

is given here than is required. Nurses who have to tend patients suffering from skin diseases will profit by reading the book.

JOURNALS AND MAGAZINES.

The Hospital Gazettes.—The issues of *Guy's Hospital Gazette* of July 11th and 25th contain a prize essay of the Physical Society on the Diagnosis of Acute Abdominal Conditions, by Dr. R. G. Chase. In the latter number "M. E. B." contributes a sympathetic account of Mr. C. H. Golding-Bird's last round of his wards after 40 years' connexion with Guy's Hospital. The ceremony included the presentation of a silver salver from old house surgeons and dressers. The issue of August 8th is in mourning for the late Sir Thomas Stevenson, and includes some personal reminiscences of the great toxicologist by Mr. R. Bodmer.—The *London Hospital Gazette* for July contains in its clinical supplement a useful paper on Midwifery in Private Practice, by Dr. R. Drummond Maxwell. Dr. F. J. Smith, in a short paper on the Future of Medical Education, asks, "Is it possible to imagine a man versed in vaccines, opsonic indices, antitoxins, taking a club practice at 3½*d.* a visit with medicine thrown in for nothing?" and at least hints that the problem may be solved by a system of differential education.—The *Middlesex Hospital Journal* for July records a change of editors, Mr. N. Bishop Harman passing on his pen to Dr. C. E. Lakin, who continues his "Story of Our Museum" in this issue.—*St. Bartholomew's Hospital Journal* for July contains a plate illustrating many challenge trophies won by the Smithfield school at the recent U.H.A.A. meeting.—The chief contribution to *St. George's Hospital Gazette* for July is a paper on Immunity, by Dr. C. Slater. The School Notes record a recent complimentary dinner given to Dr. William Ewart by his colleagues.—*St. Mary's Hospital Gazette* for July contains Dr. W. B. Cheadle's second Emeritus lecture. Under the title of "Obiter Dicta" he presents much shrewd and practical advice, especially regarding the abuse of tonics and purgatives.—The July number of *St. Thomas's Hospital Gazette* contains an important address upon Some Imperial Aspects of the Study of Tropical Medicine, by Sir Charles Bruce, G.C.M.G., in which he pays a tribute to the recognition which has been accorded to the imperial aspects of tropical disease research by the Colonial Office, the War Office, and the Admiralty, following on the initiative of Mr. Joseph Chamberlain.

The Liverpool Medico-Chirurgical Journal.—A very interesting group of articles appears in the July issue of this journal. It deals with disorders of the colon, the individual papers being one on Pericolicitis Sinistra, by Dr. J. Lloyd Roberts; one on Chronic Colitis, by Dr. G. R. Mill (a personal record); and one by Dr. A. C. Ransome on the Treatment of Mucous Colitis. With these may be taken a paper on the Etiology of Appendicitis, by Dr. Owen T. Williams, in which he assigns the causation of this disease to an abnormal condition associated with the formation of calcium soaps. This last paper, again, should be read in conjunction with a very suggestive article by Dr. W. Blair Bell on the Importance of Calcium Salts in Metabolism. Among much else that is of value we may mention a paper by Dr. F. G. Bushnell on the Relationship between Certain Blood Diseases and Sarcoma, and two which deal with Exophthalmic Goitre written respectively by Dr. W. B. Warrington and Mr. C. Thurstan Holland.

West London Medical Journal.—In the July number is published the Cavendish lecture delivered by Sir W. Whitla on the Etiology of Pulmonary Tuberculosis, which has already appeared in our columns. Dr. Herbert R. Spencer writes on the advisability of examining the abdomen and pelvis in the early period of pregnancy, by which means

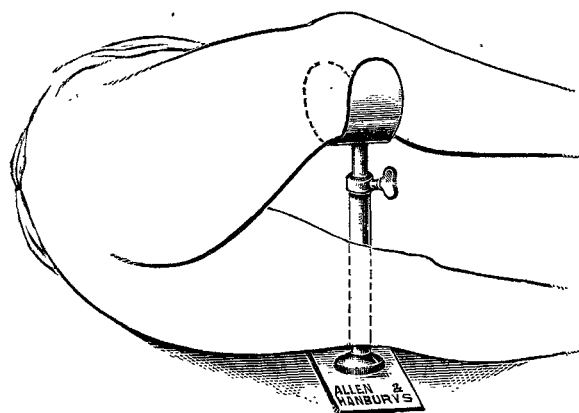
many serious conditions may be recognised and treated in time, and Dr. Seymour Taylor contributes an interesting paper on Some Neglected Remedies, among which he places setons, blood-letting, and blistering, as well as such drugs as sarsaparilla, assafoetida, and galbanum, and preparations such as Plummer's pill and pulvis basilicus.

