

A NEW BLOOD-PRESSURE MANOMETER

CARL H. DAVIS, M.D., MILWAUKEE, WIS.

Mercury sphygmomanometers are generally recognized as being more desirable than the spring or diaphragm type. Most of them, however, are too large to be carried in the ordinary bag, and the other instruments are either inaccurate, or easily broken. Owing to the demand for a more portable blood-pressure manometer, I have attempted to devise one which can be easily carried and operated. The one herewith described I have found accurate and it should prove to be durable.

The case consists of a neat cherry box 9 inches long. The handle serves a double purpose in that it may be used for carrying the instrument when closed, and maintaining the manometer in a vertical position when in use.

The manometer consists of a U-shaped tube, with a detachable extension for the right arm; the connection being made by carefully fitted metal parts. Flint glass is used because of the action of mercury on the ordinary glass. The U is fastened to a metal plate, as seen in the illustration, by means of the steel cylinder at the top of either arm. The glass tubing has no other attachment and should therefore be less liable to break from sudden jars, than in instruments where it is held more rigidly. The extension tube, when not in use, is held between the arms of the U by means of metal clips. The manometer is packed in the bottom of the case, the back of the metal plate forming a false bottom so that neither the pump nor arm-band can come in contact with the glass.

The arm to the left, or short arm, has a metal top consisting of a cylinder threaded for a gasket, with a screw-cap and an arm. The gasket screws down on a washer of felt and prevents the escape of mercury when the manometer is in the case. The screw-cap closes the cylinder and may be used to

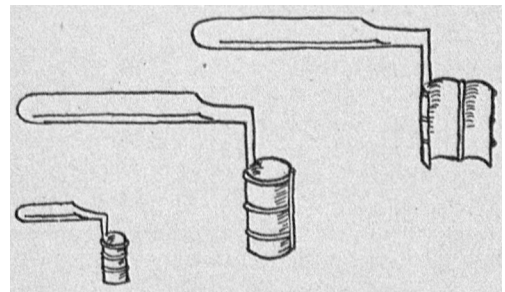
attached, as afterward a slight pressure is apt to be present in the closed pneumatic system.

A cloth cuff with four thin but stiff metal strips to prevent any tendency to narrow with the high pressure has been found satisfactory. I prefer this type of cuff to the clumsy leather ones. The tubes from pump, arm-band and manometer are connected by means of a metal Y. The Y should be detached from the manometer tube when packing in the case.

A MODIFICATION OF THE CRILE TRANSFUSION CUFF

R. C. BRYAN, M.D., AND F. R. RUFF, RICHMOND, VA.

This device is based on and modeled after Crile's idea of arteriovenous anastomosis in cases of direct blood transfusion. Crile's technic is not changed, but our device has the following features which would seem to commend themselves along mechanical lines.



Cuff for blood transfusion, being a modification of Crile's device.

1. Being made on a larger scale and with a longer and larger handle, the instrument is more easily manipulated.
2. The cuff, being split and opening on a smooth linge, can be put around the artery and then closed, thus doing away with the tedious feature of threading or pulling the artery through the cuff.

SUPERNUMERARY AXILLARY MAMMARY GLAND

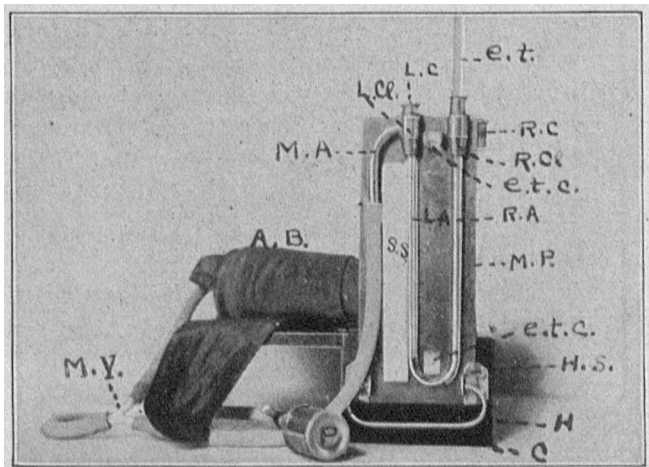
FRANK J. HIRSCHBOECK, M.D., BUHL, MINN.

Dr. J. Cantwell reported in *THE JOURNAL* March 16, 1912, (p. 747) an unusual case of supernumerary axillary mammary glands symmetrically developed. The following is a case of equal interest to anyone seeking data on these rare anomalies.

History.—The patient was a primipara, aged 22, who was delivered of a normal child in February, 1912. No one in her family ever had any similar formation and she herself never noted any anatomic alteration until she reached the age of 14, when a "swelling" formed "under her arm" which proved annoying when the arm in question (the right one) was employed in active exercise. No physician was consulted at that time.

On the third day of an otherwise uneventful puerperium the patient complained of pain under the right arm with an accompanying discharge of a milky secretion. On examination I found, just posterior to the pectoralis major, a small swelling about as large as a walnut, partly covered with hair. It was soft to the touch and closer inspection revealed a very small nipple, not much larger than a pinhead with a proportionately small areola around it. The discharge altered in appearance with that of the larger breast, becoming whiter until four or five days elapsed when the secretion gradually ceased leaving a non-secreting but a well-formed miniature gland. No gland was found on the left side nor any evidence of anomalous secretion.

The secretion while present was almost constant and caused the patient great annoyance. There was no tenderness on palpation and the swelling was freely movable. This case is especially interesting on account of the gland being unilateral, perfectly normal in appearance, and because of its advent with puberty, remaining for a long time unrecognized as such until lactation was stimulated.



A.B., arm-band; C., case; c.t., extension tube; c.t.c., extension tube clip; H., handle; H.S., handle slot; L.C., left cylinder; L.C.L., left cap; M.A., metal arm; M.P., metal plate; M.Y., metal Y; P., pump; R.C., right cylinder; R.C.L., right cap; S.S., sliding scale.

allow a slow escape of the air. The metal arm connects with the pump and arm-band.

The other arm of the U has a metal cap which is threaded to connect with the extension tube. The detachable tube has a metal part threaded, but with a shoulder which insures a proper and easy connection. Between the ends of the glass a thin, carefully prepared gasket is fitted to prevent chipping of the glass and insure a tight connection. A screw-cap is also provided to close this arm of the U when carrying it in the case. While the instrument is in use, this cap is held to one side by a simple device and in such a way that the manometer cannot be placed in the case until it is replaced.

A sliding scale is provided, and attached so that the readings are made downward on the short arm of the manometer. This is a new feature and, I think, will be found quite satisfactory. The zero should be adjusted before the cuff is