ſides of the wound, now already ſufficiently contracted, are to be laid together, and covered with ſome adheſive plaſter. If this be ineffectual, the wound is to be touched with cauſtic, when the cure will generally be quickly completed. To give tone to the parts, moderate preſſure ſhould fre­quently be made upon the ſac, either by the patient’s finger or by the machine already mentioned, and this ſhould be continued for a conſiderable time. Sometimes the diſeaſe returns after a cure has been made, owing to diſeaſes of the conſtitution, carious bone contiguous to the ſore, or ſome­times to too ſmall an opening having been formed. In this caſe a canula of gold, fiber, or lead, is ſometimes introdu­ced into the artificial paſſage, and the ſkin healed over it ; by which means the paſſage will afterwards remain com­pletely open, and no diſeaſe of the conſtitution can ever affect it. We ſhall deſcribe Mr Pellſer’s method of performing this operation, who has made ſeveral improvements on it.

The patient is to be ſeated, and his head properly ſup­ported by an aſſiſtant; then the ſac is to be laid freely open at its inferior part; the naſal duct is to be ſearched for with a firm probe, or with a conductor (fig. 41.) made for the purpoſe ; and Pellier aſſerts that he never fails in finding it. As ſoon as this is diſcovered, a conical tube (fig. 42.), with a projection at the top, and another in the middle for ſecuring it in its place, muſt be put upon the con­ductor, previouſly furniſhed with a compreſſor (fig. 43.), and it ſhould be of ſuch a ſize that the conductor may fit it exactly. The point of the conductor is now to be paſſed into the lachrymal duct ; and being puſhed in till it reaches the noſtril, which may be known either by inſerting a probe into it, or by a few drops of blood falling from the noſe, the conductor is to be withdrawn ; leaving the compreſſor upon the brim of the canula, which muſt be firmly preſſed down with the left hand, while the conductor is removed with the other. This being done, the compreſſor muſt next be taken out ; and to diſcover whether the canula be at a proper depth, a little milk or water ſhould be injected thro’ it. If the injection paſs, it will ſhow that the canula is pro­perly placed. If, on the contrary, any obſtruction occur, there will be reaſon to ſuſpect that it is already puſhed too far, and that it presses againſt the os ſpongioſum inferius ; in which caſe the canula muſt be withdrawn, ſhortened, and reintroduced as before.

The ſore ought to be kept open for eight or ten days after the operation with ſoft lint ſpread with emollient oint­ment, and the whole covered with a compreſs of ſoft li­nen ſecured with a bandage. An injection of milk and wa­ter ſhould be daily paſſed through the canula ; and as ſoon as the ſore looks clean and healthy, the dreſſings ſhould be entirely removed, and a piece of court plaſter laid over it. In this ſtate it is to be left to heal ; but the plaſter muſt be renewed, if matter appear to form beneath it. By this me­thod Mr Pellier finds, that fiſtula lachrymalis, not depending upon diſeaſes of the contiguous bones or of the conſtitution, may commonly be completely cured in two or three weeks, which, by the uſual practice, might require ſeveral months.

Chap. **XV.** *Of Affections of the Nose.*

Sect. I. Of Hemorrhagies ***from the Noſe.***

When the means mentioned for this complaint in the ar­ticle Medicine have failed, recourſe muſt be had to com­preſſion. Doſſils of lint introduced into the noſtrils are ſometimes effectual ; or the gut of ſome ſmall animal, tied at one end, then introduced by a probe into the noſe as far as the pharinx, and filled with cold water, or that and vine­gar, and ſecured by a ligature, by adapting itſelf to all the parts, and preſſing equally on them, has been attended with advantage. When theſe remedies likewiſe fail in their ef­fect, a piece of catgut or wire may be introduced through the noſe into the throat, and brought out at the mouth ; a piece of ſponge, or a bolſter of lint of a ſize ſufficient to fill the back-part of the noſtril, is then to be fixed to it ; the ſponge is next to be drawn back and properly applied. An­other is to be applied to the anterior part of the noſtril and ſecured. The ſame may be done to the other noſtril, if it be neceſſary ; or the ſponge may be of ſuch a ſize as to fill the ends of both noſtrils at the same time. By this con­trivance the blood not finding an outlet, will ſoon coagulate, and prevent any farther evacuation.

Sect. II. ***Of Ozaenα.***

By this is underſtood an ulceration within the noſe, which may be occaſioned by external violence, by expoſure to cold, by imitating ſubſtances, or by whatever produces inflamma­tion in the membrane lining the noſtrils. Sometimes it ariſes from venereal infection ; and in this caſe the diſ­charge becomes ſo acrid as to corrode, and produce caries in the bones of the noſe. When the diſeaſe is local, and not depending upon any conſtitutional affection, aſtringent ſolutions are found to be the moſt uſeful, ſuch as a decoction of bark or that mixed with alum. Doſſils of lint dipped in theſe are to be introduced into the noſtrils three or four times a-day, or ſome prefer the injection of ſuch fluids by means of a ſyringe as being more effectual. If ſtronger aſtringents be neceſſary, a ſolution of ſtyptic powder ought to be uſed. At bed-time an ointment prepared with zinc or with lapis calaminaris ought likewiſe to be applied. Upon ſome occaſions the application of a bliſter to the temple has cured the diſeaſe.

Inſtances, however, occur, where the diſcharge is occa­ſioned by a collection of matter within the antrum maxillare; and then it is apt to reſiſt every effort till a proper outlet be given to it.

When the complaint is owing to venereal infection, the primary diſeaſe is to be attended to, and mercurial prepara­tions are to be applied to the part ; but when the bones are carious, till theſe are removed we need neither expect that the diſcharge will ceaſe, nor the diſeaſe be otherwiſe com­pletely cured.

Sect. III. ***Of Imperforated Nostrils.***

Sometimes the noſtrils are in part or entirely obliterated. This may be owing to burns; ſmall-pox; different kinds of sores, eſpecially thoſe of a venereal nature ; and ſometimes it is the effect of original conformation, for it has been ob­ſerved in new-born children.

When any opening appears in the obſtructed noſtril, it may be readily dilated by the introduction of a furrowed probe, and then cutting upon it in the courſe of the adhe­ſion : but when no paſſage appears, the operator muſt en­deavour, by means of a ſcalpel, to diſcover one of the noſe trils ; and when diſcovered, it muſt be enlarged by a direc­tor and biſtoury, as in the former caſe. The other noſtril is to be treated in the ſame manner. After the openings are formed, they might be preſerved of a proper ſize by the in­troduction of doſſils of lint, which ſhould be frequently cleaned or renewed ; but metallic tubes anſwer the purpoſe better, and allow the patient to breathe freely through them till a cure be performed. Previous to their introduction, they ought to be covered with ſoft leather ſpread with emol­lient ointment, and retained till the sores are completely healed.