La France Médicale.—The issue for July 10th of this entertaining weekly, which is chiefly devoted to medical archæology, contains an article entitled "L'Arsenal Instrumental Urinaire sous Ambroise Paré," illustrated by four plates taken from the fifth edition of Paré's surgical works. The number and variety of the instruments used in the sixteenth century in cutting for stone will surprise many who see these instructive pictures; some of the instruments are not so very distantly removed from some in use at the present day, but included are some terrible weapons, such as a monster ancestor of the lithotrite which was not, however, passed per urethram, but introduced through the perineal wound. After seeing the likeness of this formidable armamentarium it is easier to understand the diffidence of Paré's immortal phrase, "Je le pansay et Dieu le guarit."

New Inventions.

A NEW OBSTETRIC CRUTCH.

IN obstetric operations, and especially when applying forceps with the patient lying on the left side, I have often felt hampered by the right thigh and leg being in the way of my hands, and the nurse, to whom I usually give the job of holding up the right leg, soon begins to find the weight tiresome. To obviate all this I have designed an obstetric crutch which has been made for me by Messrs. Allen and Hanburys. (See illustration.) The crutch is made of aluminium



and is light, strong, and cleanly. By means of a screw the upper portion may be raised or lowered to any convenient height. I have had one in use in my practice for several months (it goes comfortably into my midwifery bag), and both patients and nurses have expressed themselves much pleased with it. With the instrument in place the least touch on the heel is sufficient to balance the leg, and occasionally I have managed without any such help. Even in normal labours I have found the value of this crutch when the head is passing through the vulva.

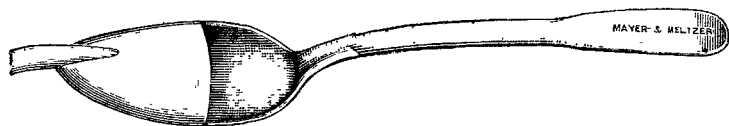
Chadwell Heath.

T. RUELL ATKINSON.

"SPOON-DROPPER" FOR THE EAR AND OTHER CAVITIES.

THE popular plan of introducing liquids into the ear by means of a teaspoon has so much to recommend it that it has become the favourite method not only with the laity but also with medical men. The teaspoon permits us to see where the liquid is going and it is easily sterilised by boiling, a process which by heating the spoon also warms the liquid put into it afterwards. The drawback to the teaspoon is that in the absence of a nozzle or spout the stream or drops of liquid cannot be efficiently controlled and accurately directed.

This defect I hope I have eliminated in the instrument figured in the accompanying illustration. The spoon-dropper is preferable to a glass pipette in the ease with which it can be sterilised and warmed, in the absence of any risk of sudden breakage (an accident likely to happen when the



patient is an unruly and restless child), and in the rapidity with which glycerine and other thick liquids flow from it.

The spoon-dropper can be obtained from Messrs. Mayer and Meltzer at an extremely moderate price.

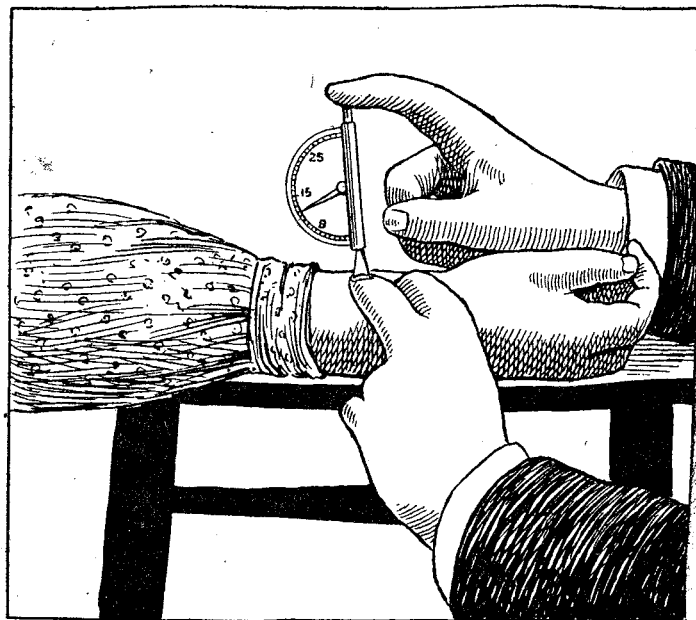
DAN MCKENZIE, M.D. Glasg.,
Assistant Surgeon, Central London Throat and
Ear Hospital.

A SIMPLE SPHYGMOMETER.

