other to the third ventricle is blocked by the pressure of the tumour upon the infundibulum. 2. The Fragility of the Red Blood Corpuscles, by G. G. Butler. It is found that the fragility of the red corpuscles is extraordinarily constant in normal and pathological conditions, but a number of general conclusions in regard to an increase or decrease of fragility are given. 3. Iron in the Blood, by P. H. C. Fowell. As a result of a long series of estimations with Autenrieth's instrument, it is hoped that its value has been proved for the clinical estimation of iron in the blood, and that Biernacki's statement, that estimations of the total iron give no true index of the hæmoglobin value, has been confirmed. It is also shown that in all individuals there is an excess of iron in the blood over that which is combined with hæmoglobin, and that this excess bears a varying ratio to the total amount of iron. 4. Premature Ventricular Beats in Heart-block, by A. E. Naish. A case is recorded and numerous tracings and electrocardiograms are figured and discussed. 5. Observations on Auricular and Nodal (?) Extra-systoles, by E. E. Laslett. 6. Exceptional Types of Slow Heart Action, by Thomas Lewis. 7. A case in which a High Speed of the Auricles did not Produce Tachycardia, by William E. Hume. 8. Congenital Family Steatorrhœa, by A. E. Garrod and W. H. Hurtley. The case of a boy, aged 8 years, presenting a true steatorrhœa from infancy—i.e., the passage from the bowel of liquid fat which solidifies on cooling—has been carefully studied. It is suggested that the boy is the subject of a rare inborn error of fat absorption, probably a Mendelian recessive characteristic, and on a par with such anomalies as alkaptonuria and cystinuria. 9. Critical Review: Artificial Pneumothorax, by E. Rist, from the Laennec Hospital, Paris. After a historical sketch of the evolution of this method of treatment a clear description of the technique of the various methods used in its application is given. The accidents, difficulties, and complications are then considered, and a discussion of the selection of cases suitable for its employment follows. Other matters dealt with include the clinical results and duration of treatment, the morbid anatomy of the lung in cases treated by it, and the theoretical explanation of its therapeutic effects. The bibliography accompanying the article extends to 67 publications.

Le Nourrisson. Edited by A. B. MARFAN. Paris: J. B. Baillière et Fils. Published every two months. Price 12s. per annum (14s. for foreigners). A new review, bearing the above title and under the editorship of Dr. A. B. Marfan, will henceforth be published six times a year in Paris. The publication of a journal devoted exclusively to the medical aspects of infancy is quite a new departure in the annals of pædiatrics. The growing importance of the subject which this journal embraces, and the vastness of the literature which accumulates on matters relating to infant mortality and infant morbidity, certainly warrant the publication of a periodical which shall deal exclusively with these subjects, and the leading part that Paris has played in all international efforts to improve the conditions of infant life makes it peculiarly appropriate that the French capital should be the birthplace of this new journal. The first number, published in January, contains several original articles on practical matters relating to the hygiene and pathology of infancy, of which the most important are one on a Case of Congenital Stenosis of the Pylorus, by Dr. Marfan and Dr. Baudouin, and a second on the Control of the Rearing of Infants (*Contrôle de l'Élevage des Nourrissons*), by Dr. E. C. Aviragnet, general secretary of the League for the Prevention of Infant Mortality in France. A considerable part of this number of the review is taken up with some sound *résumés* of important articles from the general literature bearing on the subject. The first number augurs well for success and we offer the editor and his staff our congratulations.

New Inventions.

THE FINGER GRIPS OF FORCEPS.

THE finger grips or plates of forceps have many varieties of markings thereon to ensure a proper hold of the instrument. The old file markings that were in almost universal use are now considered taboo in these days of "aseptic handles" (although it is curious to note that similar serrations still are retained as indispensable at the business ends of the blades). File markings have been succeeded by various breadth and depths of flutings, or by a broad shallow groove extending the whole length of the finger plate. Neither of these grips proves satisfactory; they are barely sufficient when the fingers are dry, they are inefficient when the fingers are wet, and a hold is impossible when the fingers are slippery. For some years I have been using sundry eye instruments and forceps in which the finger grips were secured by cutting holes in the flat plates. My experience of them has been most happy; they are superior in security to even the old file markings. The illustration shows a pair of iris forceps of the pattern used as conjunctival forceps in my new squint operation of subconjunctival reefing. The holes are cut square-edged and give a most sensitive grip—in fact, "grip" is a poor word in its suggestion of strenuousness; even when the fingers are wet, or purposely slippery, it is possible to hold these slender forceps accurately. The holes lighten the instrument, a matter of some consideration in eye work, and they are obviously clean. The size of the holes can be made large in proportion to the size of the forceps. The forceps are made by Messrs. Weiss and Son, Oxford-street, London, W.

Harley-street, W.

N. BISHOP HARMAN, F.R.C.S. Eng.

NEW TOURNIQUET FOR INTRAVENOUS INJECTION.

THE pneumatic tourniquet here illustrated has been designed by me for use in giving an intravenous injection. I found on more than one occasion that, after having passed a cannula needle into a vein, the movement during the release of the ordinary rubber tourniquet resulted in the needle piercing the wall of the vein, or even leaving the vein. To obviate this I devised the pneumatic tourniquet. It consists of a tube of firm rubber connected by a smaller tube to an inflating ball. In the smaller tube is placed a three-way valve tap, so that the pneumatic tube can be inflated, kept filled, or deflated by a very small movement of the handle of the tap. The pneumatic tube is loosely

attached to a firm band of webbing fitted with a buckle to fix on the upper arm. In use the webbing band covering the tube is fixed loosely in position and the latter inflated by pressing the ball; the valve is turned into the mid position, and in a few seconds the veins are made prominent. After the selected vein is punctured the valve is again turned to the third position, when the tube becomes deflated and the venous circulation of the limb recommenced and the injection given. The deflated tube remains in position until the injection is finished, thus obviating any movement of the limb whilst the needle is *in situ*, the whole cycle being worked by the operator with ease. I have used this tourniquet now many times and find it answers all the requirements I wished. The appliance has been made for me by Mr. J. H. Montague, 69, New Bond-street, W.

R. H. JOCELYN SWAN, M.S. Lond., F.R.C.S. Eng.

Wimpole-street, W