other head-affection where prolonged recumbency is a necessary part of the treatment, I scarcely know how to dispense with one of these couches, or one of these contrivances. On an ordinary bed, such a patient is very apt to sleep too much in the day and too little at night—too little at night because he has been sleeping too much in the day; and, before long, there is no small danger that, for this reason, night-draughts of various sorts may be introduced into the treatment. On the couch, on the contrary, or on the contrivance which takes its place, all these difficulties are, for the most part, fully met. By raising the head in the day time, the patient remains awake sufficiently to be able to sleep at night; by depressing the head at bedtime, the conditions are rendered more favourable to sleep during the night; and, as a rule, *sleep is to be conciliated in this way—an incalculable advantage—without the help of narcotics.* At all events, the facts fully justify these statements. It is possible to fight successfully against either undue drowsiness or undue sleeplessness in this way. In particular, it is possible to fight against undue sleeplessness in this way, and that, too without the equivocal help of narcotics; and, in short, all that I can now do, and must do, is to make plain statements, and leave you to draw your own inferences from them.

CONCERNING SPINAL EXHAUSTION.

When I began, I did not intend to do more than make a passing allusion to spinal exhaustion; and, certainly, at this late moment, I have left myself no alternative. All that I can do, indeed, is to skip the few details into which I had proposed to enter, and to say broadly that the two affections, cerebral exhaustion and spinal exhaustion, are usually associated in a way which makes it difficult to disassociate them altogether; that they have many symptoms in common; and that very many of the peculiar symptoms belonging to spinal irritation—on which disorder what I have to say will be found in the article on the subject in Reynolds's *System of Medicine*—will also be found to belong to spinal exhaustion. The subject is, no doubt, sufficiently intricate, and the diagnosis not always certain; and this must needs be, for as with cerebral exhaustion, so with spinal exhaustion, it may be taken for granted that any grave organic disorder closely related to it, may be simulated by the state of exhaustion—that the exhaustion, in short, may mark an early stage of this disorder—a statement which is tantamount to saying that these several disorders may not be so grave at first as they may seem to be; that they only become organic at a later stage; that, in short, the early stage, though fully foreshadowing in its symptoms the more serious disease which is about to be established, may be nothing more, and not lead to much more, than what may be spoken of as *exhaustion*.

No one, Mr. President and Gentlemen, can be more sensible than I am to the short-comings of the present lectures. Much that I wanted to say I have left unsaid; much that I have said, I well know, might have been more to the point. I can, therefore, only thank you for the patient attention with which you have listened to me, and hope that I may have not spoken altogether in vain, even to those of you who are the least disposed to sympathise with what I have said.

AN IMPROVED MEANS OF PLUGGING THE POSTERIOR NARES.

By A. GODRICH, M.A., M.R.C.S.

I BEG to submit to professional notice an instrument that I have had constructed by Messrs. Louis Blaise and Co., of 67, St. James's Street, for plugging the anterior and posterior nares in cases of epistaxis. I have long been struck by the unsatisfactory means at our disposal in dealing with such cases. There is, in the first place, owing to its large curve, no little difficulty in passing Bellocq's sound, the point of the instrument often hitching on the posterior edge of the floor of the nasal fossa. In the next place, the adjustment of the posterior plug, requiring, as it does, the passing of the surgeon's finger into the fauces,

short time. Three or four ordinary thin deal planks are joined together so as to make a support long enough and wide enough to bear upon it the bed or mattress upon which the patient has to lie; and then, having first sawn across this support in two places—the one in a line corresponding to the bend at the hips, the other in a line corresponding to the bend at the knees; these three separate pieces are connected by hinges, so as to allow them to be moved upon each other as the three separate pieces forming the invalid bedstead are moved upon each other. This jointed support is placed between the bed or mattress and the ordinary bedstead; and, being so placed, the head or knees of the patient can be easily raised or depressed, as they are raised or depressed upon the ordinary invalid bed, by placing underneath it, in the right positions, anything which may serve to keep the joints bent at the requisite angles.

not only causes much distress to the patient, but often entails a more or less severe bite on the operator, as I have found to my cost; and, lastly, when the plug is in position, the string passing from it through the mouth causes so much irritation of the soft palate and fauces, that but few patients have the courage to submit to it.

The instrument consists of a small elastic bag stretched on the end of a hollow style, by means of which it is pushed through the nasal fossa into the pharynx. It is then dilated with ice-cold water by means of the ordinary ear-syringe, the nozzle of which is inserted into a piece of India-rubber tubing tied to the other end of the style. A small piece of thread or twine tied round this prevents the water from escaping. The bag, thus dilated, is now to be drawn well forward into the posterior nares, into which, by its elasticity, it will accurately fit. The anterior India-rubber plug is next to be slid along the style (this is more easily done if the style be previously wetted) into the anterior nares, which it fits like a cork. The cohesion between this plug and the style will, I think, be sufficient to hold both plugs in position; if not, a piece of string tied round the style in front of the anterior plug will ensure perfect security.

When it is necessary to remove the plug, all that the surgeon has to do is to cut the string tied round the piece of India-rubber tubing, when the water will be expelled by the elasticity of the bag, and the instrument may be removed without difficulty.

The instrument, even at its thickest end, where the elastic bag is stretched over the style, is not larger than a No. 6 catheter; and it can consequently be passed through the nasal fossa without the least difficulty, and with very little discomfort to the patient, as I have proved by frequently passing it through my own nose. The style being made of elastic material—in fact, a gum-elastic catheter, and therefore capable of being bent to any curve required—also facilitates the introduction of the instrument. When once the instrument is in position, and quiet, it is almost impossible to tell by the sensations alone that there is any foreign body in the nasal fossa at all; the dilatation of the bag causing but little discomfort, being above the sensitive soft palate and fauces.

In designing this instrument, it has been my object to combine simplicity and cheapness with perfect efficiency. If I have not fully accomplished my object, I ask any one to suggest any alterations that may bring this instrument nearer to perfection, and enable us to do away with our present barbarous and unsatisfactory plan of plugging the nares.

METEOROLOGY IN ITS BEARING ON HEALTH AND DISEASE.*

By J. W. MOORE, M.D. Univ. Dub.,

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IN bygone days Meteorology was limited in its application to appearances in the sky, whether atmospheric or astronomical in their character. Now, however, the word is used to denote a branch of natural philosophy which deals with weather and climate. Its astronomical relations are, to a great extent, severed, whilst many terrestrial phenomena are included within its vast domain, and are studied and explained under some of its many branches. Until the last twenty years, the study of meteorology was confined to individuals, amongst whom we notice the names of Aristotle, Theophrastus, and Aratus, in Greece; Lucretius, Virgil, Pliny, and Cicero, in Italy; and more lately, within the last two hundred years, those of the discoverer of the barometer, Torricelli; and of Fahrenheit, Reaumur, and Celsius, the fathers of thermometry. Later still, were Wells, Dalton, and Daniell, whose names are inseparably connected with hygrometry. Finally, the investigation of the isothermal lines was commenced by Humboldt, and almost perfected by Dové.

Within the last twenty years, however, meteorological societies have been founded, first in America, and, more recently, in several countries in Europe, and have collected a vast amount of trustworthy material, which leading meteorologists, as Dové, in Germany; Buys Ballot, in Holland; Maury, in America; and Lloyd, in our own country, have not been slow to utilise. In 1854, Dr. Lloyd, the present distinguished

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