

described to the French Society of Otolgy, Rhinology, and Laryngology a simple method of resecting the nasal septum without danger of perforating the partition, by a procedure described as being very easy of execution, not painful, and exceedingly rapid. He places in each nostril a tampon of absorbent cotton saturated in 10 per cent. cocaine solution, one on the concavity and one on the convexity of the septum. When anaesthesia is attained he removes the two tampons simultaneously, injects, with a hypodermatic syringe holding about forty-five minims, that amount of boiled water, or as much as is requisite, under the mucous membrane on the concave side, thus stripping the mucous membrane from the cartilage. Then, through the other nostril he resects the cartilaginous arch with a bistoury in a vertical direction, and tampons the resected side. The result is excellent. After cicatrization the closure is insured by the approximation of the uninjured membrane of one side with the cicatrized membrane of the other.

[This means of protecting the membrana from injury is certainly very ingenious, and if the operation is found as efficient as is claimed in this notice, it will probably supersede former procedures.—ED.]

**Rapid Extirpation, Without Oseous Resection, of Large Rhino-Pharyngeal Polyps With Extracranial Prolongations.**—**IESCHWALL** (*Congrès français de Chirurgie*, October, 1897; *Annales des Maladies de l'Oreille, du Larynx, etc.*, July, 1898) reports the case of a boy, aged thirteen years, with a voluminous rhino-pharyngeal polyp with prolongations in the maxillary sinns and in the temporal fossa of the right orbit. The patient being in the Rose position—pendent head—the base of the polyp was detached with the rasp, and the tumor was seized in the pharynx and brought forward. The right index-finger, introduced into the right nasal passage, liberated it from the pterygo-maxillary fossa, and all the rhino-pharyngeal portion was extracted through the mouth without the necessity of disturbing the skeleton. An incision practised in the temporal region permitted seizure and rapid tearing away of the remainder of the tumor. The success of this method of intervention depends upon the rapidity of operation, the hemorrhage being considerable.

**Œsophagotomy for Foreign Body in the Œsophagus.**—**DR. JOHN O. ROE**, of Rochester, reports (*Journal American Medical Association*, 1898, No. 13) an œsophagotomy for the removal of a tooth-plate impacted five days in the upper third of the œsophagus in a man aged sixty-six years. There was some ulceration of the œsophagus where the tooth-plate had been embedded, with considerable sloughing of the inner wall of the side opposite to that in which the incision had been made. The patient did well for four days, when congestion of the lungs supervened, and he died the following morning.

**Case of Urticaria Involving the Uvula and Nearly Causing Asphyxia.**—**DR. GUY HINDEALE**, of Philadelphia, reports (*Philadelphia Polyclinic*, July 30, 1898) the case of a gentleman, aged twenty-five years, with painful urticaria, husky voice, difficult breathing, puffy eyelids, and swollen nose. The uvula was œdematous, but the larynx and epiglottis were not involved. With applications of cocaine, Seiler's solution in spray, and additional

cocaine, his symptoms were relieved; and, under the continuous use of the atomizer, large doses of rhubarb and opium, and abundant use of the extract of witch-hazel externally, he was able to return to business the following morning.

## OPHTHALMOLOGY.

UNDER THE CHARGE OF

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**Phlyctenular Conjunctivitis.**—H. HERBERT (Bombay), writing of this disease as it has occurred in India, states that about one-third of the cases that are seen there show clear evidences of chronic conjunctivitis. A smaller percentage, which he classifies as eczematous, present phlyctenules associated with general acute or subacute primary conjunctivitis, the eruption being a more or less accidental complication. In eleven cases out of one hundred the phlyctenules occurred on the palpebral conjunctiva, which was uniformly thickened, reddened, and usually roughened. In most such cases there were also phlyctenules on the bulbar conjunctiva. On the lid the phlyctenules were more commonly multiple than single, and their favorite seat was just within the lid-border; they tended to spread here in a line. They were more common on the upper lid than on the lower. Occasionally two or three were joined together into an irregular conglomerate infiltration. Their characteristic acute course and nearly invariable association with similar lesions on the bulbar membrane are sufficient for diagnosis.

He notices also the large proportion of adults affected with this disease in India. More than one-third of the patients were over twenty years of age, and a few scattered cases over fifty.—*Ophthalmic Review*, March, 1898.

**Galvano-cautery for Detached Retina.**—J. O. STILLSON (Indianapolis) reports five cases in which he resorted to multiple puncture of the sclerotic with the galvano-cautery, with four recoveries and one negative result.

He was led to try this measure by noticing that after incision of the sclera the subretinal fluid was usually not entirely evacuated, and always tended to reaccumulate. He thought this could be prevented if a wound were made which would not close so quickly. The diagnosis as to the location and size of the detachment is to be made by examination in the upright image. The head is tilted to one side and then to the other until the most dependent portion is determined; this is the location for the first puncture. The second is made in or near the edge of the detachment, if it be