chaulmoogra oil, all discomfort had disappeared and the lesion showed marked regression. The patient is still under treatment.

CONCLUSION

Chaulmoogra oil, we believe, should have a definite place in the treatment of laryngeal tuberculosis. It is useful in the majority of cases, though in the treatment of laryngeal tuberculosis as a whole it cannot entirely replace the other forms of medication, such as the cocain-epinephrin spray, orthoform, menthol and Lake's pigment, superior laryngeal nerve blocking, epiglottidectomy, etc.

Some may be skeptical of the value of chaulmoogra oil, as employed in these cases, because the mechanism of its action is not clear. It may be true that the oil has no specific effect, but its beneficial action can be perhaps adequately explained by its detergent, anesthetic and counterirritant properties. Barwell³ says: "Intratracheal-oil injections act in the same way (i. e. like steam inhalations and oil nebulae) in relieving dryness and soreness of the throat, and I have found them very useful in cases of advanced ulceration, reducing inflammation and relieving discomfort." He employed a 1 per cent. solution of menthol in liquid petrolatum, but from both theoretical considerations and clinical experience it would appear that chaulmoogra oil should act more efficaciously.

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Clinical Notes, Suggestions, and New Instruments

A SIMPLE MECHANICAL STAGE

PHILIP REICHERT, RAY BROOK, N. Y.

The apparatus here described is a simple, efficient and inexpensive mechanical stage for the use of students practicing microscopy.

The frame is of wood, well smoothed with fine sandpaper, and glued at the corners. Its outside dimensions are 3 by 4 inches. On the right cross-piece a vertical hole receives a handle made by bending heavy wire into shape. A large opening has been drilled horizontally beneath, making the wire accessible from the side so that a thread may be wound about it by turning the handle.

The slide carrier imitates those on the expensive machines. It is made of wood $5\frac{1}{2}$ inches long, $\frac{1}{8}$ inch thick and $\frac{1}{2}$ inch wide, except for a projection on the right side which makes the width on that side $\frac{3}{4}$ inch. This projection receives the slide; a flat spring cut from thin brass $\frac{1}{8}$ inch wide and 2 inches long is placed at a suitable distance on the left to hold the slide against this projection. The spring is fastened to the carrier by means of two wire brads; it is wise to hold the thin board in a vise while the brads are being driven so as not to crack the wood.

The post *B* is set on a block 1 inch long, $\frac{1}{2}$ inch wide and $\frac{1}{8}$ inch thick. The left margin of this block must be $2\frac{1}{2}$ inches from the left margin of the slide carrier. A rubber band is stretched from this post to the post *A*. Placed diagonally as shown, it tends to draw the slide carrier to the left, and at the same time keeps it tight against the frame so that the slide will ride smoothly and not wobble.

The action of the rubber band is opposed by a heavy black thread which is fastened to the post *B*, the other end going into the horizontal opening in the right cross piece, and winding about the lower end of the handle at *C*. The handle should have a radius of about 1 inch. It is evident that

rotation of the handle will cause the slide carrier to move from left to right or reverse.

The frame is mounted on the stage of the microscope and held in place by means of a heavy rubber band or a screw clamp such as may be purchased at any hardware shop. When one horizontal excursion is complete, the clamp is loosened, and the frame is moved either forward or backward and

Simple mechanical stage.

again clamped so as to permit a new part of the field to pass beneath the objective.

The cost of the materials is approximately 25 cents, and the apparatus can be easily made in less than an hour. In practice, it permits steady and accurate control of the movements of the microscopic field.

A NEW MUSCLE CLAMP

JOSEPH L. DECOURCY, M.D., CINCINNATI

This muscle clamp was adopted primarily for muscle section in thyroidectomy. The requirements of such a clamp are to exert a hemostatic action on the vessels of the muscle and at the same time to hold the muscles and fascia in a firm grasp without crushing the tissues. The disadvantage of the clamps thus far used, in my opinion, has been that their crushing action not infrequently leads to tissue necrosis and favors infection and adherent scars.

New muscle clamp.

The clamp consists of a smooth surface with four sharp protrusions, as shown. The protrusions insert themselves into the fascia and muscles and hold them firm, while just sufficient pressure is made from the smooth surfaces of the clamp to close the thin walled vessels without making undue pressure on the other tissues.

A Prescription.—Filling a prescription is not the same as buying a suit. This the customer realizes. The man who has been cheated on furniture or wearing apparel has pretty much himself to blame, for he should have some knowledge of what he is buying. The same is not true of medicine. The customer trusts, implicitly, to the druggist; he expects his prescription to be filled by one who knows how to compound medicine and he expects to receive the best drugs.—Presidential Address, W. Gay Clark, Tennessee Pharmaceutical Association.

3. Barwell, Harold: *Diseases of the Larynx*, Oxford University Press, 1907.