

hundred, while the in-patient records show that during the year 33 mothers and 97 children were treated. The chief diseases were malnutrition, dyspepsia, and prematurity; there were 22 admissions for the re-establishment of breast feeding. Like most other institutions, St. Thomas's Babies' Hostel is in need of financial support. There is, roughly, a 33 per cent. deficiency every year, which can be made good only by charitable methods. This institution is one which contains both medical and social components, and there is great scope for voluntary social workers to act as assistants in the wards or to perform the "follow-up" part of the work which is so necessary for its success.

Street Lighting: A Leicester Experiment

A report issued by the Department of Scientific and Industrial Research (H.M. Stationery Office, 6d.) describes an experiment organized at Leicester in which the opinions of experts on a series of systems of street lighting are analysed and compared. This inquiry was a corollary to previous experiments at Sheffield. In the Sheffield investigation ten different street lighting installations were set up and a team of observers were asked to assess the glare effect of each; they were also asked to find the position at which glare was most noticeable, and to assess the visibility of objects on the roadway; and they were also given a test for visibility. The results at Sheffield appeared to indicate that there was a tendency to assess the degree of glare by the amount of discomfort experienced rather than by the reduction of visual sensitivity. The experiments at Leicester were directed to discovering whether the observers could form separate opinions regarding these two types of glare. Eight installations were set up of identical height and spacing, and arranged to give the same average illumination on the roadway. They were compared in pairs, two installations of any given pair being switched on alternately. The results show that the order in which the eight installations were placed by various observers was identical as regards estimates of the visibility of objects on the roadway, the reduction of ocular sensitivity, and discomfort glare. This common order was not, however, in good agreement with the reduction of ocular sensitivity calculated from laboratory investigations. It appears, therefore, that in estimating glare in street lighting observers are mainly influenced by the discomfort experienced. An installation in which all light was cut off at angles making less than about 10 degrees with the horizontal, so that only the nearest light source could be seen by an observer, was estimated by a large majority of the observers to have the highest visibility and to be least glaring. It was also judged to be, with one exception (an installation in which bare lamps were used), the least attractive. The opinion was expressed that the absence of distant light sources produced a depressing effect. The great majority of observers also found that the most attractive installation consisted simply of a large diffusing bowl. Freedom from glare was estimated to be high with this, but as regards visibility it was placed fifth among the eight installations compared.

The Leasowe Hospital for Children

During the twelve months ending December, 1930, 82.8 per cent. of all cases treated at the Liverpool Open-Air Hospital for Children, Leasowe, were discharged with the disease quiescent. These figures compare favourably with those for the previous years, which have ranged from 78.5 to 86.8 per cent. Dr. T. Hartley Martin, the senior medical officer, in his annual report remarks that tuberculous adenitis continues to respond satisfactorily to artificial light treatment, whether sinuses are present or not; similar good results have been obtained

in tuberculous peritonitis, when intestinal tuberculosis is absent. No evidence was obtained that this treatment hastened recalcification in bone disease. Researches were also conducted into calcium metabolism, amyloid disease, and the excretion of tubercle bacilli from the kidneys. The average number of beds occupied continuously throughout the year by non-tuberculous cases was fourteen, the diseases being rickets, congenital and acquired deformities, and infantile and spastic paralysis. The work of the hospital as the central institution in connexion with the orthopaedic schemes in the locality continues to develop, and the associated clinics are increasing their activities. The orthopaedic workshops of the hospital provide the necessary splints, appliances, and boots.

Correspondence

RADIOLOGY AND THE RADIOLOGIST

SIR.—Your enlightened article in the *Journal* of August 29th contains the question, "Is the *x*-ray apparatus in future to be used, for example . . . as the stethoscope is used?" The answer of the future only the future can give. The answer of the present time is that, by some, the *x*-ray apparatus is now so used—that is, as a routine procedure by the clinician himself in all chest cases, whether pulmonary or cardiac.

X rays have many uses, including their use in the diagnosis of thoracic disease, in which it is one of the most important clinical methods available. The clinician, especially if a consultant as well, must surely feel obliged then to make constant use of such an important method of examination. Whether he produces and interprets his own radiograms, after acquiring the requisite skill, or sends his patient on to a radiologist to produce and interpret them, is of minor importance. Each clinician or consultant is free to decide this matter for himself. Some clinicians and consultants have found it a great advantage to their patients, and an added interest to themselves, to make radiography of the chest a routine method.

The alternative role prescribed for the consultant "behind the radiologist acting as a corrective" is not an indispensable role. The skilled radiologist so seldom needs a corrective, and the consultant may even "correct" the accurate and make it incorrect.

Whether the chest consultant should do his own radiology or not, will in the future be decided neither by the consultant nor by the radiologist, but by the practitioner who chooses one, or both, and then advises his patient, who pays one, or both.

The technical and other knowledge required by the radiologist is very great. Moreover, it has to be applied in such innumerable and complicated ways that there can only be one answer to the further question in your article, "Will a specialist branch still be required?" in radiology, and that answer is by universal agreement most assuredly in the affirmative. There must, however, be no monopoly.—I am, etc.,

London, W.1, Sept. 14th.

A. HOPE GOSSE.

SIR.—May I, another who has followed the growth of radiology since its earliest days, support the views expressed by Dr. Stanley Melville in his letter in the *Journal* of September 12th. It is right that the clinician should use *x*-ray diagnosis in his practice; a moderate amount of training should enable him to do so successfully in a variety of conditions. But when it comes to diseases of the chest, long and constant experience is needed to