If two bottling plants are located in one town the milk must be brought by wagon from a greater distance in order that each may get its full supply. The greatest danger is before the bottling plant is reached. It is not necessarily because of a "trust" agreement that we find only one bottling plant in a place. I strongly suspect that the recent cry of "trust" originates with such a farmer as Dr. Craven met one day. Dr. Craven demanded that suitable floors be put in the dairy barn, that it be made clean, and that proper provision be made for cooling the milk. The reply was that the business had been so conducted for twenty years. What was good enough for his father was good enough for him. Dr. Craven refused to permit this milk to be delivered in Evanston and was about to report the circumstances to Chicago. Now this farmer finds that he must quit the business or conduct it in a more cleanly and more expensive way, and so has complied with requirements.

The added price of milk is to a degree a form of life and health insurance.

Finally, this epidemic shows the necessity for a thorough organization of health officials, local, state and national, so that no possible question of authority may delay investigation and action. It also suggests that state boards of health should not be appointed by a non-professional executive, but that the members should be selected by the local health officers of the various states.

[EDITOR'S NOTE:—Comments on the above article, made by Dr. James A. Egan, secretary of the Illinois State Board of Health, will be found in the Correspondence Department of this issue.—Ed.]

Clinical Notes

AN IMPROVED ADENOID CURETTE.

ARTHUR J. HERZIG, M.D.
NEW YORK CITY.

As it is almost impossible with the ordinary curette thoroughly to remove the lateral adenoid masses, I have devised an instrument which will enable the operator to do this completely at one introduction of the curette. The instrument is modeled after the Beckmann curette

and differs from it in having two lateral cutting edges running half way down the sides. When the instrument is drawn along the hand no impression should be made on the skin by the cutting edges, hence any danger of removing or injuring the mucous membrane of the pharynx is done away with, and one is no more liable to cut the cartilages of the Eustachian tubes with this than with any other form of adenoid curette. The technic in using this instrument is slightly different from that required with other curettes. The patient is prepared for operation in the usual way, and the mouth gag is put in place; the curette is inserted as usual, but, in-

stead of making downward cuts, lateral cuts are made, followed by a downward cut. In this way the lateral masses are first removed, and then the central mass.

2040 Seventh Avenue.

PORTABLE BLOOD-PRESSURE APPARATUS.

K. H. BEALL, M.D. AND E. M. MASON, M.D.
FORT WORTH, TEXAS. MONTGOMERY, ALA.

Having need for a portable blood-pressure machine and not being satisfied with the instruments now on the market, we have had an apparatus made which we believe to be the most satisfactory and practical sphygmomanometer for clinical use that has yet been devised.

Portable blood pressure apparatus.

Our instrument is patterned after the Riva-Rocci, as used in the wards of the Johns Hopkins Hospital; this we have put into a compact, portable form, reducing the liability of breakage practically to nothing. The component parts of the apparatus are simple and inexpensive, therefore the cost of any necessary repairs would be trivial.

An explanation is hardly necessary, as the accompanying illustrations clearly show the instrument ready for use and closed for transporting. The manometer tube is in two sections, connected by a rubber cuff and the scale is hinged, the break occurring at the 195 mm.

mark. In ordinary cases there is no need of putting on the extra joint of tubing. When not in use the manometer tube is closed by a glass plug, which fits into the rubber cuff, thus preventing the escape of the mercury.

If the apparatus is to be packed and unpacked frequently two small bull-dog clamps are handier for closing the tubes at the mouth of the bottle than is the rubber tubing shown in Figure 2. When the instrument is packed the arm cuff, which is a wide leather band, is folded around the tube and the two bulbs. The container measures only 3 by 4 by 9 inches.

AN ACCURATE METHOD OF CONTROLLING THE PRESSURE OF THE BANDAGE IN BIER'S HYPEREMIC TREATMENT.

GORDON WILSON, M.D.

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BALTIMORE.