In the year 1890, while following the clinique of Professor Henri Bernheim at the Hôpital Civil at Nancy and learning the use and value of hypnotism and suggestion in medical practice, I observed him using an instrument for testing pulse pressure. It was similar to the one known in France as Dr. Block's sphygmomètre and seemed to work satisfactorily. It has, however, two faults—namely, that it was difficult to read the index and that it was too long to fit easily in the pocket. A few years later, during a very profitable visit to Harrogate, I learned a great deal more about pulse pressure measurement from my friend Dr. George Oliver, one of the earliest and ablest investigators in this special field of observation. Since then I have worked more or less at the subject and learned how important it is in reference to diagnosis and treatment. At first I used Dr. Oliver's spring pulse gauge and found it excellent despite two disadvantages—namely, that it was a little large to carry in the pocket and the index a little complicated to read owing to the numeration in circles within circles. Later I began to use various apparatus with mercurial column and inflating bracelet, including Mummery's modification of Riva-Rocci's, made for me by Hawksley of London. Despite possible greater accuracy I found that all the sphygmometers with the mercurial column and bracelet have disadvantages by no means trivial for general use by any physician in active practice. They occupy a good deal of time in application, are not at all convenient to carry, and, worse still, they frighten sensitive nervous patients and sometimes, owing to the pressure of the inflating bracelet, cause pain. For these reasons, while holding one in reserve in case of need, I have adopted for every-day use a very simple spring sphygmometer which was made a few years ago after my design by Mr. George Prescott, our optician in Dublin.

Now these instruments are made by Collin of Paris (Maison Charrière, Rue de l'École de Médecine). Great pains have been taken to make the index follow closely the equivalent of grammes representing centimetres of a mercurial column. They are admirably turned out and accurate in the degree later explained. The accompanying illustration shows the instrument and the mode of using it. Having put the patient's arm resting on a table, or on a pillow if the subject is in bed, I place the first and second fingers of my left hand on the radial artery, leaving a short space between them. Next I place the foot of the sphygmometer on the nail of the finger nearest to the heart, and then press the stem, which acts on the spring in the gauge, with the forefinger of the right hand until I cease to feel the pulse beat with the finger of the left hand furthest from the heart. At this moment the figure indicated by the needle marks in centimetres (of mercury) the pressure needed to obliterate the pulse. Multiplying this by ten I find the pressure in millimetres (of mercury) just as in Riva-Rocci's apparatus. If preferred the instrument may be placed directly on the artery itself, in which case it should have a soft terminal cushion of indiarubber, but being accustomed to the method described I prefer it. If the method described above is used the observer must be careful to utilise the finger upon which the sphygmometer is placed only as a cushion and not to

make the least pressure with it. I do not suggest that this spring sphygmometer gives all the information possible and with the most perfect accuracy but I am satisfied from experience that it is most useful for preliminary examinations, and as it occupies only half a minute in use and fits in the vest pocket I believe that if largely used it will popularise the subject of pulse measurement and thus add much to our knowledge. It is quite obvious that for a busy clinical worker speed is essential, for if it cannot be attained the whole investigation is very likely to lapse. In my own case I find this instrument invaluable, indicating the cases in which a more elaborate test is desirable and discriminating those in which the pressure is so nearly normal that further examination is unnecessary. I may add that after some practice I find it sufficiently accurate in the great majority of cases, all the more so because, as a matter



of fact, all sphygmometers, mercurial or other, are really only approximately reliable, so much depending on the condition of the patient as to stoutness or the reverse and the construction and condition of the instrument used. It is needless to add that where indiarubber tubes enter into the construction of any instrument some latitude must be accorded to the indications. I do not on the present occasion allude to the history of this subject of pulse gauging, which may be found in the text-books. All I desire is to urge the necessity of simplifying the process by the introduction of some such instrument as the one I describe.

For the benefit of those who wish to investigate this subject I may mention a few reliable works easily obtainable—namely, "La Pression Artérielle," par le Professeur C. Potain, Paris, 1902; "The Clinical Study of Blood Pressure," by Theodore Janeway, New York, 1904; "Studies in Blood Pressure," by Dr. George Oliver, London, 1906; and a very comprehensive and satisfactory lecture on that subject by Dr. H. D. Rolleston published in the *Clinical Journal* of June 21st, 1905. Needless to add, there are many more most valuable contributions in the medical journals since the dates mentioned.

FRANCIS R. CRUISE, M.D. Dub.

Dublin.

ROYAL CORNWALL INFIRMARY, TRURO: A NEW WING.—The annual meeting of the subscribers to this institution was held on August 12th. The annual report stated that during the past 12 months 457 in-patients had been admitted, against 428 in the corresponding period of the previous year. The financial statement showed a favourable balance of £20. The report of the Perranporth convalescent home (which was founded and endowed by Mr. Passmore Edwards and is in connexion with the infirmary) showed that during the past 12 months 85 patients had been admitted, the average stay of each being 27 days. The committee acknowledges the gift of the x ray apparatus from Mr. G. Petherick and adds that the new wing of the infirmary, which is being erected for the better accommodation of the resident staff, is now nearly completed.