

## EYE, EAR, NOSE AND THROAT

### CHANGED CONDITIONS IN PRACTICE OF OPHTHALMOLOGY AND OTOTOLOGY DUE TO THE WAR\*

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First of all I desire to thank those of you who have so kindly prepared papers and discussions for this meeting. I am cognizant of the great sacrifice it has entailed this year, when with many of you it has been impossible to obtain competent assistants, or, as in many cases where years have been spent in developing associates in the manner approved by each individual, the one so trained has been called to perform higher duties, involving in so many instances the greatest personal sacrifice.

This is one of the many changes in the practice of medicine brought about by the changed conditions of these strenuous times.

There have not been many radical changes in the scientific aspects of our work. Some of our confreres have adopted Dakin's solution in places where an antiseptic solution is indicated. The demand has developed skill and ingenuity in plastic surgery of the face, although most of this has been done by the general surgeon and dentist.

Our views on sympathetic inflammations of the eye have been much modified, for happily it has not developed with the frequency nor under conditions which heretofore we have expected and dreaded.

A very serious condition, and one that requires careful attention, is looking after the practice of those who have worked along the same lines, and have closed their offices and entered military service. I think it is much more satisfactory when the doctor leaving advises his clientele, so far as he is able, to consult some friend

with whom he has made a percentage arrangement, for the reason that a great many of the patients of the younger men have at some time or other been patients of their older confreres in the same community and that patients frequently do not wish their former adviser to know that they have strayed from the fold, and consequently they conceal their more recent attachments.

The increasing cost of necessities, it would seem, would call for an increase in our fees. In fact, where the ophthalmologist delivers glasses to his patients, as he must in the smaller cities, the great advance in lenses compels a higher charge for them; and as it is necessary for him to pay more for office help, instruments, drugs, etc., if he does not obtain higher fees, his income will be greatly diminished, and whilst it is hardly fair when the extra demands upon his charity and time, incident to war, are considered, we must remember that this is a time of the greatest self-giving, and that this must be met by those of us who are unable to take a more active part, with a spirit of willingness to give all if the needs so demand. Let us carefully consider this in its many phases.

### SECONDARY HEMORRHAGE FOLLOWING SUBMUCOUS RESECTION SIX DAYS AFTER OPERATION\*

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Cases of secondary hemorrhage following submucous resection are not very common because of the very small size of the vessels encountered. The blood supply of the septum consists of septal branches of the superior coronary, a branch of the facial which supplies the lower and front part of the septum, the naso-palatine, a branch of the external maxillary, which descends along a groove in the vomer and anastomoses with the septal branches,

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\*Read before Washington County (Mississippi) Medical Society.