

tion lists, and many physicians patronize them. If the demand ceased, the journals would go out of business. How are we ever going to get at manufacturers of nostrums so long as they can exploit their products in the medical journals and so long as medical journals give them their moral support?

The pharmaceutical houses have done much to advance "elegant pharmacy," but many really useful drugs have been manipulated until their elegance far outruns their usefulness. While we have been getting out the bitter, the nauseous and the disagreeable, and getting in syrup, flavorings and aromatics, the real virtues of the drugs have been lost in the shuffle in too many instances, and we have left only nice placebos suitable for persons who have not much the matter with them, but which are dangerous and deceptive things to trust when active drugs are really wanted.

Some of the pharmaceutical houses that we have been used to rely on as ethical in their methods are not altogether free from little transgressions in the matter of appealing directly to the public with their products.

I noticed the other day, standing on the shelves of a drug store, some four-ounce bottles that had on them familiar-looking labels. On examination they were found to contain euthymol, put up by Parke, Davis & Co., and inside of the wrapper of thin parchment paper there was folded on the back of the bottles a pink circular with printing on both sides. One side had a heading reading, "Euthymol, an efficient and harmless antiseptic and germicide," and the formula and an account of its usefulness as a germicide, and at the bottom it reads: "There are many other household applications for euthymol." On the other side there is a heading, "Chief applications of euthymol as a household remedy." Then follows a list of diseases and conditions for which the preparation is recommended, with directions as to manner of using. Will physicians feel like continuing to write prescriptions calling for euthymol when its manufacturers in this way undertake to prescribe for the ailments of the people? Some time ago I wrote to Parke, Davis & Co. in regard to this matter and they have assured me that the objectionable features will be removed from their advertising circulars in the future. I think all will agree that any preparation which is put up for physicians to prescribe should not be advertised to the laity under the same name, with lists of diseases in which it is useful, with manner of using!

Take another instance: In the "literature" left on my desk a few days ago by a representative of the firm of John Wyeth & Brother was a leaflet entitled "Collyrium Wyeth, an antiseptic eye lotion." On the inside was a detailed account of the benefits of an antiseptic eye lotion "to all persons suffering from congestion or redness of the eyes by using them for near work over a prolonged period." "Sewing women may use this lotion freely, to avoid eyestrain, to which they are subjected many hours daily. Automobilists will find it most valuable in removing fine dust from the eyes, etc.," and then follows a detail of other uses, and at last, "Collyrium Wyeth, aside from its valuable healing properties, will prove an efficient adjunct to any treatment the physician may direct." Collyrium Wyeth, Pepto-Mangan-Gude, Bioplasm-Bower, there is here a similarity in rhythmic flow of words that is very suggestive.

Now this collyrium is designed either for the people direct or for the physician. Which is it? The leaflet accompanying it gives no hint whatever of its composition; hence it would be as wrong for a physician to pre-

scribe it as it would be to recommend Thompson's eye water. If it is for the patient to buy at the drug store and to use "as an efficient adjunct to the treatment of the physician," then there are a good many of us who would prefer either to direct the whole treatment or to turn the case over to John Wyeth & Brother. This thing of manufacturers having one set of advertisements for the physician's eye and another for the public is getting to be too common.

There are before me two advertisements of Marchand's hydrozone. One is clipped from the advertising pages of *Advanced Therapeutics*. This winds up with: "My book, the 'Therapeutical Applications of Hydrozone,' sent free to physicians." The other is cut from the *Spokesman-Review*, a newspaper published in Spokane, Wash. This has printed in large flaring letters: "Hydrozone Cures Sore Throat," and "One 25-cent bottle free. Write for booklet on rational treatment of disease." Here we have the manufacturer of a product that he claims is strictly ethical, appealing to the people with one set of advertisements and to the physician with another. It is the old trick of trying to carry water on both shoulders. Like the old darkey, he expects to "ketch 'em a-comin' and a-goin'," and in the past he has been succeeding.

Let us know what we are giving, and prescribe with a distinct idea of what we expect to accomplish. We should get out of league with these proprietary and "patent-medicine" people and wash our hands of this whole business of prescribing medicines whose exact composition we do not know.

When we get the beam out of our own eyes we will be in better position to ask the removal of the mote from the eyes of others.

