tincture of benzoin and an alcoholic extract of meningococci, and that on the adsorption of toxins by red blood corpuscles.

In his pamphlet on Treatment by Training[9] Dr. GEBHARDT goes deeply into the physiological theory of physical exercises of all sorts as they affect the different tissues of the human body, and gives an account of the courses of training found useful in treating both invalid and normal subjects at Munich. His pages are designed for the instruction of medical men, trainers, masseurs, and indeed all who may find themselves responsible for physical jerks, so-called, of any description.

Professor HINTZE's Geography and History of Nutrition[10] sets out to give the reader an account of the countless foods and diets favoured by members of the human race throughout the world and throughout the ages. The first five chapters summarize what is known to us about the tables kept by the Egyptians, Babylonians, Israelites, Greeks, and Romans in days long gone by; there is reason to believe that the manufacture of beer from cereal grains was practised in Mesopotamia so long ago as 5000 or even 7000 B.C. Later chapters deal with the history of nutrition in Europe, the North, Asia, Africa, America, and Australasia; it appears that the number of plant species ordinarily used as food is about four thousand, all the world over. The book is, naturally enough, a compilation; Professor Hintze writes clearly, and has made a skilful selection from the very extensive literature of the subject with which he deals. The book should be of interest to all specialists in dietetics.

The French edition of the work on the Mechanics of the Lungs,[11] by Dr. PARODI of Milan, adapted by Dr. Lefèvre, gives the author's account of this obscure and complicated subject; Parodi argues that the lung is an organ with essentially mechanical functions, and concludes that these functions (which are capable of expression in physical terms) must be taken into account in its treatment when diseased. The practical applications of his views are given in a chapter at the end of the book, which should be in the hands of all interested in the subject with which it deals.

[9] *Ubungsbehandlung.* Von Dr. K. Gebhardt. Jena: Gustav Fischer. 1934. (Pp. 60. RM.2.80.)

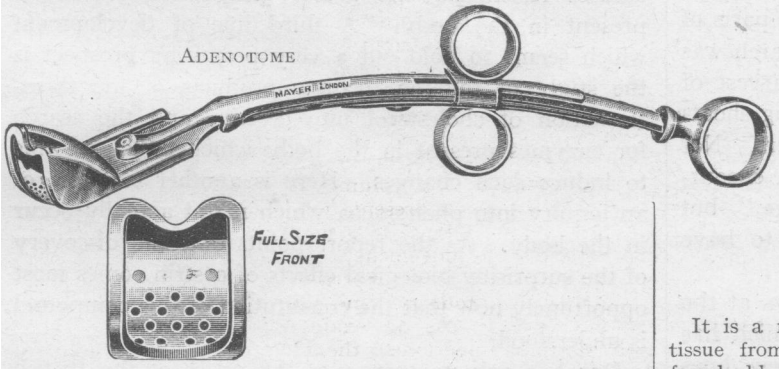
[10] *Geographie und Geschichte der Ernährung.* Von Professor K. Hintze. Leipzig: G. Thieme. 1934. (Pp. x + 330. M.21.)

[11] *La Mécanique Pulmonaire.* Par F. Parodi. Paris: Masson et Cie. 1933. (Pp. 224; 53 figures. 36 fr.)

Preparations and Appliances

MODIFIED LA FORCE ADENOTOME

Mr. ARTHUR MILLER, F.R.C.S.Ed. (London, W.1), writes: The La Force adenotome is considered by many otologists as a definite advance in adenoidectomy. This instrument engages the adenoid tissue from below upwards without interfering with the mucous membrane of the nasopharynx; the blade is kept away from the mucosa by the difference in the level of the blade and the sides of the box. The adenotome does not leave any bleeding tags behind and fragments cannot find their way into the larynx. It has, however, one drawback in common with adenoid curettes—namely, that a part of the adenoid tissue may be left in the roof of the nasopharynx; this is largely due to the instrument impinging against the posterior edge of the septum, which prevents the blade from reaching the uppermost portion of the adenoids. To rectify this defect I have had a modification of the adenotome made. As the illustration indicates, there is a recess in the box and blade in this modified adenotome which permits the instrument, when introduced, to lie snugly against the posterior edge of the septum; when closed the blade just protrudes through the recess of the box.

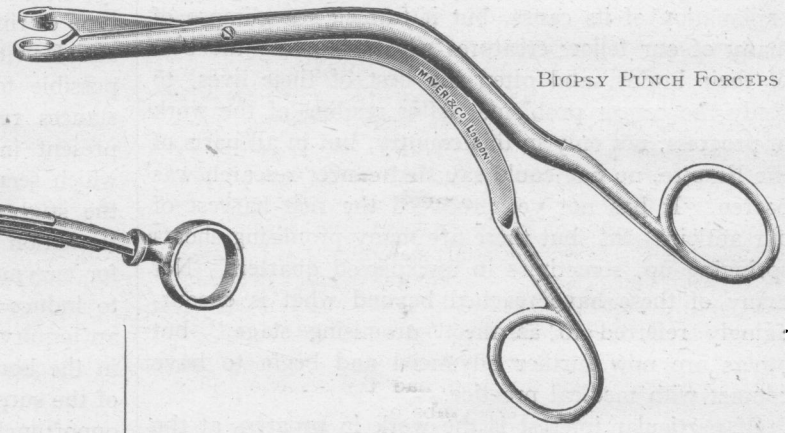


I have used this instrument for some considerable time and claim the following advantages for it: (1) The recess permits the surgeon to be certain that the adenotome, when lying against the septum, is also strictly in the middle line of the nasopharynx, thus avoiding the risk of injuring the Eustachian cushions. (2) The uppermost portion of the adenoid tissue is not left behind, as the recess allows the blade to sever the "root" of the adenoids.

The instrument was made for me by Messrs. Mayer and Phelps of New Cavendish Street, W.1.

CERVICAL BIOPSY PUNCH FORCEPS

Dr. ROLAND H. NATTRASS (resident surgical officer, St. Mary's Hospitals, Manchester), writes: The instrument shown in the accompanying illustration is a cervical biopsy punch forceps, which Messrs. Mayer and Co., London, have made for me.



BIOPSY PUNCH FORCEPS

It is a most useful instrument for removal for biopsy of tissue from cervix of uterus. By means of the male and female blades a piece of cervix large enough for microscopy is completely excised, with clean-cut edge and very little haemorrhage.

A DEVICE FOR THE DEAF

Dr. J. MILLER VINE (Grimsby) writes: To overcome the isolation of a deaf person when alone in a dwelling a device has recently been produced which connects the bell system with the electric light and causes the one to operate the other. This is a small metal box 2½ by 3 by 6 inches, which is attached by flex in ten minutes to both systems, and which, when switched into action, causes, in the daytime, any or all the lights to flash on when any bell push is pressed. By night, when they are on, it makes them flicker in a most noticeable fashion. The apparatus can be used with either alternating current or direct current, and incorporates a small transformer activating the bell system from the general electric system, thus eliminating the still common though old-fashioned wet cells. There is no alteration to the existing lights or bells, and the whole thing can be cut out by another switch. After several months' trial it appears foolproof, and there has been no breakdown. The "gadget," named "sordoviso," is not on the market, but those interested should get into touch with the inventor—A. L. Cianchi, 72, Greencroft Gardens, London, N.W.6—who has had a small number made, and may be able to supply them.