“that in the rear of the larger barometric depressions which usually pass by on the western or north-western side of the Alps there are developed local depressions with their own inflowing spiral wind systems along the northern border of the Alps and in the Alpine valleys themselves and that these are the immediate cause of the Foehn.” This explains the local violence of the Foehn winds and their frequent occurrence in the eastern Alps, especially at Innsbruck, in apparent disregard of the general distribution of barometric pressure. Winds analogous to the “Foehn” of Switzerland occur in other countries and can be similarly explained.

In regard to the theory of Dubois concerning the great changes of climate to which the world has, according to geological evidence, been subjected the following conclusion is arrived at: “One thing, however, is certain and this is that in explaining the climates of the geological past the sun cannot be considered to be an absolutely constant source of heat. Hence, such considerations as those which have been urged by Dubois are perfectly legitimate.”

In the portion of the book dealing with mountain climate the physiological effects of diminished atmospheric pressure and the question of “mountain sickness” are considered. The effects of high altitudes on the blood are, of course, alluded to, but many observations on the subject remain unnoticed. Thus, though mention is made of the writings of P. Bert, Egli-Sinclair, A. L. Rotch, F. Viault, A. Müntz, and P. Regnard, those of F. Miescher, F. Egger, A. Gottstein, E. Meissen, G. Schroeder, von Pacht, S. E. Solly, W. A. Campbell, and H. W. Hoagland and other recent observers have been omitted. Yet it must be allowed that the whole subject of blood changes at high altitudes has even yet not been settled, and possibly a prolonged discussion of the question might be considered out of place in a handbook of general climatology.

We consider that the present volume should be in the hands of every student of general climatology since it is a careful, ably written, and trustworthy text-book on the subject.

LIBRARY TABLE.

The Castration of Cryptorchid Horses and the Ovariectomy of Troublesome Mares. By F. T. G. HOBDAY, F.R.C.V.S. London and Edinburgh: W. and A. K. Johnston. 1903. Pp. 105. Price 5s.—The treatment of cryptorchidism in the horse is not uncommonly a matter of necessity, as such an animal may at any time display a vicious and treacherous disposition. Mr. Hobday has collected in this little book an interesting series of consecutive cases of castration of cryptorchid horses and of ovariectomy of troublesome mares. With regard to the fertility of such horses it is interesting to note that spermatozoa were demonstrated by Professor M'Fadyean not only in five of the cases where the testis was in the inguinal canal but also in two instances where it was in the abdominal cavity. Two of the colts were out of the same mare but by different sires, while three were by the same sire out of different mares. In regard to the troublesome mares it is not uncommon to get a condition of almost continuous œstrum which renders them too objectionable or treacherous to be used and the only thing to be done is either to sell the animal or to have it operated upon. The result of ovariectomy, as a rule, is good, except in the case of aged mares or in those in which the habit of kicking has been of long standing. The operation is performed through the vagina and the fact that in two cases the animals were ridden within seven and ten days respectively shows how little shock is produced. The book is an interesting proof of the success with which major surgical operations can be performed upon equine patients under anæsthetics and with modern antiseptic precautions.

JOURNALS AND MAGAZINES.

The Medical Magazine.—The issue for May contains some remarks upon the Midwives Act by Dr. W. J. Sinclair

which are prefaced with the hope that future amendments to the Act will be in the direction of greater stringency and efficiency. He considers that more definite limitations should be placed upon the action of the midwife of the future and that her scope should be clearly outlined in a manner which is not likely to obtain under the Act as it stands. Dr. Frederick Taylor contributes an article which supports his well-known views upon the treatment of chlorosis, and the editorial notes touch briefly upon general events of current interest in the medical world.

New Inventions.

AN INHALER FOR THE ADMINISTRATION OF SOMNOFORM.

THE accompanying illustration represents an apparatus which I have now used for some months for the administration of somnoform, consisting of a celluloid face-piece connected by means of a right-angled metal tube to a rubber bag. The face-piece is lined with lint which is maintained in position by a special spring, horseshoe in shape, preventing collapse of the lining during any deep inhalation by the

patient. The lint can be thus readily changed and a clean piece substituted. In using this apparatus the dose of somnoform required for a single administration, producing an anæsthesia averaging from 90 to 120 seconds, is about two and a half cubic centimetres—i.e., half the dose of the drug marked on the bottles in which it is supplied for use with the handkerchief cone adopted by Dr. Rolland. The apparatus was made for me by, and can be obtained from, Messrs. Down Bros., Limited, 21, St. Thomas's-street, London, S.E.

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ENEMA SYRINGE.

MR. R. J. REUTER of 6, Well-street, Jewin-street, London, E.C., has brought to our notice a new enema syringe presenting certain novel features in its parts which are of distinct hygienic advantage. To begin with, there are no metal parts at all in the appliance, and therefore no metallic contamination can take place or deterioration or break-down of the valves due to rusting or corrosion. The valves, which permit of the passage of the fluid by the action of the elastic chamber in one direction, are also made of vulcanite. The cannula terminates in a circular slit so that the fluid is delivered in the shape of a spherical film. There is thus a considerable but gentle distribution. The vaginal injection tube may be replaced by a vulcanite rectum pipe. The valves can easily be removed for cleansing purposes and all parts can readily be washed with an antiseptic solution. Altogether the special construction of this enema syringe is calculated to insure the use of a perfectly clean instrument for the particular purpose for which it is designed.