Clinical Notes

A NEW METHOD OF MOUNTING MUSEUM PREPARATIONS.

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Realizing the importance of having a large collection of specimens illustrating the gross pathologic conditions, kept or preserved in their natural shape, size and color, in presenting the subject of pathology to medical students, and being unable to obtain a sufficient amount of material from recent autopsies and operations to meet the needs of a properly conducted course, I have, for the last few years, been paying considerable attention to the different methods of making permanent museum preparations so that whenever a good pathologic specimen is obtained it may be used repeatedly for demonstration.

Although I have repeatedly tried several of the methods recommended by different workers during recent years, none has proved so valuable as the Kaiserling method. When using flat jars, the specimens can be so arranged as to have the principal pathologic part next to the glass and in that way best exposed to view. It often happens, however, that specimens mounted in liquid fall out of position, necessitating constant manipulation to keep them so arranged as to present the diseased part to best advantage.

About four years ago I conceived the idea of mounting pathologic specimens in glycerin jelly in the ordinary

Petri dish used for bacteriologic work. These mounts were very successful, but while waiting to see how long they would remain in the good condition in which they were when first mounted, several articles were published regarding the preparation of specimens in the very manner with which I was at that time experimenting. The author of one of the articles, Dr. W. M. L. Coplin, of Philadelphia, has obtained very fine results by mounting specimens in glycerin jelly, not only in the Petri dishes, but more especially by his Petri-dish-glass-plate method. A number of these specimens were exhibited at the Atlantic City session of the American Medical Association. In endeavoring to make my specimens still more useful and practicable, I conceived the idea about two years ago of mounting stained microscopic sections of the pathologic specimens in the same Petri dish in which the specimen was mounted, so that by placing the Petri dish on the stage of a microscope the histologic features corresponding to the gross characteristics of the specimen could readily be compared. The value of this method will readily be appreciated by all who are concerned in presenting the subject of pathology,

If it is desired to mount the specimens in the Petri dish, a gelatin medium consisting of 10 parts of gelatin to 90 parts of Kaiserling's preservative solution² is prepared. This is clarified and sterilized just as the ordinary gelatin culture medium is prepared. The addition of a few drops of carbolic acid added to the gelatin while liquid will prevent the growth of moulds which otherwise frequently develop. The same thing may be accomplished by throwing a piece of thymol or camphor on the surface of the gelatin after it has been hardened. This glycerin jelly may be placed in a stock bottle and be used at any time.

Before mounting the specimen a section of the tissue is stained, clarified and mounted in balsam between two cover glasses. It is then mounted on the inner surface of the cover of the Petri dish. The mount is made near the edge of the cover in order that the specimen may be so situated as to be easily examined on any microscopic stage. If the cover of the Petri dish is perfectly smooth (as it should be for this work), the specimen may be mounted directly on the inside of the cover of the Petri dish—the specimen being covered with the ordinary cover glass. When the balsam used for mounting the preparation has become thoroughly dry, the gross preparation may be mounted. This is done by pouring some of the glycerin jelly (liquefied by gentle heat) into the Petri dish, then putting in

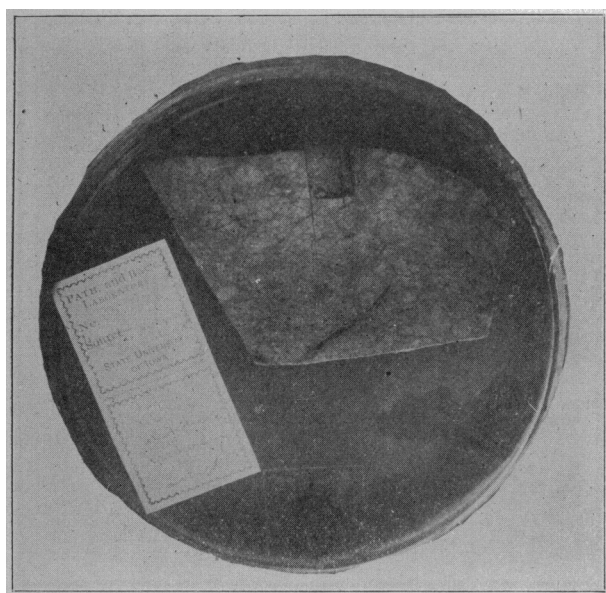


Fig. 1.—Petri-dish-glycerin-jelly preparation of a specimen of cirrhosis of the liver. The stained microscopic section in the lower part of the field was taken from a piece removed from the gross specimen, as seen in illustration.

