

the urgent symptoms quickly subsided, it was thought best not to interfere actively, and simple measures were therefore taken to favor the descent of the foreign body and to expedite its expulsion from the bowel. Four days later, suffocative symptoms again appeared, and the child complained of a sensation of discomfort in the chest. This passed off, and nothing more was noticed for another forty-eight hours. The coin could be felt at the junction of the lower and middle thirds of the œsophagus, and before resorting to an operation it was determined to attempt to dislodge it. A small sized sound was introduced into the stomach, and through it was passed a four-ounce mixture of syrup of ipecac and water. During the emesis thus provoked, the sound was gently withdrawn, and the coin catching in its edge was dislodged and expelled with the vomited fluid.—*Felizet (Le Bulletin Medical)*.

### IGNIPUNCTURE IN TUBERCULAR ARTHRITIS.

The treatment of tubercular joint disease by intra-cellular ignipuncture was formerly in common employment, but was difficult of application, owing to the fact that it was necessary to use the actual cautery with thick points. Now, however, the thermocautery and electro-cautery, with their finely pointed tips, make the operation one of such ease of execution that the writer urges its revival in the therapeutics of articular affections. He reports eight cases, children from two to six years of age, treated in this way. In five of these cases a complete cure was obtained in from four to five months, and the remaining three, though not yet cured at the time the report was made, were in such a good condition that there was every reason to look for a favorable result. Kirmisson insists upon the absolute necessity of beginning the treatment by ignipuncture in the early stages of the disease while the skin is still intact and before abscesses have formed and opened, leaving fistulous tracts. In cases of local tuberculosis, in which abscesses had formed or been opened, the results of this mode of treatment were not nearly as favorable as in the cases here reported.—*E. Kirmisson (L'Union Médicale)*.

### SUPPURATION OF THE MIDDLE EAR DUE TO A COFFEE BEAN IN THE NOSE.

The patient, a girl three years old, had a running ear for two months, which appeared one month after a purulent nasal discharge from the left side. A coffee bean was found in the left nostril. This was removed, and all the symptoms promptly disappeared. In four days there was no trace of pus in the ear, and

the discharge from the nose had nearly stopped. In a week the nasal discharge was normal. The almost immediate cessation of the aural discharge after the removal of the irritating factor shows the importance of carefully examining the nose and naso-pharynx in all cases of aural disturbances.—*M. D. Lederman, New York (Med. Rec)*.

### THE METHOD OF BRAND IN THE TREATMENT OF TYPHOID FEVER.

"If the diagnosis of typhoid fever is probable, recourse should be had to the baths, whatever may be the symptoms. The full tub should be placed in the ward or chamber, parallel to the bed, at a distance of one or two metres, the floors properly protected by oil-cloth, and a screen placed between the bed and the bath-tub. A sufficient quantity of water should be used to cover the patient's body to the neck. It should be of a temperature of from 64.4° to 68° F. (18° to 20° C.). The baths should be prepared without disturbance or noise. There should be placed on the floor, near the head of the tub, two pitchers of cold water of a temperature of from 46.4° to 50° F. (8° to 10° C.), each containing four or five quarts (litres). A glass of water should be at hand. The first bath should be given preferably about four o'clock in the afternoon, unless there is some urgent reason for selecting a different hour, and the physician should be present. The rectal temperature is taken, the urine is voided, and the patient is assisted into the full tub, the screen having been removed. If there is perspiration, the patient is dried before entering the bath. Cold water from the pitchers is poured upon the head and the back of the neck for one or two minutes, the amount being from two to three quarts (litres). Then a swallow of cold water or red wine is given. This being done, the whole surface of the body is briskly rubbed with a sponge or brush, and the patient is made to rub his abdomen and chest. These frictions stimulate the peripheral circulation, prevent the accumulation of heat at any one point, moderate the sensation of cold, and help to pass the time; they are not indispensable. Shivering appears, as a general rule, in between eight and twelve minutes; this is a necessary evil, to which too much attention is not to be paid. Toward the middle of the bath, or at its termination, cold water is again poured over the head and neck. The time occupied ought to be at least fifteen minutes, longer if the head is still warm and the cheeks red, or if the temperature of the patient was very high before the bath.

"The patient should leave the bath without precipitation. He cannot take cold; thoracic complications are caused by typhoid fever and not by chilling. The air of the apartment