

inches below and to the left of the nipple, at the tip of the ensiform cartilage of the sternum. The probe passed readily into the cavity of the stomach and the doctor supposing that the ball had passed through and lodged in some other portion of the body, did not pursue the examination further. At a third visit, which was about forty eight hours after the boy had received the shot, he ascertained that there had been two or more free evacuations from the bowels, and to his great surprise, the ball had passed with one of these evacuations. The wound healed by first intention, and just one week from the date of the injury the boy returned to his work.—*Southern Medical Record*.

Dr. W. W. Keen, in a paper read before the Philadelphia Academy of Surgery called attention to a method of operating about the face, by which but little blood enters the mouth during the operation. He placed the patient on a flat table, with the operated side turned a little down and cut through the skin down the mucous membrane, but not through it. He then secured all the vessels before opening into the mouth. In this way the blood was prevented from entering the mouth, and the total loss of blood lessened. In this case Stenson's duct was involved in the operation; it was stitched to the mucous membrane of the upper jaw, and there had not been the slightest trouble from fistula. The incision was a very wide V, the linear incision corresponding to the apex of the V being on the cheek, and the widest part is the base of the V inside the mouth.—*College and Clinical Record*.

Chronic Nasal Catarrh, and what the General Practitioner can do for it.—

Dr. Edward J. Birmingham read a paper on this subject. He thought that on account of the extreme frequency of chronic nasal catarrh, which was to be regarded not as a disease, but as a symptom of various pathological conditions, every physician should have some practical knowledge of rhinology. In order to diagnose and successfully treat ordinary cases very little apparatus was required, and anyone by devoting a little attention to the subject could readily acquire all the skill that was necessary in making examinations and in the application of remedies. In case any condition were

present which required operative procedures the general practitioner would thus be enabled to detect the trouble and send the patient to a specialist, and if this were not the case he would be fully competent to conduct the treatment himself. The ordinary nasal douches, he said, were apt to prove injurious, and it was equally injurious to forcibly inject fluid into the nasal cavity. As a substitute he exhibited a convenient douche, by means of which fluid was made to pass gently through the passages merely by gravity. He also explained the method of using sprays and insufflations, anteriorly and posteriorly. As an alkaline and antiseptic agent, he had found glyco-thymoline a most admirable preparation, and he had also found a solution of iodoform and tannin in ether (which left the iodoform and tannin deposited upon the mucous membrane) extremely efficacious. For insufflation stearate of zinc was one of the most useful remedies, and in atrophic catarrh the use of Reichard's ventral oil had been attended with good results in his hands. In conclusion, he spoke of the necessity of judicious constitutional treatment in connection with local measures, and incidentally remarked that if any permanent benefit was to be expected it was essential that the patient should entirely give up smoking, if he were addicted to the habit.—*Medical Record*.

Restoration of the Eyelid by Means of the Skin of a Frog.—

Gillet de Grandmont presented to the Ophthalmological Society of Paris (*Annales d'Oculistique*, April, 1893) a young man, aged eighteen, who was afflicted with cicatricial ectropion of the upper eyelid, rendering closure of the eyes impossible. There was a separation of eight millimetres between the palpebral edges. He proceeded first to suture the eyelids, after relieving the ectropion, obtaining a large surface, which he covered by means of the skin taken from the stomach of a frog, rendered aseptic by allowing the animal to float in a solution of boracic acid. He manufactured a tessellated graft by means of small sections of the skin placed one in contact with the other. The result was good, although several of the sections gave way and had to be replaced. At the end of six months the eyelids were practically normal.—*The Therapeutic Gazette*.