An Introduction to Physiology. By WILLIAM TOWNSEND PORTER, M.D., Associate Professor of Physiology in the Harvard Medical School. Part IV., Physiological Optics. Cambridge, Mass.: University Press. 1902. Pp. 99. Price 2s.—This little work is intended to teach the student how by means of a few lenses and some easily made apparatus he can perform physical experiments that will enable him to understand the principles of refraction and reflection of light. The apparatus, of which a drawing is given, consists of a small lantern containing an electric light and having an opening at one side into which a tube containing three lenses and a diaphragm are fixed. The light emerging from this chamber, owing to the disposition of the lenses, is composed of parallel rays and enters an orifice in the side of an adjoining optical box. The course of the rays in this chamber is rendered apparent by burning some Japanese incense. The position of the principal focus and of the conjugate foci, the laws of reflection and refraction, can with a little ingenuity on the part of the student be easily demonstrated. Having mastered these fundamental facts the phenomena of refraction in the eye are discussed and a good account of the mechanism of accommodation as explained by Helmholtz is given. The views of Tschérning are not mentioned. Sections are, of course, devoted to the subjects of myopia, hypermetropia, and astigmatism. In small compass the author has compressed a large amount of useful information.

ERRATUM.—In reply to a correspondent we inadvertently stated in THE LANCET of April 26th, p. 1224, that the price of "The Operations of Surgery," by W. H. A. Jacobson and F. J. Steward, was 34s. This was quite true as regards the third edition but the price of the new (fourth) edition is £2 2s.

New Inventions.

AN EYE SPECULUM.

THE accompanying drawing illustrates a modification in Clark's speculum which has been made for me by Messrs. Weiss. It consists in the eyepieces being solid, to keep the lashes out of the field of operation during the extraction of cataract, iridectomies, dissection of capsule, and similar operations. This end it fulfils perfectly, and although the increase in the bulk of the eyepieces limits slightly the width of the palpebral opening, still the surgeon soon accustoms himself to this trifling inconvenience, which is more than compensated for by the free way in which both

knife and scissors can be used without cutting or touching the lids or the lashes. When the impossibility of rendering the lashes aseptic is considered the advantage of the instrument, which keeps them away from the wound, will be recognised by everyone who does not cut off the lashes before operating.

Camden-square, W.

WILLIAM LANG.

A NEW ANÆSTHETIC INHALER.

WHILST administering the A.C.E. anæsthetic with the celluloid cap and sponge inhaler, my attention has been drawn on various occasions to the two imperfections in this method of administration. These are: first, in prolonged operations the sponge becomes saturated with the anæsthetic with the result that the excess of liquid and exhaled moisture flows down the inner surface of the inhaler on to the patient's face, causing blistering or cutaneous inflammation, which though slight in character is not infrequently irritating and troublesome; secondly, the sponge, unless fitting accurately and rather tightly to the concavity of the inhaler, tends to fall, especially when saturated with the anæsthetic, on to the patient's face.

To obviate these two possibilities Messrs. Down Brothers made, according to my instructions, the celluloid inhaler here shown and described. For the prevention of blistering of the face I have devised the detachable face-piece with an inner lip, leaving a space between it and the inner surface of the inhaler of sufficient depth to contain any excess of moisture which flows down the inner surface. This face-piece can be detached at pleasure and any excess of liquid in the space between the two lips can be shaken out over a towel. With regard to the possibility of the sponge falling on to the patient's face, this is prevented efficiently by the light metal spring with cross-bars fitting the inner circumference of the inhaler. After giving the inhaler a thorough trial I am confident that these two simple additions are effectual and add greatly to the comfort of the administration. I must draw special attention to the importance of removing the face-piece as soon as the administration is over as the action of the anæsthetic is liable after a time to cause adherence to the inhaler.

Nottingham.

A. WARING, M.B. Lond.

COLCHESTER MEDICAL SOCIETY.—The spring meeting of this society was held at the Cups Hotel, Colchester, on May 20th. In the absence of the President (Mr. J. Taylor of Earl's Colne) Mr. Alderman H. Laver, J.P., took the chair. 18 members sat down to dinner and afterwards the general meeting was held. Dr. E. Chichester read a paper on Methods of Detecting the Diphtheria Bacillus, with microscopical demonstrations. Dr. Sinclair read a paper on Albuminuric Retinitis in Pregnancy. The Secretary (Dr. B. H. Nicholson) showed the following: (1) A case of Phelps's Operation for Talipes, with complete cure after four years; (2) Bow-legs, Osteotomy of the Tibia and the Fibula with x-ray photographs; and (3) a case of Excision of the Tongue by Whitehead's Method with Ligature of the Lingual Artery.