

NEW METHOD OF PLUGGING THE POSTERIOR NARES.

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Below I give you an extract of a paper read by me before the Highland County Medical Association, July 10th, 1878, on the subject of *Purpura Hemorrhagica*, setting forth a new plan, so far as I know, of passing the loop preparatory to tamponing the posterior nares.

"Probably the best device for the mode of operating to which I refer consists of a piece of round, fine-linked, gold chain, slightly flexible and smooth, about one-tenth of an inch in diameter and an inch or more long, attached by one end to a fine waxed silk cord, a foot or more long. If such a chain is not procurable a short strand of metallic cylindrical beads, or bird shot, compressed on a cord, or small strips of sheet lead wrapped on the cord, might answer the purpose, the essential qualities of a nasal gravitator being smallness, smoothness, light and slight flexibility. After providing an instrument, which can generally be done at any farm house, the patient is then laid upon the back, the floor of the nose brought as nearly vertical as may be, and the loaded end of the gravitator lowered into the pharynx. Its arrival there will generally be announced by coughing, retching or clearing up of the throat. The patient then being brought to an erect position easily hawks up the weight and carries it forward on the tongue, when the operation of plugging may be proceeded with as usual."

The practicability of this procedure I have had occasion to demonstrate frequently, and find it much less annoying to the patient than Bellocq's sound or other unyielding instruments.

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Highland, O., Oct. 20th, 1879.

FIRST SUCCESSFUL CASE OF CHOLECYSTOTOMY.

At the Royal Medical and Chirurgical Society, Mr. Lawson Tait recently reported the first successful case of this operation. The patient had been married eighteen years, had borne six children, and menstruation was normal and health good till the summer of 1878. At that time she had spasmodic pains in the right side, aggravated by walking and lifting any light weight. A swelling noticed in September slowly increased, and during last winter pain became more intense, and she presented a cachectic appearance, suffering from incessant headache, sickness and obstinate constipation. The seat of pain was over the right kidney, where there was a heart-shaped tumor, firm and elastic, without fluctuation, tender to the touch, and movable to each side. The urine gave only negative results. At a consultation with the author's colleague, Dr. Edginton, no decided diagnosis was attempted,

and the opening of the abdomen was agreed upon, which was performed on August 23rd, in the middle line, to the extent of four inches. The tumor was found to be a distended gall bladder, containing a white, starchy-looking fluid, and two large gall stones, one lying loose and the other impacted in the entrance of the duct and adherent to the mucous surface. The latter was removed after a tedious and very difficult operation (fully described in the paper). The stone and fragments weighed 6.11 grams. The wound in the gall bladder was stitched up to the upper end of the wound in the abdominal walls by continuous sutures, leaving the aperture into the bladder quite open, and closing the rest of the abdominal opening in the usual way. The operation was performed antiseptically, under ether. The patient rallied completely in a few hours, and the dressings of the wound were found stained with healthy bile. The flow of bile from the wound continued till September 3rd. The wound was completely healed on September 9th, when the patient began to take solid food, up to that time the diet having been restricted to milk and beef tea. On the 30th she went home quite restored to health. A temperature chart indicated the evenness and rapidity of the recovery. An entire absence of symptoms of gall stone rendered an accurate diagnosis impossible, but this was of less importance as late improvements in abdominal surgery made an early exploratory incision for ascertaining the true nature of the disease feasible. The author, in stating that he always used rigid antiseptic precautions in his abdominal sections, expressed some doubts as to his success being attributable in any way to them.

PHOSPHIDE OF ZINC.

Phosphide of zinc has proven a most efficient agent in the successful treatment of a certain class of affections. In very many instances it has been far more curative than phosphorus. Considered in the light of a curative agent, the phosphide of zinc stands alone, not only for the certainty, but for the rapidity of its action as a nervous tonic and stimulant. Its value, in these respects, has of late been fairly tested in the last and exhaustive stages of typhoid and other fevers, where the nervous energies have been so far prostrated as to render convalescence, if not doubtful, at least tedious and protracted. The great therapeutic value of the phosphide is evinced in the most distinct manner when used in the treatment of neuralgia. While phosphorus is seldom curative in doses of less than one-twentieth or one-tenth of a grain, phosphide of zinc yields as reliable and more speedy results in doses of one-tenth to one eighth of a grain. Few stomachs can tolerate more than one-thirtieth of a grain of phosphorus before