

of the great cellular atypism that can occur in non-neoplastic lesions; and one wonders if they are aware that many a regenerative hyperplasia shows much more "malignant" cells (judged by the criteria accepted in this book) than many a carcinoma. Very probably there is room for improvement in the work of some pathologists in their identification of tumour cells in fluids, but this will be achieved only by those with a sound knowledge of histopathology, both of cancer and non-cancer tissues. Purely "cytologic diagnosis" will always suffer from a high proportion of either doubt or error.

RUPERT A. WILLIS.

TELLING THE DIABETIC

Helpful Hints to the Diabetic. By W. S. Collens, B.S., M.D., and L. C. Boas, A.B., M.D. (Pp. 135; 64 figs. 21s. 6d.) Oxford: Blackwell Scientific Publications. 1949.

This is one of those books which invite the patient to co-operate in the treatment of his disease. The nature, symptoms, and principles of treatment are discussed in terms presumably intended to enlighten the sufferer, although it is questionable whether such phrases as "Diabetes is a disease in which the normal process of the utilization of glucose by the cell is impaired because of a disturbance in the function of insulin" would mean much to the ordinary diabetic out-patient. The authors' prose style is based on the principle of avoiding a word of two syllables when one of three is available; thus glucose is never used, but always "utilized"; food is not eaten, but "ingested"; the diabetic does not crave for sugar, but has "an abnormal desire for unusual quantities of sweet and starchy foods."

Food tables are designed for the American larder and are of little help to the diabetic in this country. More than ten pages are devoted to an exposure of the "cures" for diabetes which adorn the advertisement columns of American newspapers, a topic of little interest to the English diabetic. Although the chapters on administration of insulin and urine testing are clear, readable, and excellently illustrated, this book cannot be recommended to diabetic patients in Britain, who are already well served by native authors.

R. BODLEY SCOTT.

INDUSTRIAL TOXICOLOGY

The Chemistry of Industrial Toxicology. By Hervey B. Elkins. (Pp. 406. £2 4s.) New York: John Wiley and Sons. London: Chapman and Hall. 1950.

The author says that this book is an attempt "to treat industrial poisons primarily from the point of view of the chemist and engineer." Any industrial medical officer experienced in the chemical and related industries will know the nature of the problem which he should face but which, not infrequently, he gives up. It is that he should learn a great deal of industrial chemistry and that the *chemist and chemical engineer* should be induced to understand the nature of industrial poisonings, acute and chronic, and the way in which co-operation with the medical department can assure good health and happy, productive work. The points of view of doctor and technologist will never be identical, but much can be done to bring them together to the benefit of the worker. For this the doctor must shed his pomposity and his mystery-man state of mind, and the technologist must climb down from his pinnacle of electron shells and thermodynamics.

The author of this book has taken a rather different attitude towards what is needed by the chemist and engineer, for he has given them much useful informa-

tion on sampling and analytical methods, a valuable chapter on maximum allowable concentrations, and over 180 pages of, in the main, short paragraphs on a large number of elements and compounds of industrial significance. Most paragraphs are preceded by some physical data and a note on harmful effects, as, for example, "Damage to lungs, eyes, skin." Physiology is discussed in two chapters. The references to the literature will probably be more useful than the text.

The dilemma before the author in writing a book of this kind is not underrated, nor is the notable effort made. Perhaps a book on this subject suitable for technologists cannot be written by a single individual. But, if written, it must be much more graphic in precisely the field which the present author says is not his business. Except in the section on analytical methods there is no chemistry in this book, unless giving the empirical formula of a compound is called chemistry; except in the most summary and rudimentary way there is no toxicology. The book is expensive for what it offers. It certainly is not suitable for continuous reading and is hardly authoritative enough for a reference book. But it deserves a place in the chemical factory or laboratory for its collections of useful quantitative data.

M. W. GOLDBLATT.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

British Surgical Practice. Edited by Sir Ernest Rock Carling, F.R.C.S., F.R.C.P., and Sir James Paterson Ross, K.C.V.O., M.S., F.R.C.S. Vol. 8. (Pp. 597. 60s.) London: Butterworth. 1950.

