

by the prongs of the forceps, the instrument can be either manipulated or allowed to hang in the most convenient position.

External counter-pressure in case of submerged tonsils is often a distinct advantage in enabling one to secure a firm hold on the tonsil.

The blades of the instrument are instantly released by a pressure on the spring catch with the thumb of the hand holding it.

This instrument is made by E. B. Meyrowitz, New York.

COMPOUND, COMMINUTED FRACTURES OF ALL THE MAXILLARY BONES.

F. E. CLOUGH, M.D.

LEAD, S. D.

Patient.—J. L. M., aged 27, an American, fell over an embankment thirty feet high, striking on his face in a pile of rocks.

Injuries.—The inferior maxilla was fractured obliquely just to the middle of the body; there was no displacement of the fragments and but little mobility. In the left superior maxilla the line of fracture extended from between the lateral incisor and canine teeth backward through the hard palate to the horizontal plate of the palate bone, then outward to the pterygoid process and then forward above the base of the alveolar process to the incisor tooth, opening up the antrum of Highmore and lacerating the tissues badly. This large fragment was very loose and hung by periosteum only against the lower jaw. The alveolar process of the right superior maxilla was fractured at its base from the lateral incisor to the pterygoid process. The fragment was slightly depressed and movable, though the antrum was not opened. The intermaxillary bone was fractured into two pieces so that the two right incisors were knocked out, and the two left incisors were very loose. There was an oblique cut through the lips, extending along the left side of the nose and down onto the chin. The patient had always had about one-half inch protrusion of the lower jaw and could not normally bring the incisor teeth together. At first sight this gave the appearance of an anterior dislocation of the lower jaw.

Treatment.—The difficulty in treatment was to rebuild the alveolar arch and at the same time bring the fragments against the body of the bone. A silver wire was looped around the canine teeth of both superior maxillæ and made to include the two loose incisors; this brought the arch in good apposition. In order to hold up the depressed portion of the left superior maxilla a silkworm suture was looped around the canine tooth beneath the silver wire; the ends were sutured through the periosteum of the malar bone, brought out through the skin over that bone, and tied over a piece of rubber tubing to prevent cutting. In order to maintain the proper degree of tension a small rubber band was stretched between the silkworm suture and an adhesive plaster strip on the forehead. A similar procedure was used on the right side. This method was adopted only as a temporary measure until an interdental splint could be constructed, but it worked so satisfactorily without any cutting of the skin or inconvenience to the patient that no further measures were necessary. Drainage was put in the left antrum, the wounds sutured and a split tail bandage used for holding the inferior maxilla.

Convalescence.—No complications developed and there was an uneventful recovery. At the end of a month the superior maxilla of the right side and the inferior maxilla were solid, while the intermaxillary portion and the left side were slightly movable. The silkworm sutures were removed at this time and the silver wire was removed two weeks later when union was complete. The man returned to work at the end of the second month with no deformity of the upper jaw remaining.

ABSCESS OF THE NASAL SEPTUM, PROBABLY DUE TO ANTHRAX INFECTION.

J. G. PARSONS, M.D.

SIoux FALLS, S. D.

Patient.—John H., aged 30, whose previous health had been excellent, on August 15 consulted Dr. Haberman of DeSmet, S. D., about his nose, which was sore and red on the tip. He gave a history of having felt ill for a few days previous, but had continued his work.

Clinical Course.—The doctor could discover no abrasion and nothing was done. On the following night, however, he was called to see the patient, whom he found suffering severe pain, with a general headache, more especially in the vertex. His temperature was 102.5, his nose swollen full and very sensitive to touch. The patient was greatly prostrated. He was given acetanilid and camphor monobromate, which relieved the headache and caused him to sweat profusely. On the 18th the temperature had dropped to 101, where it remained for the next ten days. On this day I was called and found the patient suffering intensely, with very marked swelling of the nose and fullness indicating abscess of the septum. The pain was so intense that the application of powdered cocaine to the mucosa seemed to have little or no effect.

Operation.—Accordingly, while three men held him, I made a free incision on either side of the patient's septum with a cataract knife. A quantity of sanguinolent pus discharged, relieving the tension and easing somewhat the pain in the head. During the next ten days Dr. Haberman opened the abscess six times, evacuating a bloody serum each time. The wound showed a marked tendency to close. No packing was used, and an occasional irrigation with a weak, antiseptic solution was given.

Microscopic Examination.—On the 22nd smears were made of the secretion and examined by Dr. Haberman and his colleague, Dr. Dyar. These smears showed morphologically characteristic anthrax bacilli. Unfortunately, no cultures were made, but the doctors report the microscopic appearance to be unmistakably that of anthrax. No pus cocci were found.

Sequelæ.—During the course of the disease the patient developed two bullæ on the back of the hand, having received the infection when wiping his nose. The discharge was identical with that from the nose. These bullæ were opened immediately and cauterized with pure carbolic acid, but continued to discharge for about eight days. The discharge from the nasal wounds continued for about a month, and gradually disappeared, the patient making a good recovery without destruction of the septum.

Therapeutics

HYPNOTICS III.

PARALDEHYD.

Paraldehyd is a colorless liquid, pungent, irritant, and of a disagreeable odor. While theoretically it should be a stimulant and its action resemble that of alcohol, practically it is such a strong narcotic and hypnotic that its soporific and prostrating effects overcome any stimulant action that it possesses. Its action on the skin would be irritant, especially if its rapid evaporation were prevented. On mucous membranes it causes burning, and if not well diluted irritation and even inflammation. It is so active in this respect that it is even difficult to swallow it into the stomach without choking unless its evaporating and burning properties are held in check by iced water. It is so rapidly absorbed from the stomach that its effect is sometimes almost instantaneous. The heart is quickly stimulated, the pulse bounds and throbbing is felt in the head and arteries of the neck similar to that produced by a large dose of a nitrite.