to living offspring, and the female may produce as many as three broods of nauplii, but she will cease to function unless coition is again allowed to take place.

From this it seems safe to conclude that in many species of *Cyclops* parthenogenesis has not escaped notice. It does not occur.

A. G. LOWNDES.

[1] Roy, J., "Sur l'existence de la parthénogènese chez une espèce de Copépodes (Elaphoïdella bidens)." *C.R. Acad. Sci.*, **192**, 558–575; 1931.

Abnormal Movability of the Heart

IT has been found that 9 per cent of 124 healthy soldiers and 26 per cent of 53 healthy high-school girls possess abnormally movable hearts. The criterion of movability taken was the displacement of heart apex due to change of body posture from standing to right lateral positions plus the displacement due to change from standing to left lateral positions. Frequency distribution as regards the movability is shown in the following table:

Movability in cm.	Frequency	Remarks
1 and 1·5	1	Normal heart.
2 2·5	133	
3 3·5	18	
4 4·5	0	
5 5·5	0	
6 6·5	0	
7 7·5	5	Cor mobile.
8 8·5	6	
9 9·5	6	
10 10·5	3	
11 11·5	3	
12 12·5	2	
13 and more	0	

To this distinctly separated group of abnormal movability of heart, I propose to refer by the term 'cor mobile', although this expression has been assigned to some rare cases of abnormal movability of heart of rather indefinite nature.

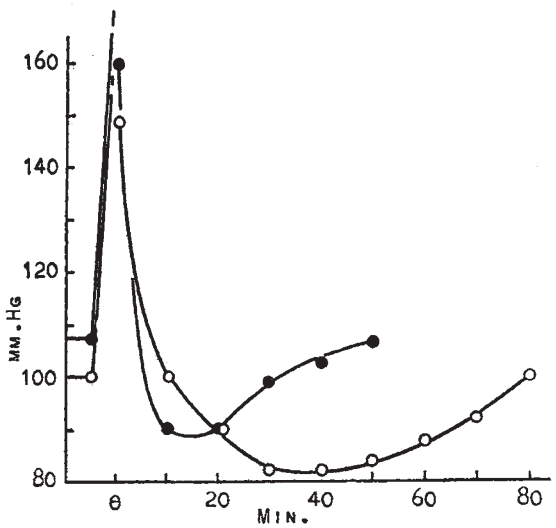

FIG. 1.—Effect on blood pressure by running 100 m. in two cases of 'cor mobile'.

It is interesting to note that the 'cor mobile' individual is liable to show a subnormal phase of blood pressure after strenuous exercise. A group of 14 normal soldiers and another of 14 soldiers with 'cor mobile' were taken at random. After running 100 metres, they were submitted to frequent observations of blood pressure. The result was that 6 out of 14 (43 per cent) normal soldiers showed a more or less marked subnormal phase, while all the 14 'cor mobile' subjects gave a marked, often conspicuous one (Fig. 1). In view of these findings we should like to direct the attention of investigators of the subnormal phase to the fact that the results of experiments may be expected to vary according to the number of subjects possessing 'cor mobile'.

Röntgen photographs of 'cor mobile' are being reproduced elsewhere.

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Dec. 20.

'Raw' Weather

REFERRING to Mr. Beckett's letter in NATURE of January 28, p. 132, by cold moist air I meant air which *feels* moist, and contains particles of water whether visible or invisible. For equal volumes, water has some 3,000 times the thermal capacity and 200 times the conductivity of air. To convert 1 gm. of water at skin temperature into vapour about 600 calories of heat must be supplied. Thus we see how particles of cold mist cool down the skin surface where they touch, and produce the sensation of cold.

Mist and cloud also cut off the radiant heat of the sun. A piece of black fur may be warmed by the summer sun 30° C. more than the air. I found that a coat hung out for four hours in a mist gained $3\frac{1}{2}$ oz. in weight. The water in such damp clothes must be so evaporated by body heat. Thus, as Mr. Beckett says, clothes come into the question. Wet ground is cooled by evaporation, and is not warmed by the sun; and the wind blowing over it is chilly, and entering houses through chinks and crannies may increase the damp of the walls and contents. The cooling power of wind exerted on the body, as shown by the katathermometer, may be very great. Thus a man lying in bed may feel the change of weather

There is, I think, no convincing proof that ionisation or de-ionisation of air such as occurs in ordinary rooms, or out of doors, has any physiological effect. On the other hand, there is abundant evidence that exposure to cold and certain radiations affect the feeling and produce reflex effects on the deeper organs.

Referring to Prof. Russ's letter in the same issue of NATURE, changes of barometric pressure which affect the body equally all over have no mechanical effect upon it. I have observed men under a pressure of even ten atmospheres, and other men, given oxygen to breathe, submitted to a pressure reduced to 170 mm., and no sign of discomfort. Prof. J. Barcroft and his co-workers, however, found that climbing at a pressure of 170 mm. produced pain in the joints, and this in spite of breathing oxygen. The pains, probably, were such as those felt by an athlete after a race, and were due to a local oxygen want. In the case of the athlete, they may be set aside by breathing oxygen before and after the race. At 170 mm., even the breathing of oxygen does not secure a supply sufficient for hard work.

It is probably that local changes of the circulation