Humanism, History, and Natural Science in Medicine. By F. M. R. Walshe, M.D., D.Sc., F.R.S. The Linacre Lecture, 1950. (Pp. 29. 1s. 6d.) Edinburgh: E. and S. Livingstone. 1950.

A Text-Book of X-Ray Diagnosis. Edited by S. Cochrane Shanks, M.D., F.R.C.P., F.F.R., and P. Kerley, M.D., F.R.C.P., F.F.R., D.M.R.E. Vol. 3. 2nd ed. (Pp. 830. 70s.) London: H. K. Lewis. 1950.

The Biochemistry of the Nucleic Acids. By J. N. Davidson, D.Sc., M.D. (Pp. 163. 7s. 6d.) London: Methuen. 1950.

Science News 17. Edited by J. L. Crammer. (Pp. 156. 1s. 6d.) Harmondsworth: Penguin Books. 1950.

Manual of Zen Buddhism. By D. T. Suzuki, D.Litt. (Pp. 192. 15s.) London: Rider. 1950.

Practical Histology Class Notes. By H. S. D. Garven, B.Sc., M.D., F.R.S.Ed. Parts I and II. (Pp. 220. 20s.) Glasgow: John Smith. 1950.

Facial Paralysis. By J. Parkes Findlay, M.B., Ch.M. (Pp. 47. 17s. 6d.) Sydney: Distributed by Angus and Robertson, Ltd., 89, Castlereagh Street, Sydney, Australia. 1950.

Tumours of the Peripheral Nervous System. By A. P. Stout, M.D. Section II, Fascicle 6, of *Atlas of Tumour Pathology*. (Pp. 57. 60 cents.) Washington, 25, D.C.: Armed Forces Institute of Pathology. 1950.

Primer Congreso Mexicano de Ginecología y Obstetricia: Official Proceedings. (Pp. 833. No price.) Mexico: Asociación Mexicana de Ginecología y Obstetricia. 1949.

Medizinische Psychologie. By E. Kretschmer, Ph.D. 10th ed. (Pp. 304. M. 24.) Stuttgart: Georg Thieme. 1950.

Das Strichbild. By R. Pophal. (Pp. 60. M. 6.60.) Stuttgart: Georg Thieme. 1950.

Erythroblastosis Foetalis und Blutaustausch. By A. S. Wiener and I. B. Wexler. (Pp. 56. M. 4.20.) Stuttgart: Georg Thieme. 1950.

Birmingham inspector referred to pollution caused by emission of fumes from processes such as brass casting, aluminium melting, scrap-metal recovery, and enamelling ovens. He himself had worked in an iron foundry where fumes got into the nose, eyes, and lungs. He asked whether, if legislation could not be contemplated, there could not be more intense investigation and administration to reduce this waste of health and wealth.

Dr. BARNET STROSS, as a medical man, remarked that there was something to be said for the contention that the higher incidence of carcinoma of the bronchial tubes now found in elderly people might result from the tarry deposits inhaled from the atmosphere.

Mr. A. BLENKINSOP, replying for the Ministry of Health, said local authorities had fairly wide powers and in most cases controlled emission of black smoke. Over pollution from chemical works the Ministry of Health had direct responsibility under the Alkali Acts and could take direct action. Local authorities were active in using their powers, but were often defeated by the general anxiety to secure full production. The Ministry of Health with the Ministry of Fuel and Power, was doing all it could to secure training in better stoking and to secure more efficient plant. Powers had been taken in some towns to provide for smokeless zones where, after proper notice, it would be a punishable offence to create smoke. As these smokeless areas were gradually extended, some steady improvement would be seen.

National Service

When asked on September 19 whether National Service men due to enter a university in October would be exempted from a further six months' service under the National Service Act which had become law on the previous day, the Minister of Labour said arrangements had been made for the early release of the men concerned. Applications should be made through the ordinary Service channels. These men would be discharged at the end of their 18 months' service and would not be liable for another six months' service.

In reply to another question, he said that all men attending for medical examination under the National Service Acts were asked to give the Medical Board full details of their medical history. Any certificates from general practitioners or consultants that a man might produce received full consideration.

