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

he considers the apparatus very admirable in the hands of a practiced operator, says it is "too complicated for use in general practice, as almost the skill of a prestidigitator is required to properly manipulate the taps," and then proceeds to describe his "Three-way Tap," a truly complicated procedure. Riegel prefers the 500 cc. funnel, and describes the Leube-Rosenthal method as one applicable only in auto-lavage, which he condemns on general principles. Gillespie describes the method, recommending it in auto-lavage only. Reed recommends the funnel method and warns his readers against procuring "any of the complicated apparatus described in the books" as "troublesome and unsatisfactory." Boas, on the other hand, considers it a most valuable procedure, and uses it in his polyclinic work altogether. "The raising of the big funnel is quite troublesome," says Einhorn, "and I therefore prefer to use in my own practice the Leube-Rosenthal apparatus, which I consider the best means of washing out the stomach." Hemmeter does not recommend this method, but describes one of his own with a continuous current. The continuous current, in my opinion, defeats the chief object of gastric lavage, viz., the elimination of the rugæ, and thereby the removal of mucus and debris from the walls of the stomach.

Fig. 2.—Portable gastric lavage outfit.

Strictly speaking, the complexity or simplicity of a method depends not so much on the apparatus used as on the number of movements required to carry out the procedure. In mechanics that appliance is considered simplest and most efficacious which requires least manipulation.

The Leube-Rosenthal method consists of a large graduated irrigator, to which is connected a Y-shaped tube, to one arm of which the stomach tube is attached, and to another an out-flow tube to a bucket below. Clamps are provided on the arm of the tube leading from the irrigator to the Y, and the one leading to the waste bucket. By manipulating these clamps water is permitted to run into and out of the stomach at one's pleasure.

During the past six years I have employed in my office a modification of this method, as indicated in Figure 1, and it has given me such complete satisfaction that I have discarded absolutely the funnel method, as comparatively impractical and unwieldy. It will be seen that we employ here a double irrigator—not because of its necessity—but because of the occasional desire to use two solutions; as, for instance, nitrate

of silver and sodium chlorid. The irrigators are so stationed that they may be readily filled from the water tap. But one clamp is necessary, and that one to stop the flow from the reservoir. The operator stands by the side of the patient and simply manipulates *with his fingers* the tube leading from the reservoir and to the waste bucket; thus regulating the amount of water permitted to flow into the stomach from the graduated irrigators. By compressing the tube leading to the bucket and releasing the one leading from the irrigator, the water flows into the stomach, and on compressing the tube leading from the irrigator and releasing the one to the bucket, the water flows out of the stomach.

For a long time I employed this method in my office and the funnel arrangement when called on to use lavage at the residence or hospital, because of the impracticability of transporting an irrigator. It occurred to me, however, that these same principles might easily be applied to a portable outfit, and the results of the application of these principles are shown in Figure 2. In lieu of the irrigator, this outfit includes a lead sinker, a wire spiral—through which the tube is passed to prevent its collapsing on the side of the vessel—and a small valveless bulb. This outfit may be employed by placing a bucket or pitcher on a mantel or shelf over the patient's head. The flow of water is quickly started by closing the clamp and compressing the bulb two or three times, and after the water starts flowing the procedure is the same as that described above.

This method has been found very useful, too, in producing suction in those cases in which the stomach contents are not readily obtained through expression alone. By releasing both tubes and permitting the water to follow the line of least resistance, flowing rapidly from the irrigator into the bucket below, suction is produced in the tube within the stomach and the contents are readily withdrawn. When the contents are seen to appear at the Y the flow of water may be interrupted by closing the clamp. The stomach tube is then detached and the contents are withdrawn into another vessel. This suction is of such a gradual nature that the contents are more readily obtained than by the use of a bulb or bag.

The chief advantages that may be claimed for this method of gastric lavage are (1) its simplicity; (2) its portability, the whole occupying no more space than the ordinary tube with funnel; (3) but one person is required to manipulate it, and this may be done by a competent nurse or assistant, (4) a large amount of water may be used in a very short period of time without that constant trouble of raising and lowering the funnel and handling a heavy vessel full of water; (5) the removal of the stomach contents is facilitated through suction if desired.

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A NEW SUPPOSITORY FOR THE MEDICAL AND SURGICAL TREATMENT OF THE NASAL CAVITIES.

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Specialists in nose and throat work, especially the former, generally desire to render the effects of applications made to the nose or throat of longer duration than is usually the case with the swab, spray, nebula, ointment, or insufflation.

It is to this end that I have devoted much time and attention, the result of which I desire to submit for consideration.

The shape of the nasal suppository, which I present, conforms to the nasal cavities (Figs. 1 and 2). It is an oblong, oval-shaped body. The inner surface is flat (Fig. 2); the outer one is irregular (Fig. 1). The distal end is rounded and has a handle-shaped proximal end. The outer surface approaching the turbinates is irreg-