of the lid margins and conjunctiva, increased in those predisposed, and produced in the normal. 2. Lachrymation, usually associated with the above, but not always. 3. Retinal fatigue or a sense of tiring deep in the eyes, as may be produced by looking at any point for a more or less protracted time. 4. Pain in and around the ciliary region, noted especially in the astigmatic, and in those with muscular anomalies. 5. Headache, either frontal or occipital, usually the former, on both sides. 6. Muscae volitantes. 7. Dizziness. Bahn believes that moving pictures, if favourably presented, are a more or less severe test of distant vision and endurance on the normal eye, depending, of course, on the length of time the pictures are viewed. The vast majority of persons with normal eyes can endure four sittings of thirty minutes each per week, with but little or no temporary unpleasant symptoms and no permanent ill effects.

The large proportion of those who complain of unpleasant symptoms under this time from moving pictures under the most favourable conditions have some error or refraction not properly corrected, improper muscle balance or defect of sight, or constitutional condition lowering eye endurance. The symptoms produced are essentially those of asthenopia and their sequelae. Moving pictures, however, under unfavourable circumstances, poorly developed, scratched or defective films, inferior cameras, objectionable screens, irregular and poorly-focused projection, too great or too slight illumination, etc., even in moderation, will produce asthenopic symptoms in any pair of eyes, normal or abnormal. In those who suffer premature or severe asthenopic symptoms from moving pictures under the most favourable circumstances and in moderation, relief lies in the correction of any refraction error, and the benefits that medical science can afford, on the one hand, and less or no moving pictures on the other.

Prognosis of Diphtheria.

A. Harris ("Practitioner," 1912, lxxxviii, 878) gives the important points as follows:—

1. Heart sound. 2. Position of the cardiac impulse. 3. Pulse. 4. Area of cardiac dulness. 5. Extent of surface affected by the membrane. 6. Amount of albumin, and amount of urine passed in the 24 hours. 7. Smell of the breath; marked fetor is an unfavourable sign. 8. Colour of the membrane; a dark membrane being of evil import. 9. Occurrence of hemorrhages from any mucous membrane or under the skin; small petechiae are of very grave import. 10. Marked enlargement of the cervical glands. 11. The occurrence of certain other symptoms, such as vomiting, abdominal pain, restlessness, etc., which are very serious signs. Vomiting occurring to any extent within the first twelve days often betokens a fatal issue, and it is almost invariably associated with altered heart sounds. The following alterations in the heart sounds may be met with in diphtheria, marked in the order of their gravity:—(a) Marked irregularity of the sounds associated with reduplication of the second sound (best heard at the apex). The rhythm and the general nature of the sounds correspond very accurately to the noise heard when a horse gallops. These sounds are often heard in the so-called vomiting cases, but they have been heard, in several instances, in which no other symptoms presented themselves. The prognosis is very grave. There is always dilatation and displacement of the apex beat. (b) Both sounds of equal duration, neither of the sounds being accentuated. The sounds are generally shorter than normal, more especially the first sound. They nearly approach the sound made by a watch ticking. The apex beat is generally displaced, but not to the same extent as in (a) and the prognosis is not so grave. (c) Softening (sometimes almost inaudibility) of the first sound and accentuation of the second sound. This condition is often associated with paralysis of the palate. Patients generally recover from this condition, although the convalescence is slow. (d) The occurrence of various murmurs of which mitral systolic is the commonest. That this condition is not that of endocarditis is shown by the gradual disappearance of the murmur. It is really of minor importance, not allow these cases to get up until the 28th day of the disease. The murmur often takes eight to ten weeks to disappear.

Corpus Luteum Therapy.

Krusen (Amer. Journ. Obstet., October, 1912) says:—After a careful study of the literature and the observation of our own patients, I believe that the following conclusions formulated by Morley are justifiable:

1. The ovary possesses an internal secretion.
2. This internal secretion is produced by the corpus luteum.
3. In so-called ovarian insufficiency, relief may be obtained with an extract of the corpus luteum.
4. No untoward symptoms result from its use in conditions where it is indicated, even if no relief is obtained.
5. The extract should be given a fair trial before it is discontinued.
6. The extract used should be one that has been carefully prepared.
7. All glands that possess an internal secretion are more or less intimately connected.
8. Further experimental work will no doubt add new light to many of the questions that are still in a nebulous stage.

CORRESPONDENCE.

Climatic Physiology.

(To the Editor of "The Australian Medical Journal.")

Sir,—I am sending you a copy of my paper on the "Analysis of Some Experiments in Climatological Physiology." The conclusions may be indicated as follows:—

It is found that for experiments in air sensibly still the loss by evaporation from the skin and from the lungs, and the loss of carbon dioxide or of carbon from the lungs may be sensibly represented by—

$$\text{Loss} = A + BTD.$$

Where A and B are constants, T denotes the air temperature, and D dryness; that is, the **saturation deficit** or capacity of the air at the temperature T to take up further moisture.

The question of the proportion of loss to the weight of the body demands further investigation. The loss is probably proportional to linear dimensions for still air and to surface dimensions for rapidly moving air.

The form of the function by means of which the results can be represented is fully discussed. It is not simple because in still air the evaporation must diffuse and is slow in consequence: in moving air it is rapid. Probably some such function as—

$$L = f1, (T) f2, (D) (1 + k (V + a (1 - e - bV) Wn$$

will be necessary, in which 2L denotes loss of weight, V denotes wind velocity, and W the weight of the person, K, A, B, and C being constants to be ascertained, and N depends on wind velocity.—Yours, etc.,

G. H. KNIBBS,
Commonwealth Statistician.

[Mr. Knibbs' paper forwarded to Library.—Ed. "A.M.S."]

Maternity Bonus.

(To the Editor of the "Australian Medical Journal.")

Sir,—In reference to the signing of certificates for the maternity bonus without a special fee, I don't think we have much to complain about.

I think we will get fees now where previously we would have never been paid, and we will lose nothing by granting those certificates free.

So far my own experience has been most favourable, for as the "fivers" have come to hand my fees have been paid with a promptitude which is most gratifying, and in no case have I asked a fee for signing the certificate.

The maternity bonus of this "vicarously generous Labour Government"—whatever that may mean—is not, in my opinion, going to do us any harm.—Yours, etc.,

A. G. McGOWAN.

Ballarat.