Welfare Foods.—The stocks of welfare foods in distribution in the United Kingdom at the end of the July accounting period, 1950, were: National dried milk, 3,987,000 tins against 2,959,000 tins in 1945; cod-liver oil, 2,485,000 bottles against 1,955,000 in 1945; vitamin A and D tablets, 585,000 packets against 405,000 in 1945; and orange juice, 6,830,000 bottles against 4,184,000 in 1945.

Universities and Colleges

UNIVERSITY OF MANCHESTER

Dr. Kathleen V. Lodge has been appointed demonstrator in pathology.

Dr. Stanley Wyatt (lecturer in occupational health), Dr. G. W. Boden (assistant lecturer in radiotherapy), and Dr. J. K. Craig (demonstrator in physiology) have resigned the posts indicated in parentheses.

UNIVERSITY OF SHEFFIELD

At a Congregation held on September 23 the following degrees were conferred.

M.B., Ch.B.—H. Bailey, Patricia T. Ferraro, W. E. Freeman, L. G. Gordon, Shelagh Hannath, E. A. Johnson, F. E. Neal, N. L. Sarkar, J. D. Warren.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

Dr. Philip S. Hench, of the Mayo Clinic, Rochester, U.S.A., will deliver the inaugural Walker Trust Lecture entitled "The Effect of Cortisone and A.C.T.H. on Rheumatic Diseases" in the Hall of the Faculty (242, St. Vincent Street, Glasgow) on Monday, October 16, at 4 p.m. Admission is by ticket, which may be obtained free of charge on application to the secretary of the Faculty.

No. 37

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended September 16.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included). (b) London (administrative county). (c) Scotland. (d) Eire. (e) Northern Ireland.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London). (b) London (administrative county). (c) The 16 principal towns in Scotland. (d) The 13 principal towns in Eire. (e) The 10 principal towns in Northern Ireland.

A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

| Disease | 1950 | | | | | 1949 (Corresponding Week) | | | | |
|---|-------|------|------|-----|-----|---------------------------|------|------|------|-----|
| | (a) | (b) | (c) | (d) | (e) | (a) | (b) | (c) | (d) | (e) |
| Meningococcal infection | 28 | 4 | 13 | 2 | — | 34 | 2 | 25 | 4 | — |
| Deaths | — | — | — | — | — | — | — | — | — | — |
| Diphtheria | 37 | 6 | 10 | 2 | 3 | 78 | 10 | 30 | 6 | 5 |
| Deaths | — | — | — | — | — | 1 | — | — | — | — |
| Dysentery | 215 | 10 | 94 | 1 | — | 86 | 7 | 54 | 1 | 2 |
| Deaths | 2 | — | — | — | — | — | — | — | — | — |
| Encephalitis, acute | 11 | 1 | 1 | 1 | — | 1 | — | — | — | — |
| Deaths | — | — | — | — | — | — | — | — | — | — |
| Erysipelas | — | — | 21 | 8 | 2 | — | — | 27 | 2 | 1 |
| Deaths | — | — | — | — | — | — | — | — | — | — |
| Infective enteritis or diarrhoea under 2 years | 12 | — | 3 | 28 | 13 | 27 | — | 11 | 142 | 4 |
| Deaths | — | — | — | 2 | 1 | — | — | — | 16 | — |
| Measles* | 2,494 | 146 | 80 | 35 | 45 | 688 | 42 | 40 | 48 | 40 |
| Deaths† | — | — | 2 | — | — | — | — | 1 | — | — |
| Ophthalmia neonatorum | 52 | 9 | 7 | — | — | 54 | 12 | 6 | — | — |
| Deaths | — | — | — | — | — | — | — | — | — | — |
| Paratyphoid fever | 11 | 1 | — | — | — | 18 | 1 | 5(B) | 2(B) | — |
| Deaths | — | — | — | — | — | — | — | — | — | — |
| Pneumonia, influenzal | 218 | 14 | 1 | — | 1 | 211 | 10 | 2 | 1 | 2 |
| Deaths (from influenza)‡ | 1 | — | — | — | — | 6 | — | — | — | — |
| Pneumonia, primary | 108 | 11 | 128 | ¶ | 6 | 116 | 18 | 85 | 10 | 3 |
| Deaths | — | — | — | — | — | — | — | — | 9 | — |
| Poliomyelitis, acute | 478 | 29 | 77 | 3 | 24 | 342 | 41 | 8 | 3 | 3 |
| Deaths§ | 23 | 2 | — | — | — | 20 | 2 | — | — | — |
| Puerperal fever | — | — | 6 | — | — | — | — | 10 | — | — |
| Deaths | — | — | — | — | — | — | — | — | — | — |
| Puerperal pyrexia | 87 | 7 | 8 | — | — | 118 | 9 | 4 | — | 2 |
| Deaths | — | — | — | — | — | — | — | — | — | — |
| Relapsing fever | — | — | — | — | — | — | — | — | — | — |
| Deaths | — | — | — | — | — | — | — | — | — | — |
| Scarlet fever | 750 | 49 | 148 | 51 | 47 | 942 | 75 | 132 | 62 | 96 |
| Deaths† | — | — | — | — | — | — | — | — | — | — |
| Smallpox | — | — | — | — | — | — | — | — | — | — |
| Deaths | — | — | — | — | — | — | — | — | — | — |
| Typhoid fever | 8 | 2 | 3 | 2 | — | 4 | 1 | 1 | 2 | — |
| Deaths | 1 | — | — | — | — | — | — | — | — | — |
| Typhus fever | — | — | — | — | — | 4 | — | — | — | — |
| Deaths | — | — | — | — | — | — | — | — | — | — |
| Whooping-cough | 3,086 | 267 | 186 | 65 | 19 | 1,180 | 48 | 75 | 33 | 45 |
| Deaths | 8 | 2 | — | 1 | — | 1 | — | — | — | — |
| Deaths (0-1 year) | 193 | 24 | 31 | 16 | 8 | 225 | 26 | 49 | 36 | 15 |
| Deaths (excluding stillbirths) | 4,074 | 627 | 492 | 158 | 105 | 3,702 | 567 | 482 | 162 | 88 |
| Annual death rate (per 1,000 persons living) | — | — | 9.9 | — | — | — | — | 9.7 | 10.0 | — |
| Live births | 6,602 | 1056 | 828 | 431 | 213 | 7,099 | 1098 | 891 | 373 | 225 |
| Annual rate per 1,000 persons living | — | — | 16.6 | — | — | — | — | 17.9 | 23.1 | — |
| Stillbirths | 179 | 21 | 23 | — | — | 188 | 17 | 27 | — | — |
| Rate per 1,000 total births (including stillborn) | — | — | 27 | — | — | — | — | 29 | — | — |