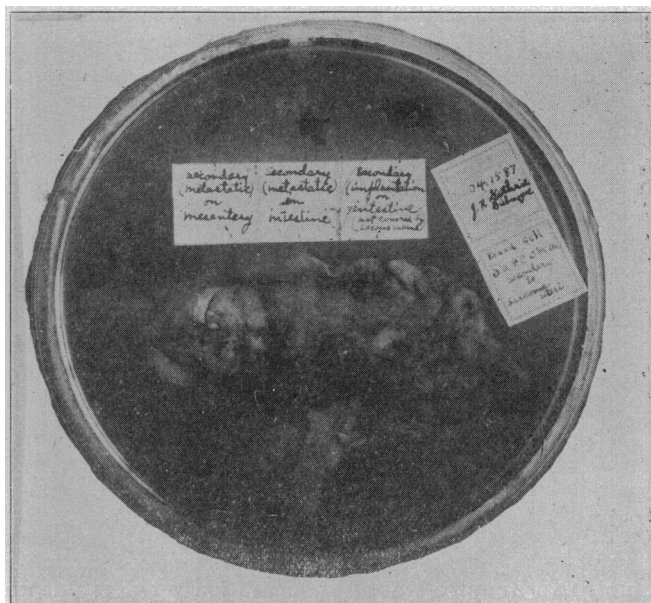


Fig. 2.—Petri-dish glycerin-jelly preparation of sarcomata of the intestine and peritoneum secondary to a sarcoma of the uterus. The dotted lines indicate the corresponding parts of the gross specimen and the stained microscopic sections of the same.

either to medical students or to practitioners in medical societies. The specimens are prepared as follows:

A small piece (or several pieces) of the gross specimen is removed for microscopic examination. The specimen is then washed free from any blood that may be on its surface and is placed immediately in Kaiserling's solution No. 1,¹ in which

1. Kaiserling's solution No. 1 (the fixative) consists of:

Formalin (40 per cent. formaldehyd)	800 c.c.
Potassium nitrate	45 gm.
Potassium acetate	90 gm.
Water (distilled)	4000 c.c.

it is left for from a few hours to five or six days, depending on the size of the specimen. This solution fixes the specimen and so hardens it that it will retain its shape. While in this solution the color will disappear. It is then placed in alcohol (95 per cent.), in which it is left for from one to six hours, depending on the size of the specimen. In this solution the color of the specimen again returns. Finally it is placed in Kaiserling's solution No. 3,² in which it may be kept indefinitely.

2. Kaiserling's solution No. 3 (the preservative) consists of:

Potassium acetate	200 gm.
Glycerin	400 c.c.
Water (distilled)	2,000 c.c.

the specimen to be mounted, and covering the latter with more of the liquefied glycerin jelly. Enough of the gelatin should be poured into the Petri dish to form a slight convexity above the level of the dish; then a few drops of formalin are added, which assists in preserving the specimen and so acts on the gelatin that it subsequently remains firm, and is not easily broken up. The cover of the Petri dish is then placed over the dish proper and gently forced down in contact with the dish—some of the glycerin jelly necessarily being squeezed out between the cover and the dish proper. When the cover is in contact with the dish a weight is placed on the dish for some hours or until the gelatin has become hardened. Then the gelatin between the cover and the dish is scraped out and a small piece of gauze pressed in. The remainder of the space is then filled by pouring in liquefied hard paraffin. When this hardens the excess of paraffin is scraped off, the specimen is labeled and the preparation is completed.

The mounting of a single preparation requires considerable time and work, but when one sees the quite natural condition in which the specimen may be kept indefinitely and the great value of a preparation when so

mounted that a gross specimen may readily be compared with a microscopic section of the same tissue, it will be readily seen and appreciated that it is worth all the time and trouble required. The illustrations accompanying this article show the results obtained by this method of preparation.

