

Epistaxis.—Undoubtedly plugging the nares by aid of Bellocq's canula, says Dr. Phillips, is an excellent method, but occasionally, especially in country practice, a Bellocq's canula is not at hand, and some method, easy, effectual and effected by material 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 backward and slightly downward. 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 The thermometer case is now withdrawn.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. 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 in 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 with scissors, and the ends of the thread secured outside.

The above 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 accomplished, and effectual, and the materials are to be found in every house, and indeed, about everybody's person (I have plugged in this manner, simply using a handkerchief, one part of which was used for the sac, and the other torn into narrow strips in place of the cotton-wool. (b) No damage is done to the floor of the nose or back of the soft plate by strings, etc.; (c) no disagreeable hawking, coughing or vomiting takes place while the plug is introduced; (d) there are no disagreeable strings left hanging down the throat, causing coughing or sickness while the plug is in; (e) the plug can be removed gently without any force, so that no damage is done to the mucous membrane, and no return of hemorrhage caused. I employed this method frequently when in country practice, and do so now in bleeding after operation on the nares, and have always found it to be satisfactory. As the method has been of great use to me, and as I am not aware that anyone has spoken of it before, I take the opportunity of mentioning it, in the hope that it may be of some use to some brother practitioner when confronted by an urgent case of epistaxis, and other means of plugging are not at hand. —*Medical and Surgical Reporter*.

Three Cases of Pertussis Treated with Bromoform. —(By Charles G. Kerley, M.D., New York.) Three children aged respectively eight, six and four years, members of the same family, developed pertussis within a few days of each other. They came under my observation at the Babies' Hospital at the onset of the disease, in fact, before the diagnosis was absolutely positive. Pertussis was strongly suspected, however, and they were put on the bromoform treatment at once, which drug has been used in the management of