centrated within the Malpighian corpuscles and there was very little within the sinusoids. This would suggest that high concentrations of atabrine were not attained within the reticulo-endothelial cells. In the kidney the convoluted tubules showed the greatest fluorescence, the collecting tubules a lesser amount, and the glomeruli but little. Fluorescence in other organs was not as great as in the three organs first described.

Further, it is not yet definitely established that this is all due to atabrine alone because no distinction can be made between atabrine and its degradation products by this technique.

JOSEPH W. JAILER,
Captain, M.C.

THE EFFECT OF MOTION PICTURES ON BODY TEMPERATURE

THE letter from Mr. N. Kleitman in SCIENCE for May 18 on "The Effect of Motion Pictures on Body Temperature" is of interest, in that it gives an apparent anomaly.

Although I am not a biologist, there would appear to be two possible complicating factors of which no mention is made, and it would be interesting to know whether there is any correlation in respect of these two points.

(1) It would be expected that the type of film would have an overwhelming effect on any rise in body temperature. It seems unreasonable to suppose, among the wide variety of films seen by habitués, that a similar rise in body temperature would be occasioned by widely different types of film; the figures show a similar rise in body temperature for all types of film, and one feels from this that some other factor may well be involved. The point is well put that a film need not necessarily be a relaxation and it can, of course, give rise to intense emotions, but it would have been thought that in the case of a habitué, many films would certainly not have a very intense effect.

I myself go rarely, but there appear to be a good proportion of very disappointing feature films which should affect the figures given.

(2) A possible overriding factor may be the rise in body temperature occasioned by close contact with masses of other people in a confined space. The normal diurnal temperature drop expected at the time when the habitué went to the cinema presumably occurs in conditions of uncrowded living at home. I am not sufficiently familiar with the American conditions to know if it is a reasonable assumption that the average temperature in the home of the habitué would be reasonably lower than the temperature in the cinema, but in any case, proximity to considerable numbers of other human beings is likely to have an appreciable effect on temperature.

It would be interesting to know whether any data have been taken for, say, rise in body temperature at a concert or something less stimulating, or possibly a soporific election meeting, if such are held in America.

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SUGGESTION FOR THE DISCHARGE OF SCIENTISTS FROM THE ARMED FORCES

RECENT discussion in scientific circles and journals points out that the United States faces a serious decline in the progress of scientific research for a period at least equal to the "duration," since it has placed its younger scientists of draft age in active service. Concern over this matter has been most expressed in the field of medicine and in the physical sciences because of their practical importance. The same concern should be felt and voiced with respect to those fields of pure science in which immediate importance is not evident. The several sciences interlock so completely that in the long run it is as disastrous to interrupt a train of thought dealing with quaternions or to take a research anatomist away from the study of the giant panda as it is to halt research on poison gases or their antidotes, or on stratospheric trajectories.

That the so-called pure sciences form the framework of all scientific research is so evident that we should now look from the immediate bearing to the remote bearing of our allocation of scientific personnel. A proper coverage of the sciences in the organization of our American scientific personnel becomes the more important when it is remembered that with an impoverished or ruined Europe America must shoulder a much greater share of the cultivation of the sciences than ever before.

Since, however, the temper of the country at large and likewise the temper of our most promising young scientists seem to be definitely against any general deferment of such a group of young men, however great their future importance to science and to the nation, we seem to be at an *impasse*. Finding no solution to the problem as a whole, I venture a suggestion for a segment that seems solvable. This lies in the discharge of all men now in the armed forces who are past the age of 30, below the commissioned rank and for whom a research position in a university, museum or research institute is being held open. A man below the officer rank, and past the age of 30, who holds a responsible research position in a scientific institution would obviously serve the national interest better if returned to his civilian scientific post. The performance of the tour of duty indicated by his age will remove any feeling on the man's own part (or in that of his fellows) that he has shirked a na-

tional duty. The fact that he is not a commissioned officer will indicate that his training as a scientist is not of primary importance to the army. The fact that a position is waiting for him means that his discharge would contribute to orderly demobilization. Postwar expansion of the national scientific program will require the aid of exactly the age group in question as teachers and leaders.

