officiate as Resident Physician at the Medical College Hospital, Calcutta, during the absence on deputation of Captain C. J. Coppinger. Captain C. A. F. Hingston, late medical officer of the 76th Punjabis, has been selected for duty in the Madras Presidency. Captain N. M. Wilson has been appointed Agency Surgeon at Meshed and Assistant to the Agent at Khorasan by the Foreign Department of the Government of India. Captain A. B. Fry has been appointed to act as an additional Deputy Secretary to the Commissioner in Bengal in connexion with the investigation of Malarial Fevers in India. Captain G. D. Franklin, Captain F. O. D. Fawcett, and Captain D. Munro have arrived home on leave of absence from India.

TERRITORIAL FORCE.

Royal Army Medical Corps.

2nd Highland Field Ambulance, Royal Army Medical Corps: Major Alexander Ogston, from the 1st Highland Field Ambulance, Royal Army Medical Corps, to be Major (dated May 22nd, 1910).

2nd London (City of London) Field Ambulance, Royal Army Medical Corps: Frederic Morres to be Lieutenant (dated Dec. 10th, 1910).

1st Lowland Field Ambulance, Royal Army Medical Corps: Lieutenant Ernest A. Boxer resigns his commission (dated Feb. 18th, 1911).

1st Northumbrian Field Ambulance, Royal Army Medical Corps: Lieutenant Frederick G. Armstrong resigns his commission (dated Feb. 18th, 1911).

Attached to Units other than Medical Units.—Lieutenant Wilfred E. Alderson to be Captain (dated Oct. 26th, 1910). Lieutenant Frederick K. Smith to be Captain (dated Nov. 1st, 1910). Lieutenant-Colonel Duncan W. Currie resigns his commission, and is granted permission to retain his rank and to wear the prescribed uniform (dated Feb. 18th, 1911).

DEATHS IN THE SERVICES.

The death of Charles Alexander MacMunn, M.D. Dub., at the age of 58 years, is announced. He took part in the South African War 1899–02, and was appointed by Lord Roberts as Staff Officer on the commission which inquired into the administration of the medical service during the war. He was medical attendant to Lord Roberts, was mentioned in despatches, and received the Queen's medal with three clasps. He was formerly colonel commandant of the branch of the Royal Army Medical Corps (Territorials) which he founded at Wolverhampton, and he also acted as brigade surgeon of the North Midland Division of the Territorial Force. He was a surgeon-lieutenant-colonel of the Army Medical Reserve, and held the Jubilee medal, the Volunteer long service decoration, and the Coronation medal. —Surgeon-Lieutenant-Colonel Henry Frank Hensman, C.M.G., late 1st Life Guards, at Rodbaston, Penkridge, Staffordshire, on Feb. 21st, aged 72 years. He entered the service as assistant surgeon in 1862 and retired in 1894. He served in the Umbeylu campaign on the North-west Frontier of India in 1863–4, and in the South African war in 1899–1900 (promoted colonel, mentioned in despatches, and received the C.M.G.). He was an Honorary Associate of the Order of St. John of Jerusalem.

MEASLES AT THE NAVAL COLLEGES.

Replying to a question by Mr. W. T. Wilson in the House of Commons on Feb. 21st, Mr. McKenna said that the Admiralty had no reason to suppose that the firms employed by the parents of naval cadets to make uniforms did not take proper precautions for the protection of their customers, or that infectious disease had ever been introduced into the colleges by infected uniforms.

THE RED CROSS IN THE FRANCO-GERMAN WAR.

Although some 40 years have passed away since the Franco-German war, the memories of 1870–71 still remain strong in the minds of those who remember the war, and cannot be recalled without a thrill of emotion by those who took part in it. The recollections of the medical side of the campaign, more especially as seen from the German lines, which Mr. Henry Rundle[1] has republished in book form, much of the matter for the small volume having already appeared in the *St. Bartholomew's Hospital Journal*, will be read from first page to last with increasing interest. Starting with a brief sketch of the events which led up to the quarrel between France and Germany, he describes how he, together with other volunteers, set out for the seat of war under the auspices of the Red Cross Society, and the part they played in ministering to the sick and wounded. Though the war was brief, its horrors were sufficiently great, but Mr. Rundle describes them without in any way harrowing the feelings of his readers. The book is well printed on thick paper, the type is large, the illustrations are good, and there is an introductory note by Professor Howard Marsh. Members of the various voluntary aid societies now being formed throughout the country will read this book with profit, as it practically illustrates some of the work of the Red Cross, "the one link that remains unbroken between nations" when wars arise. The profits on the sales of the book will be given to the building fund of the Nurses' Homes at the Royal Portsmouth Hospital, which is to be the Portsmouth memorial to King Edward VII.

