we would probably be compelled to tie the common iliac, we will give compression an extremely thorough trial.

(This case was subsequently entirely cured by compression of the abdominal aorta with an abdominal tourniquet, and up to the present time no return of the pulsation has taken place.—*Medical Times.*

THE STYLE IN OBSTRUCTIONS OF THE LACHRYMAL APPARATUS. *

BY DR. NUNNELY.

It is not my purpose now to speak of affections of the lachrymal apparatus in general, but only of one method of treatment of those diseases of the sac or nasal duct in which dilatation of the latter by mechanical means is necessary.

The difficulty formerly experienced in dealing with such cases is sufficiently shown by the great variety of probes of metal and catgut, of many shapes, and to be used in various ways, and of styles, and tubes, and other mechanical appliances, which were devised, often with great ingenuity, with the object of dilating and keeping open the nasal duct. Except the simple style, introduced through the skin and the anterior wall of the lachrymal sac, these contrivances failed more or less in their object, and were abandoned. In many respects the treatment by the style was satisfactory enough. It had, however, some objections; its appearance was unsightly, it was liable to fall out or be dragged out in various ways, and after its removal in some instances the opening which was left refused to heal, and a lachrymal fistula was the result. Since the general introduction of the very simple and admirable operation of division of the canaliculus into the lachrymal sac, devised by Mr. Bowman, the description of which was published in the Transactions of the Royal Medico-Chirugical Society for 1851, the treatment of cases of epiphora, depending upon displacement of the puncta or obstructions of the canaliculi or nasal duct, has been reduced to narrow limits, this plan presenting such conspicuous advantages as to have been almost at once generally adopted. By it the sac and nasal duct can be reached and treated through the natural passages, without external wound. The advantages gained by this mode of procedure are many, and its disadvantages are few. The latter are, mainly, that in order to keep open the wound along the canaliculus, which has been divided, it is necessary to pass a probe along it several times, or the incision will close (as it frequently does unless considerable care be taken; again, the probe must be passed through the nasal duct at intervals, longer or shorter according to the nature of the stricture. All this involves, of course, considerable pain, and is more or less tedious, usually requiring several attendances on the part of the patient, so that there is oftentimes difficulty, both in public and private practice, in persuading persons to persevere for a sufficient length of time.

These objections may be avoided, and the whole treatment greatly simplified, in most instances by the use of a form of style introduced some years ago, I believe, by Mr. R. Taylor, surgeon to the Central London Ophthalmic Hospital, and which has scarcely, I think, been adopted so frequently as it deserves. It is highly spoken of by Mr. Haynes Walton, in his work on the "Surgical Diseases of the Eye." This style is a straight piece of silver to fit the nasal duct, having at right angles to it, at the upper end, a small arm about three-eights of an inch in length; it is introduced along the slit-up lower canaliculus, through the lachrymal sac into the duct. The little horizontal arm lies in the channel of the canaliculus, which it keeps open, and prevents the style from slipping out of sight, allowing ready removal when necessary. I have used it constantly, and with great advantage. The canaliculus is slit up in the usual way, and I then either dilate for a short time with the ordinary probe, and then put in the style, or more generally, where the case is a straightforward one, introduce the latter at once. Different sizes are required. The style requires to be taken out and cleaned occasionally, and if there be any irritation set up by it, which is not common, the removal of it for a day or two is generally sufficient to allow it to be worn with ease, and I find that patients are so comfortable while wearing it that they often neglect to appear at the end of a month or six weeks to have the instrument removed.

When we think of the very fragile bones by which the lachrymal apparatus is formed, and the danger which must always exist lest the passing of an instrument should injure them, or bruise their delicate lining membrane, the consequent swelling of which would increase, instead of lessen the evil, it must be evident that the use of a probe in this situation demands the greatest gentleness. A plan therefore which so much simplifies the instrumental treatment of many of these frequent, painful, and troublesome cases is a real gain.—*The Lancet.*

* Abstract of a paper communicated to the Leeds and West Riding Medico-Chirugical Society.

CANADIANS ABROAD.—The following gentlemen have lately passed the examination of the Royal College of Surgeons, England:—R. T. Godfrey, M.D., Montreal; F. L. M. Grassett, M.D., Edin, Toronto. H. L. Machell, M.D., of King, who has been absent during the past year, has just returned. He passed his examination before the Royal College of Physicians, Edinburgh, and was admitted a member of that body.