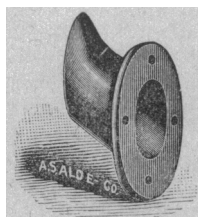


appreciate the odor of flowers three days after the operation.

On March 31, 1894, a second operation was performed upon the left side, as it was evidently not so satisfactory as the right nostril, a fact easily explained when it is remembered that so much of the alar cartilage was destroyed. The incision was carried somewhat higher up toward the tip of the nostril than it had been, and a slightly larger tube was as inserted. This operation has had a decidedly good effect, and now the left nostril is almost as perfect as the right. Since July 1, she has not worn the tubes during the day, now four months. Examination on September 15 revealed no evidence of any return whatever to the original condition. It was suggested to her that she might leave the tubes out altogether, but since she is rather fearful lest her old condition might return, she prefers, at least for the time, to wear them every night.



The illustrations which are presented, exhibit the appearance of the case with the tubes inserted, and the appearance of the nostril a year and a half after treatment. The picture showing the condition of the nose before the operation is not a very satisfactory one, being taken from an old photograph, of some ten years ago.



I am quite certain that the good result in the present case has been due to two circumstances: In the first place the mucous membrane and the skin were united, the skin being rather redundant, and therefore capable of forming a good protection for the margin of the nostrils. If there had been less skin, I am quite certain that the result would not have been quite so pleasing, but with the redundant tissue it was reasonable to expect so good a result. In the second place, the tubes which she wore subjected the nose to no pressure, and maintained their position without

any degree of irritation. They fulfilled their function so nicely, that I would commend a similar tube in any case of a like nature.

321 North Grand Avenue.

CASE OF FRACTURE OF ANATOMIC NECK OF THE HUMERUS.

BY E. L. GIBSON, M.D.

STAUNTON, VA.

A 16-year-old boy, of good build, fell about twenty feet into some ladders. I saw him about two hours after the injury; he complained of great pain at the shoulder joint. A slight contusion was seen on the front of the arm at the shoulder joint; I was unable to find any other contusion.

On superficial examination, I thought I had a sub-spinous dislocation; but the protrusion did not look as large as would be expected. To isolate fracture, I placed the fingers of one hand on the bicipital tuberosities and rotated the humerus; they were felt to move under my fingers; no crepitation was elicited in this way. Dr. J. St. P. Gibson saw him at this time and confirmed my diagnosis. He was given chloroform; reduction was effected by Koker's method after several trials. Rotation was now made and crepitation was very perceptible.

Treatment: Gibson's wire splint, which was described in the Transactions of the Ninth International Medical Congress, Vol. I., page 585, was applied.

By this means, extension was continued for four weeks, at which time the wire splint was removed and a pasteboard crown splint was applied and allowed to remain two weeks. Upon its removal the deltoid muscle was found much atrophied; allowing the head of the humerus to be examined thoroughly. A line of callus could be felt. The joint admitted of all motions without pain and a perfect shoulder is the result. The crown splint will be retained for a couple of weeks longer, allowing slight motion.

SANITARY LEGISLATION.

Abstract of Remarks before the Auxiliary Health Association, Springfield, Ill.

BY CLARKE GAPEN, M.D., LL.B.

KANKAKEE, ILL.

As I look back over the twenty years of my life and work in medicine, I find that nothing has grown upon me more steadily or forcibly than the belief that the future of medicine is to be largely in the field of sanitation. The medical man who has kept himself abreast with the times has seen one line of treatment and one theory after another give way. My worthy preceptor who presides here, twenty years ago taught me many things that to-day he would declare worthless. All of our teachers have taught us much with regard to medical treatment which has since vanished into thin air like the baseless fabric of a vision, but in all this time sanitation has steadily grown in importance until to-day in practical significance it is not secondary to any other thing, even in medical instruction.

The fact that my experience in the line of sanitary work has been somewhat extended and peculiar, is my only excuse for offering ideas of so positive a character as those which I now present. Beginning with an almost absolute sanitary chaos, in a city of