

THE SOFT CATHETER IN PLUGGING THE NOSE.

BY M. F. SMITHWICK, M.D., BOSTON.

EMPLOYMENT of the soft rubber catheter in plugging the nose requires no suggestion to those familiar with its use in nasal feeding.

Except in nasal operations under a general anesthetic, it is rarely necessary to plug the nose. Experts are usually correct in considering the frequency with which one resorts to this procedure in cases of spontaneous epistaxis to be inversely as his skill.

Last May a gentleman out of town, seventy-three years of age, a patient of Dr. C. F. Folsom, had been bleeding from the nose, with intermissions, for two days. Early in the attack the insertion of anterior plugs, by a physician who was called in the emergency, was followed by cessation of bleeding. This cessation was undoubtedly spontaneous. Later he found that a posterior nasal plug was necessary to control a vigorous return of the bleeding. He tried to insert this by means of a Belocque's canula, but was unable to pass the instrument.

When Dr. Folsom first saw the case bleeding had ceased again spontaneously. Later, when notified by telephone of a sharp recurrence, he asked me to insert a posterior nasal plug.

Blood was trickling from both nostrils and down the throat. Examination under good illumination failed to show the bleeding point, as a ridge on the right side of the septum met the turbinate and nearly occluded the passage. Even after the turbinate had been cocaineized the point could not be seen owing to the crookedness of the passage. It would have been difficult to pass a Belocque's canula and, if possible, very disagreeable to a nervous patient.

A medium-sized, soft-rubber catheter, threaded with waxed dental-floss, was passed quite easily. A carefully prepared piece of sponge, moistened with Monsel's solution, was inserted in the usual manner and allowed to remain forty-six hours. No plug was placed in the left nostril and no anterior plug was needed in the right. There has been no subsequent bleeding.

TECHNIQUE.

A soft-rubber catheter, a string more than twice the catheter's length (waxed dental-floss is excellent), a wire (the stilette of a gum-elastic catheter will do if the soft catheter is shortened), material for a plug, some styptic and a lubricant are necessary. A solution of cocaine is helpful and may be necessary to shrink the parts. Forceps are convenient.

An end of the waxed string wound about the end of the wire is passed through the catheter. Bring the ends of string together behind the catheter. Lubricate catheter; pass along floor of nostril, and, when the tip appears below the soft palate, grasp with forceps and draw it out of the mouth. Draw out the half of string not contained in the catheter. An end of the catheter carrying an end of string now projects from a nostril and from the mouth.

Attach the plug and draw it near to the catheter's tip, leaving outside the plug sufficient string to project from the mouth when the plug is in position. Then withdraw from the nose the catheter and, until the plug is fixed firmly in position, the string simultaneously. Considerable swelling, at least of the soft palate, will follow. If the plug is aseptic there need be no apprehension.

The soft catheter is available, of innocent appearance and effectual. It is as good as any instrument for the simple cases and the best for the difficult.

QUININE NOSE-BLEED.

BY ROBERT W. HASTINGS, M.D., BROOKLINE, MASS.

F. W., AGE seventeen, after playing foot-ball on Friday afternoon, sat down on the ground and became chilled. Within a few hours he had a very sore throat, fever, hoarseness and general pains. Slept but little that night. Saturday he gargled faithfully and the swelling in his throat and dysphagia disappeared. Slept well that night, but woke very hoarse and with some cough.

Thinking to throw off the approaching "cold," as he had often done before, he took six grains of sulphate of quinine. There was no apparent effect on the "cold"; but three hours later, after blowing his nose, he began to have nose-bleed, and had six sharp attacks within three hours. Pressure under the upper lip checked the flow each time in two or three minutes. On account of this recurrence he called at my office.

Examination showed a throat nearly normal; nose closed with dried mucus and blood; pulse full and hard, but not rapid; occasionally a beat not so full as the others; temperature 99.2° F.; skin rather dry; no tenderness of abdomen; no headache or other pain. He said he had had no ringing in the ears, headache, dizziness or disturbances of vision. Sense of fulness in his head was the same as before taking the quinine.

He was started on five-grain doses of bromide of soda, and given ten grains of Dover's powder and a codeia, chloride of ammonium, liquorice and cubeb cough-tablet for his "cold."

He had no further attacks of nose-bleed, but in two days was rid of his "cold" and back at school.

Reports of Societies.**CLINICAL SECTION OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.**

E. W. TAYLOR, M.D., SECRETARY.

REGULAR Meeting, Wednesday, October 20, 1897,
DR. W. F. WHITNEY presiding.

DR. CHARLES NORTON BARNEY read a paper on
CEREBRAL SYPHILIS, WITH REPORT OF A CASE OF
CHRONIC MENINGO-ENCEPHALITIS SECONDARY TO
SYPHILIS.¹

DR. TAYLOR: Dr. Barney has covered most of the points in regard to this extremely important affection, but possibly I may reinforce one or two things he has said and quote a few cases. In the first place, I should entirely agree with him in laying stress on the importance of large doses of iodide instead of small ones. I have no doubt that oftentimes these cases go from bad to worse because heroic doses are not administered. Undoubtedly the disease provides a sort of immunity from the toxic action of the drug, and it may be given up to 300 or 400 grains a day without any serious

¹ See page 671 of the Journal.