In the thirty-four cases in which operation was performed, it was not found necessary to remove the band in a single instance, as all the operations were successful, the band becoming firmly embedded in the callus. The bands are made of an alloy of silver and nickel and heavily plated with pure silver, which gives them all the necessary requisites, namely, tensile strength, ductility, malleability and noncorrosibility. They are thin, and occupy very little space. The instrument for applying the band, as illustrated, will readily exemplify to the surgeon the simplicity with which it can be used. Up to the present time only two sizes of bands have been used, each with one window. The cases in which the use of the band is indicated are oblique and comminuted fractures of the femur and humerus. The band has also been applied on other long bones successfully.

To apply the band it is first bent so as to pass around the bone, and then into the instrument, where it is firmly held by a screw passing through a small hole in the band. It is well to remember to begin by passing the small end or tongue of the band around the bone first, beginning underneath the bone, and then passing it completely around the bone before pushing it through the window or loop. The band is tightened by turning the handle of the instrument until the proper tension is secured, when it is immediately locked by simply pushing on the instrument, which automatically locks the band by bending it on itself. The next step is to unscrew the instrument so as to cut off the end of the band with a pair of scissors about half an inch from the point at which the bending took place, and then bend over completely with almost any kind of a blunt instrument; a pair of heavy Mayo scissors will answer the purpose of cutting the band.

This device is not offered with any intention of supplanting any other operative method instituted in the past; but it is a valuable addition to the armamentarium used in operative fractures of long bones.

126 Post Street.

A SIMPLE METHOD OF MEASURING INTRACRANIAL PRESSURE

JOHN A. CALDWELL, M.D., AND CHARLES E. KIELY, M.D., CINCINNATI

Methods of measuring intracranial tension have in the past been extremely unsatisfactory. The majority of observers have been content with observing the rate of flow, or, in cases of high tension, the length of the spurt of spinal fluid on withdrawing the stylet. From time to time, appliances have appeared, usually with elaborate three-way valves and with mercury manometers. The former are difficult to sterilize and the manometers are constantly aggravating because of the possibility of spilling the mercury. Further, the devices usually recommended are connected to the manometers by an adapter fitted into the butt of the spinal needle. This necessitates complete withdrawal of the stylet, and consequently involves, in cases of high pressure, a spurt of spinal fluid, which is lost entirely, before the adapter and needle are connected. This results in a lowered reading.

We have devised a needle in which a by-pass is added to the butt of a common puncture needle, with an adapter for a glass millimeter tube.

The needle free of the glass tubing is inserted in the usual way until the operator feels certain that he has entered the spinal canal. The measuring tube is then adapted, and the stylet of the needle withdrawn to the length of the attached chain. Unlike the standard needle, this one is of a constant bore through its entire length, so that when the stylet point has passed far enough out to permit egress of fluid into the

Design of needle for measuring intracranial pressure.

perpendicular tube there is still no avenue of escape through the end of the needle, as shown in the accompanying illustration. The pressure will, of course, be read directly in millimeters of spinal fluid in the graduated glass tube. When the specimen of spinal fluid is to be withdrawn it will be necessary only to remove the stylet entirely. If serum is to be administered, an adapter can be fitted to the by-pass.

We feel that this device offers several advantages: simplicity with consequent sterilizability; freedom from the annoyance of spilling mercury; greater accuracy of reading, as the column of fluid will be thirteen and six tenths times as long as that of mercury. Finally, it is to be noted that even in the highest pressures that will be encountered, the amount of fluid set free in the device will not reach 2 c.c., which will never be a dangerous withdrawal even in tumor cases.

628 Elm Street.

New and Nonofficial Remedies

THE FOLLOWING ADDITIONAL ARTICLES HAVE BEEN ACCEPTED AS CONFORMING TO THE RULES OF THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR ADMISSION TO NEW AND NONOFFICIAL REMEDIES. A COPY OF THE RULES ON WHICH THE COUNCIL BASES ITS ACTION WILL BE SENT ON APPLICATION.

W. A. PUCKNER, SECRETARY.

BARBITAL (See New and Nonofficial Remedies, 1920, p. 82).

Barbital-Chiris.—A brand of barbital complying with the N. N. R. standards.

Manufactured by the Antoine Chiris Company, New York City. U. S. patent No. 782,739 (Feb. 14, 1905; expires 1922) by license of the U. S. Federal Trade Commission.

BARBITAL SODIUM (See New and Nonofficial Remedies, 1920, p. 83).

Barbital Sodium-Chiris.—A brand of barbital sodium complying with the N. N. R. standards.

Manufactured by the Antoine Chiris Company, New York City, U. S. patent No. 782,739 (Feb. 14, 1905; expires 1922), by license of the U. S. Federal Trade Commission.

CONDENSED VITALAIT.—A pure culture in vials of *Bacillus bulgaricus*.

Actions and Uses.—Condensed Vitalait is designed for internal administration. See general article, Lactic Acid-Producing Organisms and Preparations, New and Nonofficial Remedies, 1920, p. 156.

Dosage.—The contents of one vial in water or milk, just before retiring, is the usual daily dose. The cultures are distributed by the manufacturer only and are sent by mail. Each vial bears an expiration date.

Manufactured by the Vitalait Laboratory of California, Pasadena, Calif. No U. S. patent or trademark.

The culture is grown in sterile skimmed milk, its incubation period being twenty-two hours. The average bacterial count of the finished culture is stated to be 200,000 per Cc.

Practical Obstetric Teaching.—The provision of large maternity centers in various parts of London, fully equipped for the reception of lying-in cases and perhaps also for gynecologic cases, and certainly associated with maternity and child welfare centers, must be a feature of hospital evolution in the near future. The need for such centers is pressing, and once the public learns that the present death rate and the present dangers of child bed are almost entirely preventable they will not be content with the existing inadequate provision for the hospital treatment of such cases, they will demand, and rightly demand, ampler and better provision. And the public authorities will have to yield to their cry. The maternity centers will furnish opportunities of teaching undergraduates, postgraduates and midwives on a larger and better scale than exists at the present time; and it is the business of the teachers of midwifery to take advantage of opportunities that may offer for the institution and management of the centers.—*Lancet*, Dec. 13, 1919.