M.D., C.B., Royal Army Medical Corps, to be Surgeon-General, *vice* G. J. H. Evatt, M.D., C.B., retired, November 11th. Surgeon-General Edge was appointed Assistant Surgeon, September 30th, 1871; Surgeon, March 1st, 1873; Surgeon-Major, August 20th, 1873; granted the rank of Lieutenant-Colonel, September 30th, 1891; made Brigade-Surgeon-Lieutenant-Colonel, January 8th, 1896; and Colonel, June 1st, 1901. He was noted on December 3rd, 1872, "to be promoted Staff Surgeon, as soon as he has qualified for the superior grade, in recognition of his gallant services when engaged against the Indians at Orange Walk, British Honduras," on September 1st, 1872. He served in the Zulu war of 1879, and was in the engagement at Gingindlovu and at the relief of Ekowe (medal with clasp); in the Afghan war in 1879-80, being present in the engagement at Maiwand in charge of a field hospital, and in the defence of Candahar (received the thanks of the Government of India; medal); in the Egyptian war of 1882 with the Indian contingent, and at the battle of Tel-el-Kebir in charge of a field hospital (medal with clasp, 4th class of the Osmanieh, and Khedive's star); with the Burmese expedition in 1887-9 (medal with two clasps); and in the South African war in 1899-1900 as Principal Medical Officer; afterwards Principal Medical Officer of a section of the lines of communication and Johannesburg district, and was in numerous operations in various parts of the country (mentioned in dispatches and made Companion of the Bath).