Dr. C. H. Vrooman, for eight years at the head of the sanitorium for tuberculosis at Tranquille, B.C., has resigned to accept the management of the tuberculosis clinic in Vancouver.

It was announced that Dr. C. K. Clarke had been asked to go to Ottawa to help to draft the Federal Health Act and another probable development would result in sending representatives from Canada to Europe in connection with the medical examination of immigrants before embarkation. Dr. Clarke and Dr. Hincks are likely to go to Europe late in the summer for this purpose.

Dr. F. S. Minns wishes to announce that in future he will devote his entire time to diseases of the respiratory organs. His office is at 14 Bloor Street East, Toronto.

STEREOROENTGENOGRAMS OF THE INJECTED LUNG.

W. S. Miller publishes an important paper from the Tuberculosis Laboratory of the Johns Hopkins Medical School and Hospital, showing that by means of differential injection masses the relation of the pulmonary blood vessels to the bronchi and to each other can be demonstrated in stereoroentgrams of the lung. This method of study also possesses the advantage of showing the relation of the bronchi and blood vessels to the lobation of the lung, a point not always brought about in corrosion preparations.

In its gross distribution the pulmonary artery is situated posterior (dorsal) and slightly lateral to the main stem bronchi, while the pulmonary vein is situated anterior (ventral) and mesial to the main stem bronchi. In their ultimate distribution the branches of the pulmonary artery are closely associated with subdivisions of the bronchial tree, while the branches of the pulmonary vein are situated as far as possible from the bronchi. The interweaving of the artery, bronchus, and vein which takes place along the periphery of the lung is to be differentiated from the hazy, smoky areas which are present in the early stages of tuberculosis.

Attention is called to the apparent change in the relation of the artery and vein to the bronchus due to the natural curvature of the lung.

The sharp ring-like shadows which are frequently seen in the middle third of the lung are often due to the plane which the bronchi bear to the observer, but when these shadows are broad with irregular, hazy borders, they are cast by bronchial cartilages.

Three stereos, which can be removed for study, accompany the paper and assist in bringing out the descriptive text by which they are accompanied.—*Am. Rev. Tuberculosis.*