is a preponderance. As far as I am aware there are no statistics to show that the incidence of cataract is high amongst the inhabitants of the high Alps. On the other hand, it is common knowledge that it is very rare amongst the population of the plains of India. Cataract formation is also common, or said to be, amongst glass-blowers. It has also been noticed that some horses before glowing fires are apt to suffer from cataract formation.

I suggest to Mr. Harman that it is the heat rays, and not the ultra-violet rays, which cause cataract formation. It is stated that changes, in their earlier stages, are commonly found in the lower half of the lenses. I suggest that this is further proof that heat rays and ultra-violet rays are not the same. The ultra-violet rays protect the upper half of the lens from direct sunlight and its actinic effect, and the eyelids do not permit of ultra-violet light reaching them. Any light that gets through to the eye is filtered by the cornea. Neutra-ultraviolet is reflected by the eyelid. On the other hand, the heat rays penetrate through the eyelids and are also, to some extent, reflected by the cornea. I would further point out that nowhere on the earth does the atmosphere contain more than one-half an ounce of ultra-violet, but from artificial sources much more is available. In exact terms, the solar spectrum at its best only goes down to 2,000 A.U., while, from the commonly employed artificial sources the ultra-violet wave-lengths down to 2,000 A.U. and still shorter are emitted.

I myself have tried several cases of early cataract formation by actinotherapy, with considerable improvement in vision resulting. I believe that everything depends upon the technique of the treatment and that the cataract is an extended trial. There is evidence that excessive doses of x-rays lead to the formation of epithelial changes in the tissues. No evidence has been given in any of the Anglers' Play, with the approval of surgeons, for the treatment of cancer. I therefore beg Mr. Bishop Harman to postpone judgement yet another year. It is certainly true, as stated by Mr. Harman, that "treatment of x-rays will not benefit cataract.

Dr. J. Hovey, in his letter to Mr. Bishop Harman, replies: It is common ground that sunlight conveys rays which range from the invisible ultra-violet rays through the luminous spectrum to the invisible infra-red heat rays. Heat rays do produce cataract—for example, glass-blowers' cataract—but the latter appear to be exceptions in those cases characterized by the materiality of those of any other form of cataract. We have no knowledge that luminous rays as such affect the lens adversely. Ultra-violet rays certainly do affect the eyes injuriously. If Dr. Hall will refer to the report of the committee on the Causes and Prevention of Blindness, submitted by the British Medical Association on 27th April 1920, he will find conclusive evidence of the truth of this statement.

There was a sharp outbreak of eye inflammation in film studios which provoked questions in Parliament. The matter was referred to a committee, to which I was appointed as a member of that committee, and well remember the care with which the evidence was sifted, and the visits made to the film studios. The outbreaks were similar in character to what is known as snow blindness. The symptoms were painful and alarming, but happily they were transient. The committee concluded that the outbreak was due to the exposure of the artistes to naked arc lights. When these lights were properly screened by transparent glass or glass silk which cut off discomfort and actinotherapy may be a factor in the outbreak.

I have heard of no further occurrences. Anyone who has seen a film in the making in a studio, with its huge batteries of arc lights, spot lights, and mercury vapour lamps, must have been amazed at the intensity of the illumination. Yet this, when employed with glass screens, causes no trouble. This outbreak in the film studios was a large-scale test the like of which is not likely to occur again. It afforded evidence that ultra-violet rays are injurious to the eyes, and ample justification of my warning against the use of arc lights without filters.

PAROSIS OF RENAL CALCULUS THROUGH URETHRA.

