

assistant holds the patient upon his lap. The small extremity of the "ear-pick" is then carried flatwise upwards into the nose in the direction of the bridge, until it is fairly beyond the foreign body, when, the point being depressed, the little hook or tooth is at once brought in contact with the substance, and extrusion effected by a kind of jerking or wriggling movement of the thumb and fingers. The operation is generally over in a few seconds. Trouble can arise only when the substance, in consequence of previous abortive efforts, has been pushed back into the nose, or when, as occasionally happens, the nostril is filled with blood. I have myself never encountered the slightest difficulty with the instrument in question, and believe that failure in any case is impossible, if it is judiciously used.

Practitioners generally do not seem to be aware that foreign substances in the nose are commonly situated very superficially. In most cases, they occupy the entrance of the nostril, resting against the anterior extremity of the inferior turbinated bone, or between this bone and the nasal septum. It is seldom that they are pushed by the child into either of the chambers of the nose, even when they are of small size. If rude and protracted attempts, however, have been made at extraction, the probability is that the body will be found upon the floor of the nostril, or firmly wedged in between the turbinated bone and the nasal septum. In such an event, the operation will be more difficult, but still perfectly feasible. In a case under my charge not long ago, the substance, a small bean, had been pushed far back into the inferior meatus, and I was in doubt, for a few moments, whether it could be reached. Keeping the point of the instrument in close contact with the surface of the turbinated bone, I soon succeeded in passing it beyond the extraneous body, which was then extracted with the greatest facility.

As foreign bodies in the nose are invariably productive of more or less irritation and fetid discharge, they should always be extracted as speedily as possible. In a case reported by Dr. Hays, the able editor of this journal, the substance, a glass button, kept up incessant inflammation and suppuration for upwards of twenty years. Its extraction was followed by a speedy cure. Whenever a young child is brought to a surgeon with a fetid discharge from the nose, especially on one side, a careful search should be made for the presence of an extraneous substance. A few months ago, a stout, fat child, twenty-one months old, came under my observation on account of a very profuse and offensive profluvium from one of its nostrils. Suspecting the existence of a foreign body, I carefully explored the affected cavity with my instrument, and, much to the surprise of the mother, brought out a large paper pellet.—*American Journal of Medical Science.*