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SCIENTIFIC BOOKS

CLINICAL MYCOLOGY

Manual of Clinical Mycology. Prepared under the auspices of the Division of Medical Sciences of the National Research Council. 348 pp. Philadelphia and London: W. B. Saunders Company. 1945.

THIS war manual is useful for the general practitioner, as well as for the clinical pathologist. We can accept the mycologic nomenclature and taxonomy of Dr. Conant with complete confidence. The medical authors have cooperated to produce a volume that is practical and scientific from the point of view of the pathologist as well as the dermatologist.

Surgeon General Kirk, in his "Foreword," recognizing the need for such a book, has stated, "In many places in this country medical mycology is a field of esoteric interest." Probably the best definition of esoteric is understood by the initiated alone.

Surgeon General McIntire states that the book is to be highly recommended for its timeliness and soberness of presentation, and that "Treatment is definitive and modern."

In the first edition of my little manual of clinical pathology (1908) I had the advice of our great parasitologist, Dr. Charles W. Stiles, but for mycology I was at a loss for guidance. Fortunately, I found a book which, I felt, was authoritative, written by L. Gedoelst, and published in Brussels, in 1902. Since then I have also been guided by Vuillemin and Brumpt. One reason for my preference for French parasitologists has been that Dr. Stiles considered the French far superior to the Germans in accuracy of nomenclature. Dr. Stiles was for many years the secretary of the International Committee on Zoological Nomenclature.

In the last edition of my book, at the recommendation of Dr. Thom, I turned to the splendid work of Professor Dodge ("Medical Mycology"). Dr. Stiles regarded our American nomenclaturists as on a par with the French.

In the excellent chapter on Cryptococcosis the name of the fungus is given as *Cryptococcus neoformans.* I have discussed this most serious and important invader of the central nervous system under the name of *Cryptococcus histolyticus* (*Torula histolytica*), and designating the disease as torulosis. It is evident I shall have again to consult my mycology friends.

The chapters on Coccidioidomycosis, South American Blastomycosis, Chromoblastomycosis and Histoplasmosis give us detailed, easily understood and recent information as to these diseases.

The bibliography is of great aid to teachers of mycology. The illustrations are well chosen.

Vice Admiral McIntire importantly states, "Our tropical warfare, particularly in the bush jungles of the South Pacific, has fostered fungus growth to a crippling degree."

There is an editorial in *The British Medical Journal* of May 13, 1944, which states, in connection with reconversion postwar changes in medical education: "Most of the text-books of the present must go on the reference book shelf, where they properly belong, and new text-books must be written and practical courses prepared, directed to study of method and principle."

This little war manual, prepared by staff members of the Duke University School of Medicine, including a pathologist, a dermatologist, an internist and a trained mycologist, submitted their manuscripts to Dr. Martin, who coordinated the various sections to make the style more uniform.

This would seem to be the type of book the British had in mind.

Since the preparation of this manual of mycology a very disturbing piece of research work by the Tuberculosis Control Division of the Public Health Service has appeared (Carrol E. Palmer, May 11, 1945). This deals with nontuberculous pulmonary calcifications and sensitivity to histoplasmin. This throws doubt on the validity of chest plates used as a basis for rejecting persons for the armed services.

Epidemiological surveys were made in widely separated areas of the United States, and striking variations were obtained as to percentage of histoplasmin reactors. Data as to tuberculin and histoplasmin tests with roentgenograms on 3,105 student nurses were studied.

The greatest incidence of such pulmonary calcifications, in nurses showing histoplasmin reactions, was found in Kansas City, Mo. (61.5 per cent.)—in Philadelphia, Pa., only 11.8 per cent.

The histoplasmin was supplied by Dr. C. W. Emmons, of the National Institute of Health.

Earlier reports were made by Olson, Wright and Nolan, of the U. S. Public Health Service, as to the nature of pulmonary calcifications in those not showing clinical or tuberculin-test evidence of tuberculosis.