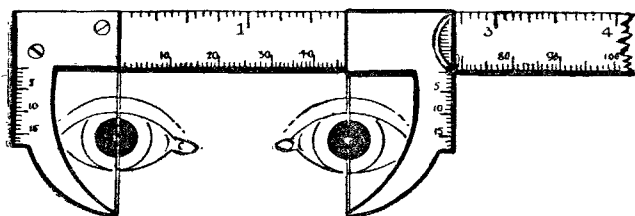


Different Points of the Circulation in the Child and the Adult is compared by Dr. Leonard Findlay, who concludes that during childhood and youth the systolic arterial pressure is fairly uniform at different points of the circulation. In adult life the peripheral systolic pressure is lower than the central, and the difference between them increases with age. Finally, the difference greater than normal between the central and peripheral systolic pressures in cases of hypertension, from disease or experimentally produced, supports the idea that the behaviour of the pressure and its variations depend upon changes in the elasticity of the vessel wall. Dr. Peter F. Holst and Dr. A. H. Monrad-Krohn report two cases as a contribution to the study of the function of the A.-V. bundle. Dr. W. Hale White reports five cases of Essential Renal Hæmaturia, which have been followed for much longer periods than almost all other published cases, with the moral that the outlook is good and that the disease does no harm apart from the loss of blood. In a critical review of the Use of Tuberculin in So-called Tuberculous Glands, Dr. George E. Waugh concludes that any estimate of the value of injections of tuberculin in the treatment of enlarged glands must be invalidated by the fact that no proof that the glands were tuberculous can be offered until the glands have been subjected to operation. The most important factor in the treatment of chronic glandular enlargement with a view to the avoidance of extensive operative interference is the complete elimination of all primary foci of infection. The use of the guillotine in the tonsils is one of the most serious causes of failure in the treatment of enlarged glands. Wright's bacillary emulsion has not been proved to be of any value, though it is probably harmless. In enlarged glands which on removal proved to be tuberculous, thickening of the operation scar frequently occurred, but disappeared under a course of injections of tuberculin.

New Inventions.

NEW OPHTHALMIC CALIPERS.

WITH the increasing necessity for the correct centring of spectacles there comes the demand for a rapid and accurate measurement of the ocular base line. It is no longer found sufficient, as in former days, to take a rough measurement of the interpupillary distance. The instrument shown in the accompanying illustration was devised for the purpose of



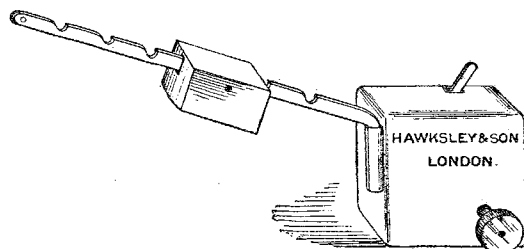
measuring the base line in working with the registering form of diaphragm test, and the new calipers have proved, after a year's work, to give this measurement with the greatest expedition and with an accuracy that meets the stringent conditions of that test for binocular vision. In experimental forms these calipers were exhibited to the Ophthalmological Society in 1909 and 1910; they are now made by Messrs. G. Culver, Limited. The raw material used is steel, and the workmanship is excellent. Briefly the method of usage is as follows. The patient faces a distant light, either a window or lamp, and looks at it with both eyes; the images of the light are seen upon the corneæ and mark the visual axes. The surgeon faces the patient at arm's length, places the rule upon the patient's brows, and sights the fixed wire over the image on the patient's right eye. Then the other wire is slid over the image on the left

cornea and carefully sighted. The surgeon sights the patient's right eye with his own left eye and *vice versa*. In measuring the base line for near vision the procedure is the same, but the light is put over the surgeon's head at the requisite distance and the patient looks at it. The vertical scales on the jaws are for the purpose of measuring the vertical displacement of lenses for the correction of hyperphoria. The trial lenses are tilted until the defect as measured with the scale test card in the diaphragm test is corrected, the rule is held horizontally across the patient's brows, and the depression of the lens of one side as compared with the other read off. N. BISHOP HARMAN, F.R.C.S. Eng.

Harley-street, W.

A BALANCE-WEIGHT FOR THE CLINICAL POLYGRAPH.

PROBABLY not a few beginners with the clinical polygraph have found among their other troubles a difficulty in keeping the spring of the sphygmograph in contact with the radial artery when the "arm" carrying the tambour for collecting the pulsations from the neck is placed *in situ*. The weight of this is apt, more especially in the case of slender wrists, to tilt the sphygmograph outwards, and thus to remove the instrument from the artery and to cause the loss of the radial tracing. If, in order to avoid such a result, the wrist-strap of the sphygmograph is drawn more tightly, the consequences are unpleasant for the patient, and the undue pressure thus occasioned may, once again, diminish or suppress the arterial excursion. After various attempts to get rid of this annoyance I have at last hit upon a simple mechanical contrivance which may perhaps



be of service to other workers. The principle of it is the provision of a weight in opposition to the force or leverage exercised by the "neck tambour" and by the "arm" which carries this tambour, and this in such a fashion as to allow graduation of the balancing or resisting force without altering the amount of pressure exerted on the radial artery by the spring and pad of the sphygmograph. To secure these ends a socket is fixed on that side of the box containing the clockwork of the sphygmograph opposite to the one carrying the tambour "arm," and into this socket is fitted an angled rod carrying a moveable weight and notched so as to allow the weight to be temporarily adjusted at different points, the arrangement being, in short, similar to a steelyard. If after the sphygmograph has been attached to the wrist the tambour arm and the balance weight are placed in position the whole apparatus remains perfectly steady, and thus the inscription of the two tracings is much facilitated. The balance-weight is readily added to the present pattern of Dr. Mackenzie's clinical polygraph, and is not without value, at least in occasional instances, in the use of the sphygmograph pure and simple. It has been made for me by Hawksley and Son, 357, Oxford-street, W.

Harley-street, W.

C. O. HAWTHORNE, M.D. Glasg.

INTERNATIONAL MONUMENT TO CESARE LOMBROSO.—The central committee in Rome charged with the carrying out of this undertaking has just received the sum of £62 from the Scottish committee organised with the same object under the presidency of Lord Guthrie, one of the judges of the Court of Session. The central committee also announces contributions to the movement from continental committees whose interest in the founder of the science of "criminal anthropology" seems proportioned to the recrudescence of "hooliganism," represented abroad by the "apaches" of France, the "teppisti" of Italy, and the "Mano Nera" of the United States.