faradic and galvanic currents had no results in a few experiments. The hemoglobin falls markedly with fever, but rises rapidly with convalescence. The fecal urobilin shows marked correlation with the occurrence of fever.

19. **Hemoglobin Metabolism in Malarial Fever.**—Simpson summarizes his paper as follows:

1. The main excretory channel for the pigment portion of the blood is the alimentary tract, and urinary urobilin represents only a small overflow from this source; the main elimination is in the feces, and this has been largely neglected by previous observers, in favor of the urinary overflow, which, however, would seem to be of importance only as an indication of the absorptive activity of the intestine and almost negligible for quantitative purposes.
2. The fall in the hemoglobinometer readings in malaria appears to represent an actual destruction of red corpuscles and elimination of their pigment by the normal excretory mechanism.
3. The hemoglobin breakdown during the pyrexia due to the malignant tertian (*P. falciparum*) infection appears to be greater than in other pyrexial diseases or than in benign malaria (*P. vivax*), and may be many times greater than would be accounted for by the number of corpuscles infected by the parasites.
4. As regards their effect of causing hemolysis, the parasites appear to be of different degrees of virulence in different individuals, and even in different paroxysms in the same individual (relatively at least, since the patient's resistance must be considered).
5. Normally, the ordinary channels of excretion are capable of dealing with the free hemoglobin and rapidly remove it from the blood-stream, and a very severe strain (over 25 per cent. of the total circulatory hemoglobin) can be sustained without their failure and the consequent onset of hemoglobinuria.

20. **Sleeping Sickness.**—The observations made in this case by Korke show that the coagulation time of the blood is passing from the negative to the positive phase as the leukocytosis is passing toward leukopenia. The number of the parasites and the nature of the hemoglobin index are subject to very little variation. Examinations of the cerebrospinal fluid and blood for trypanosomes were negative, but albumoses were found in the cerebrospinal fluid, not in the blood. The urine during life was examined for albumose. The reaction was negative; later, in the preserved specimen of urine, albumose was again found to be absent. The patient had a large collection of pus in the pleural cavity, consequently the possibility that the albumose was due to empyema was thus eliminated by the result of the blood and urine examinations. So that although the cerebrospinal fluid was tinged with blood, the process of exclusion leads to the conclusion that albumose was present in the cerebrospinal fluid only. The test used for cholin was that of Mott and Halliburton, viz., the production of characteristic octohedral crystals in the platinum double salt from the alcoholic extracts of the cerebrospinal fluid. The result was positive. Control tests were made with the 15 per cent. alcohol and absolute alcohol used in the original test, but these were negative. Cholin was absent in the blood. The brain tissue was examined by Korke. The perivascular spaces around the blood-vessels in the substance of the brain were infiltrated with mononuclear leukocytes, chiefly lymphocytes. This change is typical of the sleeping-sickness brain where the infection is due to *T. gambiense*. The infiltration was not enormous.

22. **Morphology of a Trypanosome From a Case of Sleeping Sickness.**—The peculiarity of this Rhodesian trypanosome discovered by Stephens and Fantham is that among the stout or stumpy forms some have the nucleus at the posterior (non-flagellar) end. They have never found them, though persistently looked for, in the films from the same animals infected with the laboratory strain of *T. gambiense*, treated in the same way, *i. e.*, dried films. Further, they have examined the new trypanosomes by *intra vitam* staining with methylene blue; by this method the posterior position of the nucleus can be seen. Finally, they have fixed wet films with sublimate-alcohol and with osmic vapor respectively, and subsequently stained them with hematoxylin, and found the same forms. They also attach some importance to the fact that the patient from whom this strain was derived was never, as far as careful enquiries could elicit, in a *Glossina palpalis* area, but had been in many *Glossina morsitans* areas, and very probably in a small *Glossina fusca* area. On account of its peculiar morphologic features, the authors propose a distinct designation as *T. gambiense rhodesiense* or *Trypanosoma rhodesiense*.

23. **Pathogenicity of a Trypanosome From a Case of Sleeping Sickness.**—Yorke's observations as to the morphology of the parasite confirm those of Stephens and Fantham regarding the existence of posterior nuclear forms in infected rats, guinea-pigs and rabbits. He has not, however, succeeded in finding these forms in the blood of the patient himself, in spite of very careful daily examinations during a period of over three months.