* Measles is not notifiable in Scotland, and the returns are therefore an approximation only.

† Deaths from measles and scarlet fever for England and Wales, London (administrative county), will no longer be published.

‡ Includes primary form for England and Wales, London (administrative county), and Northern Ireland.

§ The number of deaths from poliomyelitis and polio-encephalitis for England and Wales, London (administrative county), are combined.

|| Includes puerperal fever for England and Wales and Eire.

¶ Primary pneumonia no longer notifiable in Eire.

Thursday

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C., October 12, 5.30 p.m., "*Fat Soluble Vitamins and Bone Formation*," by Sir Edward Mellanby, F.R.S.

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—October 12, 5 p.m., "*Pathology*," by Dr. J. O. Oliver.

INSTITUTE OF PSYCHIATRY, Maudsley Hospital, Denmark Hill, London, S.E.—October 12, 3 p.m., "*The Nature of the Nerve Impulse*," by Dr. B. Katz.

NORTH-EAST LONDON CLINICAL SOCIETY.—At Prince of Wales's General Hospital, Tottenham, N., October 12, 8.15 p.m., "*Thrombosis and Embolism*," by Mr. Maurice Lee. To be illustrated by a film.

ROYAL ARMY MEDICAL COLLEGE.—At Lecture Theatre, John Islip Street, London, S.W., October 12, 5 p.m., "*The History of Small-pox in the British Isles*," by Sir William MacArthur.

●ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—October 12, 5 p.m., "*Acute Intestinal Obstruction*," by Mr. Grant Massie; 6.15 p.m., "*Surgery of the Adrenal*," by Mr. L. R. Broster.