After I had prepared the specimens in this way I thought that there ought to be some way in which the

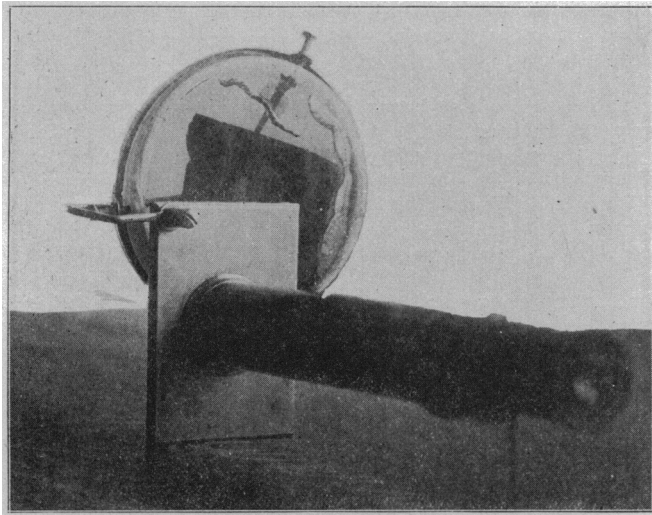


Fig. 3.—View of a hand microscope with the Petri-dish-glycerin-jelly preparation fastened in a special device and so placed as to afford a naked-eye view of the gross preparation. A mounted microscopic section of it is seen at one side.

specimens might be so arranged that when passed around a class of medical students or during a clinic or at medical societies the gross specimen and the microscopic section might be simultaneously compared by the aid of the ordinary hand microscope. To accomplish this I devised a simple attachment, which may be applied to

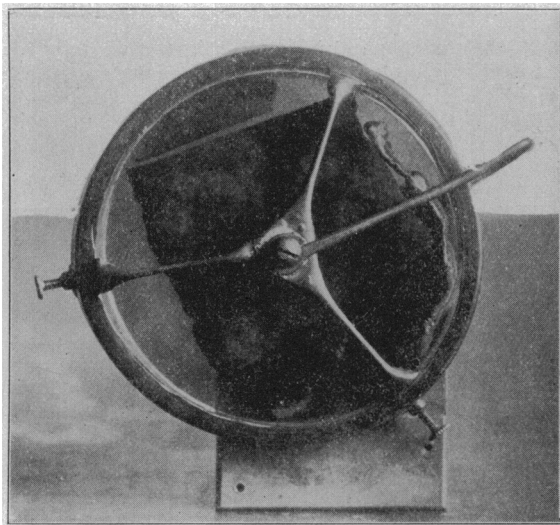


Fig. 4.—View of base of hand microscope with a Petri-dish-glycerin-jelly preparation fastened in special device and so placed that the microscopic section is directly under the objective of the microscope.

the ordinary hand microscope, in which the Petri dish proper may be placed and in which all parts of the specimen may be well inspected by the naked eye and the microscopic preparation then examined by placing it under the objective of the microscope. The device is so arranged that any part of the Petri dish may be placed

under the objective and held firmly in place by a spring clamp. A better idea of the device can be obtained from the illustrations.

In my hands this method of preparing and demonstrating specimens has proved invaluable on all occasions when it is either impossible or impracticable to use a large stand microscope, as, for instance, in the clinical amphitheater, in medical societies or in the ordinary recitation room.

I desire to acknowledge the valuable assistance of Mr. L. A. Quaife in carrying out the technic necessary for this work. This method of mounting museum preparation is, of course, just as applicable for anatomic and embryologic specimens as for pathologic material.

A PORTABLE GASTRIC LAVAGE OUTFIT.

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With the modern tendency to simplify therapeutic and diagnostic measures it seems strange indeed that the old method of gastric lavage should be so persistently employed; and this, in spite of the fact that the Leube-Rosenthal method has been so long known to the profession. Surely no one who has employed both methods can consistently maintain that the funnel method is either simpler, cleaner or more efficacious. In fact,



Fig. 1.—Gastric lavage outfit for office or hospital use.

no method may be considered simple which requires the amount of physical exertion necessary in the process of raising and lowering the funnel; no method clean which permits of the possibility of soiling the patient and things about him, and surely no method can be more efficacious than one which permits of the regulation of the in-flow and the out-flow of water, as does the Leube-Rosenthal method. Yet Herschell, though