Those who have made use of Bier's treatment in inflammatory conditions of the extremities know that one of the greatest troubles in carrying it out has been the

Method of employing the sphygmomanometer to control the degree of hyperemia.

difficulty in applying the Esmarch bandage with just the right amount of tension, and in my experience I have always found it necessary to see the patient fifteen minutes after its application to make sure that it was neither too tight nor too loose. Another factor that must be taken into consideration when we leave the bandage on all night is that there is, with sleep, a falling of the blood pressure, and on this account a bandage that was not too tight for the patient while he was awake might be too tight during sleep.

While making some blood pressure observations with Cook's modification of the Riva-Rocci sphygmomanometer it occurred to me that by this means one could control absolutely and accurately the amount of pressure and feel sure that the bandage was applied correctly. It would also have the advantage that the bandage could be applied by a trained nurse or an untrained assistant in an accurate manner by simply instructing him or her how to take the blood pressure, then to allow the pressure to fall 5 or 10 mm. below systolic pressure, and tighten the screw cock at A (see cut) and disconnect the apparatus at B, leaving the inflated bag

about the arm or thigh. In the short time that I have made use of this method I have found that with a pressure of 10 mm. less than the systolic pressure one can bring about a passive hyperemia that fulfils the conditions as defined by Bier, namely, that there should be warmth, cyanosis and enlargement, and that there should not be pain, blanching or coldness below the bandage.

In the discussion on Bier's hyperemic treatment at the German Surgical Congress two years ago, Bardenheuer,¹ of Cologne, called attention to the errors of technic, and said that only after he had exchanged assistants with Bier had his results been excellent. Klapp,¹ Bier's assistant, attributed the bad results reported in the discussion to lack of patience and technical errors. Smieding,² another of Bier's assistants, lays great stress on the importance of the right amount of pressure exerted by the bandage, and attributes the poor results obtained at times to the failure to apply the bandage just right.

ULCER IN MIDDLE THIRD OF THE ESOPHAGUS;

WITH ANATOMIC STRICTURE AND ESOPHAGOSPASM.

WILLIAM LERCHE, M.D.

ST. PAUL, MINN.

The scarcity of reported cases of this kind justifies, I think, the report of the following case:

History.—Mrs. S. E., age 56, xi-para, had one miscarriage; denies syphilis; had pleurisy and erysipelas many years ago. Five years ago she had a suppurating thrombophlebitis of the right leg, which kept her in bed for four months. About six months after this she had a choking spell while eating, and the food was regurgitated. Since then such spells have come on more or less frequently; sometimes there would be an interval of weeks between attacks. Both fluids and solids were promptly regurgitated; they never stayed down for any length of time. The attacks have become more and more frequent, although even now there are days when she has no trouble at all.

On two occasions, about three years ago, and one year and one-half ago, she brought up a considerable quantity of pus and fresh blood. For a couple of months after these attacks she was entirely relieved from any disturbance in swallowing. At times she can not get any food or drink down for two or three days. Soda water has relieved her at times. She is otherwise in good health.

Examination.—The patient has a pronounced anterior curvature of the spinal column. Examination of organs other than the esophagus, negative. The inlet to the esophagus admits a 14 mm. bougie with some difficulty. An obstruction is met with 32 cm. from the incisor teeth, which permits a 11 mm. bougie to pass. There is blood on the olive point on withdrawal. There is no obstruction below. Examination through the esophagoscope reveals a constriction at 32 cm., which is very narrow. On the right side, protruding from underneath the constriction, is seen a white, partly detached membrane, under which appears a bleeding ulcerated surface. The lumen is so narrow that I can not get a view of the part below the stricture, although the 11 mm. bougie passed through. On subsequent examinations, after dilatation, the ulcerated area is seen to extend nearly all around the wall, although it is most extensive on the right side. The esophagus above the constriction appears to be somewhat dilated, and measurements with my esophagometer show a dilatation of 60 cm.¹

Repeated microscopic examinations of specimens taken from

1. Abstract in Prog. Med., December, 1906.

2. Trans. Nat. Assn. Study and Prev. Tuberc., III, 1907.

1. A cut of this esophagometer with description, together with report of three new cases of cardiospasm, appeared in The St. Paul Med. Jour., April, 1908.