●ROYAL COLLEGE OF SURGEONS OF ENGLAND: FACULTY OF ANAESTHETISTS, Lincoln's Inn Fields, London, W.C.—October 12, 10 a.m., "*Anaesthesia for Thoracic Surgery*," by Dr. A. I. Parry Brown; 11.30 a.m., "*Muscle Relaxants*," by Dr. T. Cecil Gray; 2.30 p.m., "*Anaesthesia for Thoracic Surgery*," by Dr. A. I. Parry Brown; 4 p.m., "*Muscle Relaxants*," by Dr. T. Cecil Gray.

UNIVERSITY COLLEGE.—At Anatomy Theatre, Gower Street, London, W.C., October 12, 1.15 p.m., "*Man as a Subject for Scientific Study*," by Professor J. Z. Young, F.R.S.

Friday

EDINBURGH UNIVERSITY.—At Anatomy Lecture Theatre, University New Buildings, Edinburgh, October 13, 5 p.m., "*The Present Status of Cortisone and A.C.T.H. in General Medicine*," MacArthur postgraduate lecture by Dr. Philip S. Hench (Minnesota, U.S.A.).

INSTITUTE OF OPHTHALMOLOGY (UNIVERSITY OF LONDON), Judd Street, London, W.C.—October 13, 5.30 p.m., "*Detachment Operations other than Diathermy*," by Mr. A. Lister.

●ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—October 13, 5 p.m., "*Bone Sarcoma*," by Sir Stanford Cade; 6.15 p.m., "*Fractures of the Femoral Shaft*," by Mr. H. L. C. Wood.

●ROYAL COLLEGE OF SURGEONS OF ENGLAND: FACULTY OF ANAESTHETISTS, Lincoln's Inn Fields, London, W.C.—October 13, 10 a.m., "*Principles of Anaesthetic Apparatus*," by Dr. H. G. Epstein; 11.30 a.m., "*The Circulation During Anaesthesia*," by Professor E. A. Pask; 2.30 p.m., "*Principles of Anaesthetic Apparatus*," by Dr. H. G. Epstein; 4 p.m., "*The Circulation During Anaesthesia*," by Professor E. A. Pask.

ROYAL MEDICAL SOCIETY, 7, Melbourne Place, Edinburgh.—October 13, 8 p.m., "*Diseases of the Cotton Industry*," dissertation by Dr. J. G. E. Smith.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Macphail.—On September 11, 1950, at Queen Charlotte's Hospital, to Dr. Margaret Macphail (formerly Hutchinson), wife of Dr. D. S. Macphail, a daughter.

Parkes Bowen.—On September 23, 1950, to Sheila (formerly Robinson), wife of Dr. David Parkes Bowen, a daughter—Penelope Susan.

Whitehouse.—On September 20, 1950, at Ashleigh, Gosforth, Newcastle-upon-Tyne, to Joan (formerly Tully), wife of Dr. Dennis Whitehouse, a brother for Peter—Michael David.

DEATHS

Abercrombie.—On September 19, 1950, at Plymouth, Massachusetts, Peter Henderson Abercrombie, M.D., of Putney Hill, London, S.W., aged 83.

Ball.—On September 25, 1950, at University College Hospital, London, W.C. Cecil Glyn Ball, M.B., B.S., C.P.H., of 213, Everton Drive, Stanmore, Middlesex, aged 30.

Edington.—On September 23, 1950, at 21, Brunswick Square, Penrith, Daniel Charles Edington, M.D.

Ferguson.—On September 27, 1950, Robert Ferguson, M.D., of Albury Nook, South Eden Park Road, Beckenham, Kent, late of Ongar, Essex, aged 81.

Garner.—On September 16, 1950, at "Brookfield," Irlam Road, Flixton, Manchester Charles Garner, M.D., aged 75.

Gloyne.—On September 25, 1950, Stephen Roodhouse Gloyne, M.D., D.P.H., of 190, Chiltern Court, London, N.W.

Harris.—On September 16, 1950, at the London Hospital, Charles Harris, L.R.C.P.&S.Ed., D.P.H., of 44, Carden Avenue, Patcham, Brighton, aged 68.

Humphrey.—On September 22, 1950, at Stradbroke Priory, near Diss, Norfolk, Geoffrey Percy Humphrey, M.B., C.M., Brevet Lieutenant-Colonel, R.A.M.C., retired, aged 83.

