Clinical Report.

DISLOCATION OF THE CARTILAGE OF THE NOSE.

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The following unusual case seems of sufficient interest to deserve publication:

Patient.—Mrs. W., Mexican, 30 years of age, came to me Aug. 1, 1904, complaining of a "sore nose."

History.—About a year before she accidentally struck her nose violently against a door. There was no hemorrhage, nor even broken skin, but the blow was a severe one, and her nose had troubled her ever since, hurting severely one week, and appearing to get almost well another.

Examination.—Inspection showed nothing abnormal except a little redness and swelling about the lower left ala. On palpating the nose lightly with my finger there was a most peculiar sensation of something slipping or giving way beneath. This also caused some pain.

I diagnosed dislocation of the left lower lateral cartilage of the nose. Ordinarily there was no displacement because the elasticity of the surrounding tissues held it in place. Yet it had not been allowed to remain in place long enough for complete repair to be effected; being moved about in the act of blowing the nose.

Treatment.—The indication—fixation—was clear, but how to accomplish it satisfactorily was a problem. Adhesive plaster could not be applied so as to give sufficient firmness; and an ordinary plaster mold could not be fastened on without binding up the patient's whole head. I adopted the following method, which proved successful: After protecting the surrounding parts and covering the nose with a very thin coating of vaselin, I applied over the entire projecting part of the organ a coat of flexible collodion. Quickly, before this could harden, I sprinkled in plaster of paris. Then, waiting a moment for it to "set," I applied in a similar manner another layer of collodion and another layer of plaster, and so on until there was a mold over the nose one-eighth of an inch thick. When finished, this was nearly as hard as an ordinary plaster mold, and held on securely by the adhesion of the collodion.

Result.—As the patient lived some miles away, I did not see her again, but several weeks later her husband told me that the cast had come off of itself within two weeks, that there had been no recurrence of the trouble since, and that his wife's nose seemed to be perfectly well.

New Instrument.

A RECTAL VALVE CLIP WITH APPLICATOR.

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Since the operation of valvotomy has been established as a means of relief from obstinate constipation or obstipation, the tendency has been to simplify the armamentarium and the operative procedure.

I have devised an instrument in the form of a clip, which painlessly divides the muscular fibers contained in the rectal valve in from three to five days without fear of hemorrhage or peritonitis. Figure 1 represents the applicator with clip in its grasp, opened, ready for application to the hypertrophied valve. The clips are made in three sizes, short, medium and long. Each consists of two fenestrated elliptical jaws controlled by a set-screw (Fig. 2). The apposing surfaces have a slightly elevated serration in their center running from the base of one side around the tip to the opposite side. This represents the cutting surface. On the outer side of the serration is a narrow, smooth surface that makes enough gradual pressure to produce sufficient inflammatory exudation to

seal the blood vessels and lymphatics. This prevents hemorrhage and infection. At the base of the apposing surface a slight elevation is made so that when the screw is driven home the pressure will be the same at the tip as at the base. At the base of each jaw, directly opposite the center of the screw, is a slight oval depression to receive the end of the

Figure 1.

applicator. The applicator consists of two forcep handles and blades nine inches long, armed with a lock. Running parallel with and between the blades is a screwdriver which fits in the head of the screw when the base is properly grasped. It has play back and forth of about half an inch, to accommo-

Figure 2.

date the inner jaw of the clip when adjusted for application (Fig. 3). The advantages claimed for this instrument are as follows:

First, the clip presents a perfectly smooth surface and will not irritate the surrounding gut wall nor become entangled with the fecal matter.

Figure 3.

Second, the pressure can be regulated by the set-screw.

Third, the simplicity and ease with which the applicator is released when the clip is firmly adjusted on the valve.

Fourth, it places the operation in the hands of any competent physician or surgeon.

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Psoriasis.—Pouffé concludes from a study of the subject that psoriasis is due to a slow chronic intoxication from defect of the internal secretion of the ovary or testicle, thus failing to neutralize cellular poisons formed in the system by failure to oxidize substances due to vitiated nutrition. The disordered cell function in arthritism, instead of a zymase, diastase or ferment needed in the general nutrition, produces a pathogenic secretion especially acting in the local manifestation of psoriasis. This indicates a serious trouble of cellular nutrition requiring a general internal medication to neutralize the toxin and favor its elimination.