

The instrument consists of a small elastic bag stretched on the end of a hollow style, by means of which it is pushed through the nasal fossa into the pharynx.

It is then dilated with ice-cold water by means of the ordinary ear-syringe, the nozzle of which is inserted into a piece of India-rubber tubing tied to the other end of the style. A small piece of thread or twine tied round this prevents the water from escaping. The bag, thus dilated, is now to be drawn well forward into the posterior nares, into which, by its elasticity, it will accurately fit. The anterior India-rubber plug is next to be slid along the style (this is more easily done if the style be previously wetted) into the anterior nares, which it fits like a cork. The cohesion between this plug and the style will, I think, be sufficient to hold both plugs in position; if not, a piece of string tied round the style in front of the anterior plug will insure perfect security.

When it is necessary to remove the plug, all that the surgeon has to do is to cut the string tied round the piece of India-rubber tubing, when the water will be expelled by the elasticity of the bag, and the instrument may be removed without difficulty.

The instrument, even at its thickest end, where the elastic bag is stretched over the style, is not larger than a No. 6 catheter, and it can consequently be passed through the nasal fossa without the least difficulty, and with very little discomfort to the patient, as I have proved by frequently passing it through my own nose. The style being made of elastic material—in fact, a gum elastic catheter, and therefore capable of being bent to any curve required—also facilitates the introduction of the instrument. When once the instrument is in position, and quiet, it is almost impossible to tell by the sensations alone that there is any foreign body in the nasal fossa at all; the dilatation of the bag causing but little discomfort being above the sensitive soft palate and fauces.

SUCCESSFUL TRANSPLANTATION OF A RABBIT'S CONJUNCTIVA, AND ITS ADAPTATION TO THE HUMAN EYE.

J. R. Wolfe of Glasgow, reports the case of a foundryman, thirty-one years of age, where in consequence of a severe burn from a mass of red-hot iron, there had resulted in an extensive symblepharon, glueing the lid firmly to the ball, in such a position that its ciliary border covered the upper edge of the pupil. Six weeks after the injury, when the inflammation had entirely subsided, Dr. W. dissected the lower lid from its attachments to the ball, and, to prevent its re-adhering, sutured it on the raw surface thus produced, the conjunctiva which he then dissected from the eye of a rabbit. The animal was under the influence of chloroform, and the part selected was that covering the nictitating membrane. The eye was dressed with dry charpie and a compressive bandage. On the day following, the transplanted conjunctiva had a grayish aspect, and warm fomentations were ordered. On the second day the eye was swollen and very painful, but the conjunctiva had lost its gray hue and become vascular. On the

eight day, he was discharged, cured: the eye-ball freely movable, and the transplanted conjunctiva healthy and adherent throughout. A few days subsequently, an iridectomy was successfully performed at the upper, inner quadrant of the cornea, with the result of restoring him to useful eyesight. The patient was seen two months subsequently, and the condition of the eye was still entirely satisfactory. The author then gives a second, somewhat similar case, with equally favorable result.—*Glasgow Med. Jour.*, 1873.

TREATMENT OF PSORIASIS.

We observe in a recent number of the *British Medical Journal* that that leading dermatologist, Dr. Tilbury Fox, thinks that the treatment of psoriasis by arsenic internally, and tarry preparations, externally, is erroneous, and much too generally employed. For his own part, he has almost entirely given up this plan of treatment, except in certain chronic cases, and where there is a syphilitic taint, when he found Donovan's solution of great value. In all other cases, he relies mainly upon soothing applications locally, viz.: wet packing, alkaline and sitz baths, and oily preparations; and internally, remedies in accordance with the constitutional diathesis. This plan of treatment is especially successful in acute cases occurring in young children. Dr. Fox lays great stress upon psoriasis being treated on the same principles as other cases, with due regard to constitutional and other causes likely to affect and modify it.—*Medical and Surgical Reporter*.

HOPS AS AN EXTERNAL ANODYNE.—Enclose the hops in a bag, and subject it to the steam of boiling water, and apply as warm as can be borne. Dampening the hops *slightly* with a strong vinegar before steaming increases their anodyne virtues.

PILL FOR GASTRALGIA.—R. Sub. nitrate of bismuth, 3 ii.; ext. belladonna, gr. x. Make into forty pills, give one night and morning.

TREATMENT OF THE INFLAMED BREASTS OF NURSES.

The method here recommended is so simple that no one need hesitate to adopt it, provided he is called in before the mischief has reached a certain degree of development. It is well known that engorgements of the mammary glands are frequently caused by chapped nipple. The inflammation of the skin extends directly into the ducts, exudations take place by which some of the ducts are plugged up, the milk is pent in, and hence the engorgement. If now, in such a case the breast be surrounded with the hands, and pressure made in the direction of the nipple, a thin, transparent whitish vesicle is caused, by the milk accumulating behind the closed orifices of the ducts. It is necessary, then, to do this, and, having done it, the next thing is to prick the vesicle with a needle, to remove any epithelial scales which may be present, and to apply the infant. If time has not been lost unnecessarily, the relief is almost immediate, and pain and tumefaction disappear in a few minutes;