At a meeting held at Truro on Feb. 18th for the purpose of forming a branch of the British Red Cross Society, Inspector-General A. W. May, R.N., said that Cornwall was far behind the rest of the country in the matter of voluntary aid associations.

[1] With the Red Cross in the Franco-German War: Some Reminiscences by Henry Rundle, F.R.C.S. London: Werner Laurie. Pp. 90. Price 2*s.* 6*d.* net.

Correspondence.

"Audi alteram partem."

THE CLIMATIC ADAPTATION OF THE IMMIGRANT.

To the Editor of THE LANCET.

SIR,—Your annotation on the above subject with reference to Major Woodruff's article in the *Eugenics Review* moves me to offer some comments. In a paper I read at the British Medical Association annual meeting in 1910 I traced the evolution of the blonde Nordic type, showing that, by reason of its development, its postulates for vigorous health are comparative dryness of soil and climate, plenty of elbow-room, a bright summer, and a frosty rather than a rainy winter.

Tacitus, in his celebrated treatise on the "Germans" (i.e., the various tribes of Nordic race), remarks: "It is well known that none of the German nations inhabit cities or even admit of contiguous settlements. They dwell scattered and separate, as a spring, a meadow, or a grove may chance to invite them. Their villages are laid out, not like ours in rows of adjoining buildings, but every one surrounds his house with a vacant space." This passage is of interest in view of the well-ascertained inability of blondes to adapt themselves to urban existence at the present day. As regards their susceptibility to sunlight, I have been making observations on this point for some years, and am convinced that so far from it having a deleterious effect on them they need plenty, provided it be not associated with tropical heat or great humidity.

The most popular holiday resorts of our upper classes, among whom the blonder British types are mostly found, are the east coast in summer, the high Alps in winter, the latter evidently ministering to some physiological need. The purest blonde types are found round the shores of the Baltic, and the climatic conditions prevailing there can be taken as a model for the requirements of this race. It is notable that the south-west of Norway, where there is a pelagic climate with high rainfall, is peopled by a race closely resembling that of the central mountain ranges of Europe—the Alpine type. Similarly, in Holland the brunets, are found on the damper levels west of the Zuyder Zee and in the cities, the blondes predominating in Friesland and other eastern districts. This is well shown in a map in Professor Ripley's "Races of Europe."

The dominant Australian type, the "Cornstalk," familiar to us in the Antipodean athletes, cricketers, &c., who visit England from time to time, is "Nordic" in type, the freer open-air life and dry climate favouring this race. The Boer is also mainly a Nordic with a strain of darker races, and here again the climate of the veldt presents most, if not all, of the requisite conditions. The Canadian plains also should provide a favourable environment for immigrants of

fair complexion, and such information as I have been able to obtain tends to confirm this opinion.

It is, however, unnecessary to go so far afield as the colonies to study the effects of migration. It confronts us at our very doors. The British people is largely a migrated community not yet fully adapted to its environment. When, however, the greater migrations into this country ended with the Normans, and local communities of mixed origin settled down into pastoral and agricultural pursuits, local types were gradually evolved through the circumscribed character of the said communities. These local types were, so to speak, specialised for particular climatic and social conditions, a variety of factors determining the preponderance of one or other racial type in surviving individuals.

In this way considerable progress must have been made towards a natural equilibrium of adaptation. At the beginning of the industrial era we were probably the most virile people in Europe. The rise of industrialism, however, together with greater facilities of transit, has signalised the disintegration of rural communities, the dislocation of rural types, and their migration into the cities, where the aggregation of mixed elements has been subjected to the stress of natural selection in a severe form pending the evolution of an industrial type.

Major Woodruff's suggested investigation among the "failures" has much to recommend it, but the difficulty lies in obtaining the coöperation of a sufficient number of adequately trained observers. When similar investigations have been attempted trouble has constantly arisen from disagreement as to standards, criteria, &c., and the inability to procure uniformly accurate returns. Your annotation closes with the suggestion that "the production of a higher mental type depends probably, at any rate in great degree, on first acquiring a physique perfectly adapted to its climatic environment." But surely the human brain has achieved its extraordinary development through man's long contention with environments to which he was *not* perfectly adapted, having left the regions of his origin to spread himself over the earth. It is only when he is crushed by too severe or sudden a change that he degenerates.

I am, Sir, yours faithfully,

Hampstead, N.W., Feb. 20th, 1911. J. S. MACKINTOSH.

A COMBINATION TEST FOR COLOUR VISION.

To the Editor of THE LANCET.

SIR,—Some of your readers may remember seeing an article which I published in THE LANCET of July 15th, 1893, with this title. This article described a lantern which I had brought out, and which in many particulars anticipated the lantern which Dr. F. W. Edridge-Green described in his very interesting Hunterian lectures on Feb. 1st and 3rd.

