

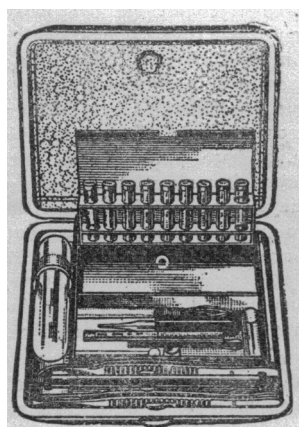
Clinical Notes**A POCKET EMERGENCY OPHTHALMIC TREATMENT CASE.***

WALTER L. PYLE, A.M., M.D.

PHILADELPHIA.

Having in mind the frequent necessity for a complete pocket emergency ophthalmic treatment case, always ready to be placed in the coat pocket when answering an urgent and unexpected call, I have designed and had made the outfit herewith described. The case is made of corrugated aluminum, opening laterally and in appearance resembling a cigarette case. It is very strong and will bear considerable rough handling. The edges are reinforced with steel plates. All the corners are carefully rounded and it is sufficiently small to enable the physician to carry it, if necessary, even in the vest pocket, being $3\frac{1}{2}$ inches long, 3 inches wide and three-quarters of an inch thick. The contents of the main portion of the case are as follows:

Nine small vials containing compressed tablets as follows: Pilocarpin, cocain, dionin, atropin, eserin, adrenalin, fluorescin, homatropin and mercuric chlorid.



The pocket emergency ophthalmic treatment case designed by Dr. Pyle.

These tablets are carried in a suitable rack, which by releasing a spring is raised in such manner as to bring the vials into a convenient position for withdrawing the desired tablet.

In addition to the foregoing the case also contains:

- 1 Glass pestle and mortar.
- 1 Hard rubber stick (for handling by friction the compressed tablets).
- 1 Pipette.
- 1 Camel's hair brush.
- 1 Glass-stoppered bottle of distilled water.
- 1 Combination corneal spud and thin corneal knife (Graefe).
- 1 Fine iris-forceps.
- 1 Fine iris-scissors.
- 1 Concave retinoscope.
- 1 Flint-glass condensing lens. (This lens, while testing to a 16 diopter focus, owing to its being made of flint glass, has been mounted on a 10-diopter curve, thereby reducing materially its thickness.)

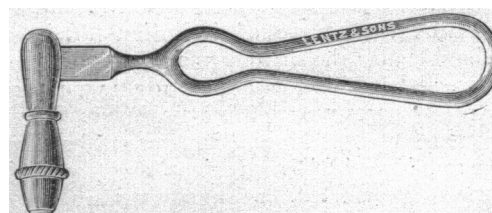
* Read in the Section on Ophthalmology of the American Medical Association, at the Fifty-ninth Annual Session, held at Chicago, June, 1908.

A NEW PERCUSSION HAMMER.

ROBERT N. WILLSON, M.D.

PHILADELPHIA.

The accompanying illustration illustrates a percussion hammer or plessor that has been gradually evolved from a sense of need and from the inability to find what I wanted on the market. For years I have demonstrated to my own satisfaction and to that of my students the fact that by means of the proper use of the plessor and pleximeter an accuracy of outline can be attained in the examination of the lungs, heart, and other organs that is impossible with finger percussion or by any other means short of the tuning fork and stethoscope. No one plessor has been satisfactory, either with respect to balance, weight or durability. Most of the instruments on the market are fitted with friable rubber handles so long as to be clumsy, and as to invite just what should be forbidden instead of encouraged--a forcible stroke. Not one is designed to promote delicacy



A new percussion hammer.

of perception of sound, through thorough comfort in its use. It is believed that the all-metal instrument here illustrated is not only practically indestructible, but is calculated to encourage a gentle method of percussion, since a hard stroke with its short handle is next to impossible. The balance is perfect, and at the same time the head of the plessor is sufficiently heavy to produce the desired sound by its own fall. The resulting jar is almost nil to the patient, whereas the note obtained by the impact of the leather tip on either the finger or the ivory pleximeter is more resonant, more sharply defined, and more clear than that obtained by finger percussion. The sense of resistance is preserved to those who desire to make use of it by the employment of the finger as the recipient of the stroke.

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Special Article**PLAGUE IN CALIFORNIA AND THE ANTI-PLAGUE CAMPAIGN.**

(By Our Special Commissioner.)

In beginning this report to you, supplemental to that closed Nov. 30, 1907, and published in THE JOURNAL, Dec. 14, 1907, it may be well to outline, briefly, the conditions that existed at that time. Human plague was first noted in San Francisco in March, 1900, and existed there until Feb. 29, 1904, on which date the last verified case for some three years was noted. It appeared again May 27, 1907. Verified cases had occurred in several towns in Contra Costa County and in Oakland, Alameda and Berkeley, and it was surmised as far back as 1901 or 1902 that the ground squirrels in the counties of Alameda and Contra Costa had become infected with plague