"G. E.," a medical practitioner who has recently suffered from renal calculus, sends an account of the course of his case until its successful outcome. The following are the circumstances of the urethra:

Early symptoms suggested gastric ulcer and, later, appendicitis. The gastric symptoms were relieved after operation, only some discomfort and acidity remaining. Six months after the attack he was attacked by pain in the lower abdomen, which passed off without treatment in about an hour. After being free from symptoms for about a month he had repeated attacks of pain in the lower abdomen; the pain eventually was more pronounced on the left side and was only relieved by morphine. When the acute symptoms passed off his condition was almost that of collapse, and there was frequent micturition, with pain at the neck of the bladder after the act of micturition. He was x-rayed in July, and a stone was demonstrated in the left ureter; this was treated by a later cysotomotomy, which was performed without general anaesthetic, but much pain followed the injection of beta boracidine, and for about thirty-six hours the subsequent micturition was very severe by severe pain and passing of blood. All bladder symptoms disappeared within about forty-eight hours, and there was no recurrence of the pain. The cause was severe pain in the lower abdomen again. Great irradiation of the bladder, followed, with constant desire to micturate; only small quantities were passed, and each act was followed by severe pain, lasting only a short time, round the neck of the bladder. This condition continued for two days, when a stone was passed through the urethra. Pain in the renal region disappeared, later, the bladder gradually passed off, and there have been no symptoms since.

A SOUTHERN AFRICAN WINTER RESORT.

Hermanus is a small town of 1,000 inhabitants, eighty miles from Cape-town, which is now being developed as a seaside resort. Together with two little villages, Pooles Bay and Mossel River, it forms the council, or capital, of the district of the same name, and consists in the beauty of the scenery, an extensive beach for sun bathing, twelve square miles of water for boating at the Knoet Kruis, and, above all, the nearby sea. Hermanus makes the "Paradise of the Rock Anglers." A pamphlet issued by the South African Publicity Office, containing all the statistics and facts regarding the town and Riviera Hotels. Dr. Love, who has used the pamphlet, regards Hermanus as an excellent refuge from the English winter; its climate is moderate, its sea water is almost unknown. Amongst the other attractions the pamphlet states that at the Old Year's Eve fancy dress ball "some of South Africa's most austere citizens can be seen in the most weird costumes."

INTRAVENOUS MEDICATION.

Dr. E. Burke (Darraing, Assam) writes: In reply to "Major R.A.M.C." (October 1st, p. 619) I have used iodine intravenously in the treatment of tuberculosis, with great success.

The formula, suggested in the Indian Medical Gazette, April, 1925, page 226: Iodine (pure) 24 grains, potassium iodide 36 grains, distilled water to 2 oz. Iodine has also been used intravenously in the case of leucocytosis, in the treatment of lues, and in cases of anaemia.

Beverages.

Sir Robert Donald (London, S.W.7) writes: It may be of interest to your readers that the mineral waters of Carlsbad are now admitted into England duty free. Hitherto the customs authorities were under the impression that only the Carlsbader brünen, Mährbrüuner, and other waters could be used as table beverages. No one could try the experiment with impunity. It is always well to have these waters diluted with 2 c.c. of distilled water. The show of marking iodismorsity to iodine (which very seldom occurs) the dose is halved. I have had striking results in the tea gardens near the spa in the case of pneumonia, scrofula, and uterine sores, and skin diseases, and also in bad cases of tropical phagedaenic ulcers. Iodine given intravenously is said to produce a marked leuco cytosis, and also as a blood diuretic.

WORDS.

Dr. Heywood Smith (Chesterfield) writes: It seems a pity that many of our professional brethren fail to express adequately the meaning they intend to convey. There is a glaring case on page 935 in your issue of November 19th, where I find: "Laparotomy was performed on July 22nd by Mr. E. E. L. R., the abdomen was opened, the abdomen, etc." A manifest contradiction in terms. Laparotomy, a word imported from America, means an incision in the flank. It is used by Gaenslen in his "Laparotomy," a proper noun, used as adverb, and should, as a matter of course, be written with a capital letter. It has a different meaning to a laparoscopy.

OPAC SUBSTANCES AS AN AID TO DIAGNOSIS.

Correction.

Sir James Purves-Stewart has called attention to mistake in the report of his research on p. 576, July 25th. The most generally employed method is that of injection through the antero-occipital ligament—not as stated in the report, through the antero-occipital ligament.

VACANT POSTS.

NOTIFICATIONS OF VACANT POSTS IN UNIVERSITIES, MEDICAL COLLEGES, AND HOSPITALS.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 195.