My telechrome, as it is called, consists of an apparatus in which six colours—yellow, blue, pale green, signal-green, rose, and red—are shown by transmitted light to the patient through two apertures (one at a time, of course). One of these apertures is the perspective, when seen at 6 metres, of a 6-inch lamp at 100 yards; the other of the same lamp at 2000 yards. With the exception of purple, which I did not consider necessary, the colours are almost identical, it would appear, with those of Dr. Edridge-Green's.

My test possesses two points, however, which I think have an advantage over Dr. Edridge-Green's. The first is that the illumination can be readily varied, and this is important; while the second point is that the reflected colours from, say, a set of Holmgren's wools are shown to the patient at the same time—and he is required to compare the luminous colours of the telechrome with the non-luminous colours of the wools. If he should be faulty in either case the test detects the fact.

In other respects the telechrome may be used much as Dr. Edridge-Green uses his lantern. I also employ a "fogging" glass—and originally had a neutral tint modifier as well, but discarded it eventually, as I found that simple ground glass was apparently quite sufficient. May I add in conclusion that my telechrome has been used regularly at the Admiralty for many years, with (I am told) excellent results? Staff-Surgeon Preston, R.N., spoke very favourably of it upon the Commission on Colour Vision in 1892—as may be seen in the report of that committee published as a Blue-book—and it has continued to be in use ever since.

I am, Sir, yours faithfully,

A. ST. CLAIR BUXTON,

Consulting Surgeon to the Western Ophthalmic Hospital.

PS.—An illustrated leaflet on the telechrome may be obtained from Messrs. Curry and Paxton.

Mansfield-street, W., Feb. 16th, 1911.

GIRLS' SCHOOLS, GAMES, AND NEURASTHENIA.

To the Editor of THE LANCET.

SIR,—It seems to me that Dr. Robert Jones has, in his letter in THE LANCET of Feb. 4th, to use a homely but expressive metaphor, got the wrong sow by the ear. It is true that in accounting for neurasthenia and disinclination for domestic life in girls educated in high-class schools, he mentions two factors—the nature of their studies and the nature of their games—but his letter is subsequently devoted wholly to inveighing against the latter. Now, if neurasthenia and disinclination for domestic life are particularly prevalent among this class of girls, I contend that it is more likely to be due to the first factor. Among the ancient Greeks, a people noted for even balance between and perfection of mind and body, the women were trained in gymnastics, and particular importance was attached to ball games. But is it among such girls, whose splendidly improved physique is the constant theme of all sufficiently long-lived observers, that neurasthenia, at any rate, is most prevalent? My experience is that it is among such a class as Board School mistresses of inferior physique, who have been exposed to severe mental competition, without the time and opportunity for games, that it is more often to be found.

I am, Sir, yours faithfully,

GILBERT E. MOULD.

The Grange, near Rotherham, Feb. 9th, 1911.

EYE-STRAIN IN RELATION TO GENERAL HEALTH.

To the Editor of THE LANCET.

SIR,—In the article on the above-mentioned subject, contributed to this week's LANCET by Dr. James Hinshelwood, I find the following: "In fact, my experience is that the small amounts of astigmatism give rise to symptoms of discomfort more frequently than the high degrees. The explanation, I think, is that a person with a high degree of astigmatism makes no effort to see better, as his vision is so defective, *but that the smaller degrees of astigmatism, only causing a slight blurring, induce the patient to make a continuous accommodative effort to counteract it* and get clear images, and hence cause continuous ciliary strain." I do not wish, in criticising a very interesting paper, to be captious, but I certainly demur to that part of the extract I have italicised. The inference here plainly is that certain isolated fibres of the ciliary muscle are capable of independent action, so that a static corneal astigmatism can be neutralised by a dynamic lenticular astigmatism. The ciliary muscle (so far as its meridianal fibres are concerned) is one muscle controlled by one centre and not several muscles controlled by several centres. This being so, how can one part act independently of other parts? Will Dr. Hinshelwood kindly inform your many ophthalmic readers upon what recent investigations he bases his statement?

I am, Sir, yours faithfully,

London, Feb. 18th, 1911. KENNETH CAMPBELL.

THE HYPERÆMIA TREATMENT OF UNUNITED FRACTURE.

To the Editor of THE LANCET.

SIR,—I am led by Mr. A. E. Barker's interesting narrative in THE LANCET of Feb. 4th, giving a series of cases occurring in his practice in which the hyperæmia treatment of ununited fracture was strikingly successful, to relate the following example of its application.

A middle-aged gentleman, the victim of melancholia, leaped from his bedroom window, a height of 30 feet, falling on the lawn, and striking in his fall his left forearm on the