PRESSURE CLAMP FOR LATERAL ANASTOMOSIS.

PRELIMINARY REPORT.

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This appliance consists of a base bar $2\frac{1}{8}$ inches long, with cross-arms one inch in length, hinged at the center point of the bar and so arranged as to be forced down on the base by means of a spring causing pressure of about four pounds to the inch. When opened the clamp is cruciform, when the cross-arms are closed the clamp has a width of $\frac{3}{8}$ inch and a thickness of $\frac{3}{16}$ inch. Figure 1 shows the alternate arms partially closed.

The clamp is applied as follows: The surfaces to be approximated having been brought in apposition, the walls are punctured down to the mucous membrane ($\frac{1}{8}$ inch incision), the opened cross-arms are forced through mucous membrane into the lumen of the bowel and, with a flat probe or like instrument, used as a wedge, the cross-arms are spread and closed on the base bar, as a knife blade is closed, leaving intestinal wall between

the closed cross-arm and the base bar. The opposite cross-arms are similarly inserted into the opposing organ and closed in a like manner. A continuous Lembert suture is then applied if time permits, enclosing the clamp, which is left to slough through in a manner similar to that when a McGraw ligature is applied. This procedure is illustrated in Figure 2, the cross-arms being inserted, but not closed. Figure 3 shows anastomosis completed.

Experiments on dogs have shown that the clamp sloughs through in about seven days. An opening was left between the stomach and duodenum about 2 inches in diameter. Union was perfect, leaving a smooth mucous lining, approximation complete.

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THE CLIMATE OF SOUTHERN MAINE IN THE TREATMENT OF THE LATER STAGES OF HYPERTONIA VASORUM.

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The climate of southern Maine during the summer months is decidedly bracing in character, and has many advantages in the treatment of diseases of the circulation which have developed as a result of mental overwork and worry in persons otherwise healthy. These patients we sometimes speak of as cases of secondary low arterial tension, because they are suffering from a failure of the circulation secondary to vascular strain. It is, however, better to speak of them as the later stages of hypertonia vasorum, because so many while suffering from the effects of a failing circulation, nevertheless, do not exhibit at all times the low tension to which they have a strong tendency. Increased or excessive vessel tone has its origin in other conditions than organic disease of the kidneys or blood vessels.

Hypertonia vasorum of nervous origin is a distinctly modern disease, and although it has been noticed by older writers it has never been given the prominence it deserves. Patients suffering from this malady, as the result of mental strain and worry, show signs much of the time of a chronic high tension in the arteries. This is followed by cardiac hypertrophy and the train of symptoms which we all as clinicians have so often observed.

To understand how this comes about it is necessary to recognize the existence of a tone-maintaining function of the central nervous system that is constantly exercised over the peripheral circulation. If such a force did not exist the blood would immediately settle to the dependent portions of the body, dilating the blood vessels, and the circulation as such would cease to exist. But any undue strain on the nervous system leads to an over-activity of this tone-maintaining function and finally develops a chronic overtone, which makes it difficult for the blood to circulate and wears out the heart by increasing resistance. Consequently there develop irregularities in the circulation and damage to the blood vessels, which frequently lead to accidents in the brain, followed by paralytic symptoms. I have seen a number of such patients presenting dilatation of the heart, general debility with decided weakness of one arm and leg, and even fairly marked aphasia, make very satisfactory progress toward recovery during a single summer on the coast of southern Maine.

My observations were made during summer practice at York Harbor. Here the climate in summer is an unusual combination of coolness and dryness. The coast recedes so that the fogs, which are so troublesome in northern Maine, and even in Rhode Island, are not frequent. The soil is such that in a short time after a rainfall it is entirely dry. Excessive heat in summer is almost unknown. The summer climate in Maine, as affording a pleasurable existence to the sojourner in hot weather, is too well known to need commendation here, but its importance as a health resort, especially for this particular class of invalids—that is of brain workers who are suffering from disorders of the circulation—should be much better known.

Free Dispensary Abuse.—The trustees of our medical charities can check the abuse by enforcing the payment of adequate fees by private ward patients and by careful investigation of out-patients.—G. W. Gay, Boston.