

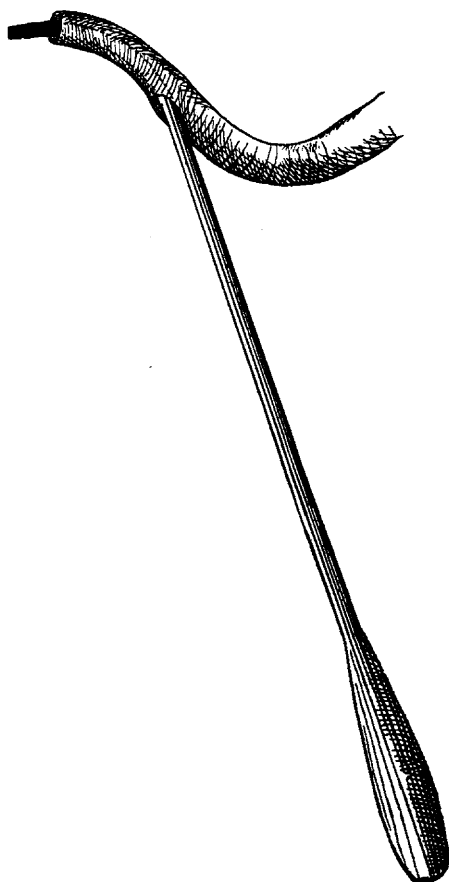
Louis Medical Society, wherein he advocated the use of pyoktanin in blennorrhœa. His method was to insufflate the dry powder. My plan has been to use a saturated solution as an injection, retaining the fluid for five or ten minutes and by pressure forcing it down to the isthmus.

I am sure that the treatment of the future will lie in getting some remedy which has the power of penetrating the tissues and hence reach the disease germs.

NASAL GUIDE FOR THE STOMACH TUBE.

BY L. H. PRINCE, M.D.,
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The forcible feeding of the insane through the nose with the stomach tube is frequently a most tedious operation, and in many instances becomes an impossibility, and resort is finally had to the



Nasal Guide and Stomach Tube in position for introduction.

use of the mouth-gag, so as to allow of the introduction of the tube through the mouth. As the passing of the tube through the nose, in most cases, is greatly to be preferred, the following is

offered as a simple and efficient method whereby the tube may, in nearly if not quite all cases, be quickly and easily passed through the nasal cavity and into the pharynx.

The instrument used is very similar in appearance to a small-sized urethral sound. It should be about six inches in length over all, and not more than one-eighth of an inch in diameter from the handle to the extremity, the curvature beginning about an inch and one-quarter from the end.

After thoroughly anointing the guide and tube, the point of the guide is inserted into the tube through the fenestra in the side, and passed along until it projects a little beyond the extremity. If the closed-end tube be used, which is not advisable, the point of the guide should fit into the pointed extremity. The tube and guide are then passed together into the nostril, the tube lying above the instrument, the handle of the latter being at first depressed. (See cut.) The tube is managed with one hand, the guide with the other. As the back of the nasal cavity is reached, the handle of the guide is raised, and the tube can then be easily passed down into the œsophagus, the guide being withdrawn as the tube passes over the soft palate.

The proper manipulation of the tube and guide may be easily acquired with a little practice.

CATARACT. HOW SHALL WE DEAL WITH THE CAPSULE? NEW CYS-TITOME FORCEPS.

BY EUGENE SMITH, M.D.,

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Local anæsthesia (cocaine) and antisepsis have been the means of producing a great revolution in the operation of cataract. Eserine, also, plays a somewhat important part. The Graefe modified linear extraction—linear incision combined with iridectomy—which has been so generally adopted as the operation for cataract, because of its supposed avoidance of iritis and consecutive destruction of the cornea, easier and better healing of the wound, etc., has, with the majority of the leading ophthalmic surgeons of the present day, been supplanted by simple extraction with a small flap (one-third of the cornea, De Wecker), and *without* iridectomy, a near return to the old classical operation, and the success of the operation is as great or greater than the Graefe method, and is in no small measure due to the use of cocaine, and the removal of all kinds of infectious factors which may exist in the conjunctival sac, lachrymal ducts, hands of operator or instruments, cleanliness and antisepsis being regarded as identical.