

SURGICAL TREATMENT OF EPISTAXIS.

Dr. Edward Hamilton, in a communication to the *British Medical Journal* (vol. i., 1880, p. 691), denounces the ordinary Bellocq's canula as a frequently useless and sometimes pernicious instrument. He himself takes a strip of linen material three feet long, with a width in proportion to the fineness of the texture, perhaps an inch on the average. This may be soaked in some domestic astringent at hand,—tea, alum-water, saturnine solutions; oil may be used, but it should be sparingly, for, although it greatly facilitates the introduction of the material, yet it interferes with the imbibition of moisture, and thus prevents the subsequent expansion of the plug, which is useful in checking the escape of blood by its compressing effect. The best of all fluids, if at hand, is a saturated solution of gallic acid in glycerine, which may be kept for the purpose. This has the advantage of combining astringency and styptic quality with lubrication. This strip of linen should be regarded as consisting of three parts, each intended for its own special position in the nostril. The end of the first portion should be grasped in the blades of a dressing-forceps, and conveyed along the floor of the nostril to the posterior termination of that cavity; the remainder, about one foot, should be rapidly "paid" by the finger and thumb into the cavity of the nostril. The solid mass thus formed should be forced along the floor of the nose, first with the little finger and then with the dressing-forceps or a pencil, until it is found to occupy the posterior nostril, and distinctly felt in it by the finger, hooked round the soft palate. This is far the most important part of the entire proceeding, being as it were, the basis of operations. The second portion should now be paid into the nostril in the same way, and pressed by the finger and forceps into its position,—the roof of the nose. The third and last portion should be pushed into the nostril so as to occupy a position in front of and below the other two, and, being caught within the edge of the alar cartilage, will usually retain its position without trouble. Dr. Hamilton thinks it desirable that the material should not be cut, but retained as one continuous piece for facility of subsequent removal; but too much care cannot be taken in disposing of the first portion. The nostril being thus perfectly and thoroughly packed, every portion of the lining membrane is steadily and firmly compressed, and the escape of blood is rendered physically impossible. In the course of about forty-eight hours the plug begins to loosen, the end falling from the nostril. Directions should be given to the nurse or attendant on no account to pull it, but simply to cut the projecting part on a level with the nostril according as it drops, until the entire plug comes away. There is little fear of the plug remaining too long as, when the natural secretion is restored, it becomes quickly loosened and unpacked, and falls away through the anterior nostril.

LONDON CORRESPONDENCE.

The age of miracles is not yet over it appears. A gang of thieves was brought up at one of our chief police courts in the metropolis a short time since, charged with breaking into a house and ill-using the only inmate, a lad of seventeen, who had been dumb from birth, but who was so frightened at their treatment that he, I was going to say recovered, but at all events he found his speech! and I believe, on good authority, that there is no doubt about the fact.

A case was tried at the Marylebone County Court the other day of considerable interest to the medical profession. The defendant, apparently a member of the Hebrew persuasion, was sued by his medical attendant for a sum of money for various visits to his wife after her confinement. The defendant contended, first, that the plaintiff had agreed to attend his wife in her accouchement, and for a month! after, for the sum of four guineas; and, secondly, that the after-illness was caused by the doctor's neglect and want of skill, in not having ascertained that the patient had passed no water for four days, which for several days after necessitated the use of the catheter twice daily. The judge promptly sat upon the attempt to disparage the plaintiff's professional skill, and gave him a verdict on the ground that the after-attendance was, as he observed, *outside* the original contract, and that no man in his senses would undertake to attend a woman in her accouchement for a month for four guineas. (Of course the plaintiff utterly denied this part of the compact.) But it rather appears to me as though this case is another illustration of "if you want a thing done well, do it yourself," in other words never trust too implicitly to the statements of the nurse. Talking of nursing, the lamentable state of affairs still continues at Guy's Hospital, and has culminated in the resignation of the senior Physician and Surgeon, and one of our oldest and most useful institutions in this huge overgrown city is rendered well-nigh incapable of carrying out the benevolent intentions of its founder. More than one inquest lately has demonstrated the impotency and incapability of the present system. The affair seems to me to lie in a nutshell, are the nurses to obey the doctors or not? In private practice, a nurse who chooses to disobey orders would very promptly be sent to the—well, home to her mother.