

ratory affection threatening to prove fatal I shall not consider that everything practicable has been done unless a fair trial has been given to oxygen.

The gas was obtained in cylinders from Brin's Oxygen Company, 34 Victoria St., Westminster, and by the courtesy of the local agent, Mr. C. H. James, of 30 Broad St., Bristol, it was received in Bristol within five hours of the despatch of the order. The company supply a simple apparatus, consisting of a rubber bag connected with the cylinder, and also with a tube, to which a mouthpiece can be attached. The bag can be hung up above the level of the patient, so that the gas which enters it from the cylinder escapes slowly through the delivery tube by its own weight and the collapse of the bag.

When the inhalation was begun the patient was breathing through the mouth; but directly the end of the tube was put into his mouth he grasped it with his lips and breathed through the nose alone. The tube was therefore fitted into an ordinary naso-oral celluloid inhaler, which answered well. No unpleasant effects were produced. It is better to use the bag rather than to give the gas direct from the cylinder, as it is contained in the latter under such pressure that it is difficult to regulate its escape.

Now that pneumonia and bronchitis are so prevalent and so fatal, the recognition of the value of oxygen in staving off asphyxia and stimulating the heart may lead to the saving of life in otherwise hopeless cases.—*British Medical Journal*.

EPISTAXIS—AN EASY AND EFFECTUAL METHOD OF PLUGGING.—Undoubtedly, plugging the nares by aid of Bellocq's cannula is an excellent method; but occasionally, especially in country practice, a Bellocq's cannula is not at hand, and some method easy, effectual, and effected by materials always within reach, must be resorted to. Such a method I have found in the following. A piece of old, soft, thin cotton or silk, or oiled silk, about six inches square (a piece of an old handkerchief will answer) is taken, and, by means of a probe, metal thermometer case, or penholder, or anything handy, is pushed centre first, umbrella fashion, into the nostril, the direction of pressure when the patient is sitting erect being backwards and slightly downwards. It is pushed on in this

fashion until it is felt that the point of the "umbrella" is well into the cavity of the naso-pharynx. The thermometer case or probe, or whatever has been employed, is now pushed on in an upward direction and then towards the sides, so as to pull more of the "umbrella" into the naso-pharynx. The thermometer case is now withdrawn. We have now a sac lying in the nares, its closed end protruding well into the pharynx behind, and its open end protruding at the anterior opening of the nares. If it be thought necessary, and is convenient, the inside of the sac may be brushed with some household astringent, such as alum solution, turpentine, etc. A considerable quantity of cotton wool is now, by means of the thermometer case, pushed well back to the bottom of the sac. Then, the thermometer case being held firmly against the packed wool, the mouth of the sac is pulled upon, and thus its bottom with the wool packed in it is pulled forward, and forms a firm, hard plug wedged into the posterior nares. We may now pack the sac full of cotton wool, dry or soaked in some astringent solution. The mouth of the sac may now be closed by tying it just outside the nostril with a piece of strong thread; it is then trimmed by scissors and the ends of the thread secured outside. The foregoing method is easier than any I know when both nostrils have to be plugged. It might be suggested to oil the cotton or silk in order to render its introduction easy and to prevent it adhering to the mucous membrane, and to render it easy of removal; but I have never found any difficulty without the oil, as the blood renders the material wet and easy of introduction, while the oil does not facilitate removal, and may modify the effect of the astringents that may be used. The plug may remain *in situ* as long as any other nose plug. In removing the plug, open the mouth of the sac, and with small dressing forceps remove the cotton wool bit by bit; if there is bleeding, simply syringe the sac with weak carbolic lotion, or Condy's fluid, and repack with clean cotton wool, or wool impregnated with some antiseptic. If there is no bleeding when the wool is picked out, gently pull out the sac; or if it be adhering to the mucous membrane, syringe in a little warm water, and it may then easily be removed. This method has many advantages. (a) It is easy, quickly