25. **A New Genus and Three New Species of Anopheline Mosquitoes.**—This new genus is the dactylomyia. The head is clothed with upright forked scales; the palpi are rather densely scaled. There is a distinct and very pronounced cylindrical-shaped tubercle or finger-like process projecting obliquely from the prothoracic region, mid-way between the dorsum and venter, and arising from the anterior margin. Thorax and abdomen are clothed with hairs. The wings are covered with dense lanceolate scales. Judging by the character and distribution of the scales, this genus comes near *Anopheles;* but owing to the remarkable structures mentioned above it is easily distinguishable from any other known genus of the *Anophelinæ*. Three species are described by Newstead and Carter: (1) *Dactylomyia Ceylonica;* (2) *Pyretophorus cardamatisi;* (3) *Cellia cincta.*

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26 Neurasthenia and Associated Conditions. F. W. Mott.
27 Neurasthenia and Drugs. D. Ferrier.
28 Traumatic Neurasthenia. W. Harris.
29 Neurasthenia and Eye-Strain. E. Clarke.
30 Neurasthenia and Gastralgia. R. A. Fleming.
31 Neurasthenia in Children. C. Riviere.
32 The Sexual Element in the Neurasthenia of Men. G. Holmes.
33 The Sexual Element in the Neurasthenia of Women. H. Mac-Naughton-Jones.
34 Mental Therapeutics in Neurasthenia. H. C. Thomson.
35 Neurasthenia and Insanity. A. F. Tregold.
36 Neurasthenia and Movable Kidney. C. W. Suckling.
37 Neurasthenia Minor. P. C. C. Smith.
38 The More Certain Control of Traumatic Neuroses. T. A. Williams.
39 Neurasthenia and Diet. D. N. Paton.
40 The Educational Treatment of Neurasthenia. F. Beach.
41 Treatment of Neurasthenia by Rest, Diet and Massage. C. W. Buckley.
42 Electrical Treatment of Neurasthenia. S. Leduc.
43 Climatic, Balneotherapeutic and Sanatorium Treatment of Neurasthenia. N. Wood.
44 Treatment of Neurasthenia by Physical Methods. J. A. Rivière.
45 Treatment of Neurasthenia by Hypnotism and Suggestion. C. L. Tuckey.

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46 *Zambesi Ulcer. W. J. Bruce.
47 Isolation of a Parathyroid Bacillus from a Drinking-Water Supply. A. May.
48 Filaria Loa. G. C. Low.

46. **Zambesi Ulcer.**—The main points about this ulcer according to Bruce are:

1. It is found, with rare exceptions, in one part of the body—below the knee.
2. It is usually single, rarely double, and more rarely in the form of two, or perhaps three, small ulcers on the same leg.
3. It does not spread, but exhibits immediate sloughing of the area attacked, remains a week or more and then heals by granulation.
4. It produces no constitutional disturbances nor enlargement of the lymphatic glands.
5. It is invariably associated with the presence of a spirillum and a large fusiform bacillus.

It is said that one attack gives considerable protection but not complete immunity, as years later the same person may develop mild small ulcers. It is said also to be met with only in the flat grass lands, such as the Zambesi delta, but this statement is not reliable.

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49 Experimental Research on Epidemic Poliomyelitis. (Maladie de Heine-Medin.) K. Landsteiner and C. Levaditi.
50 Antianaphylaxis. (Le procédé des petites doses et les injections subintrantes.) A. Besredka.
51 Method of Preserving Plague-Infected Organs for Examination. (Procédé de conservation des organes pesteux pour le diagnostic.) C. Broquet.
52 Relation Between Fowl and Mammalian Tuberculosis. (Rapport entre la tuberculose aviaire et celles des mammifères.) D. A. de Jong.
53 Eighth Antimalaria Campaign in Algiers. E. Sergent.

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54 Auto-Intoxication with Intestinal Obstruction. H. Roger.
55 Apparatus for Chloroform Anesthesia. P. Fredet and E. Merry.

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56 Methylene Blue in Treatment of Malta Fever. V. Audibert and Rouslacroix.
57 Structure and Development of Connective Tissue. J. Jolly