Jarratt.—On September 19, 1950, at 14, St. James' Road, Bridlington, Yorks, Alfred Kaye Jarratt, M.B., C.M., aged 82.

Leech.—On September 19, 1950, at Chadlington House, Victoria Park, Manchester, Ernest Bosdin Leech, M.D., F.R.C.P., aged 75.

Leys.—On September 15, 1950, at "Culdearn," Grantown-on-Spey, Morayshire, John Leys, M.D., aged 85.

Purslow.—On September 20, 1950, at 65, Sir Harry's Road, Edgbaston, Birmingham, Charles Edwin Purslow, M.D., aged 89.

Rawlence.—On September 17, 1950, following an operation, Harold Ernest Rawlence, O.B.E., M.D., F.R.C.S.Ed., of Stoford House, Stoford, near Salisbury, Wilts.

Swyer.—On September 21, 1950, at the Queen Mary Hospital, Millbank, London, S.W., James Edward Swyer, M.R.C.S., L.R.C.P., Colonel, A.M.S.

Walters.—On September 16, 1950, William James Walters, M.R.C.S., L.R.C.P., of 185, Whitehall Road, Gateshead, late of Bryn Road, Swansea, aged 59.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Diastolic Murmurs

Q.—How can the "innocent" diastolic murmur be diagnosed, and what is its significance?

A.—Strictly speaking, there is no such thing as an innocent diastolic murmur. There are functional diastolic murmurs which are innocent in the sense that they do not denote valve disease; on the other hand, they may indicate something even more serious. For example, practically all pulmonary diastolic murmurs are functional and depend upon dilatation of the pulmonary artery and valve ring. A functional aortic diastolic murmur occurs in about 10% of cases of severe hypertension for similar reasons. A functional mitral diastolic murmur may be heard in patent ductus arteriosus, ventricular septal defect, and occasionally in thyrotoxicosis, and signifies a greatly augmented mitral blood flow. There is no difference in the timing and quality of such functional murmurs from those due to organic disease of the valve, but the clinical circumstances are different. The correct diagnosis is thus arrived at only after a full consideration of all the features of the case, not just by auscultation alone.

A soft respiratory murmur may occasionally be heard in diastole at the left sternal border, and this of course is innocent. It is difficult to hear, varies with respiration, and may have an unusual relationship to the second heart sound as compared with intracardiac murmurs. A soft pericardial friction rub in diastole may also be mistaken for a diastolic murmur.

Prickly Heat

Q.—What is the modern specific treatment, if any, for prickly heat?

A.—There is no truly specific treatment for prickly heat. The most important thing to do is to supply animal or vegetable fat to the epidermis. This is best done by rubbing in daily ung. adipis lanae hydrosi. The second thing is to use a mild antiseptic to kill the invading staphylococci. Brilliant green is the least irritating and can be incorporated in the ointment, but its staining properties make it objectionable to use. An alternative would be to swab once daily with a 1:1,500 solution of mercury perchloride. Anything that removes the natural grease from the skin must be avoided; soap should not be used more than once daily. Swabbing with alcoholic solutions is to be condemned.

Testing Visual Acuity in a Small Surgery

Q.—I have a surgery which is not 6 metres (19.7 ft.) long, and I wish to use my Snellen's test-type card. Can you please tell me: (1) Is a mirror-image card available so that I may put the card 13 ft. (3.97 m.) from the mirror and the patient 7 ft. (2.14 m.) from the mirror? (2) Is there any simple way of reading my test-type card at a distance of 13 ft., instead of at 20 ft. (6.1 m.), and expressing the result in the standard way?

A.—(1) Special types are made by the dispensing opticians who supply ophthalmic apparatus, with letters reversed for reading in a mirror. The results are satisfactory, but in a few cases a psychological effect is produced which makes the record of visual acuity a little inaccurate. In some cases it is possible to put a window fairly high up on the wall facing the patient with the usual test-types attached high up on the opposite wall in the adjoining room or passage, the card being moved by cords from the examiner's position. By this means it may be possible to get the full 6 metres.

(2) No. But the visual acuity at 13 ft. can be recorded fairly correctly as 4/12 and 4/18, etc. These figures, however, cannot accurately be converted to, say, 6/18 or 6/24.