

washing being essential in order to free the precipitate sufficiently from the highly irritating soluble salts which are associated with its formation. The precipitate having been thus washed and drained, but not dried, it is thoroughly diffused with pestle and mortar in distilled water (6 oz. for every 100 grs. of potassium cyanide), containing in solution 1 part of hæmatoxylin for every 100 parts of the cyanide salt, the amount of which is known from the circumstance that the dry product of cyanide salt is almost exactly equal in weight to the potassium cyanide employed. Hæmatoxylin is readily soluble in a small quantity of hot water and remains in solution when added to a large quantity of cold water. The cyanide salt, while it precipitates the hæmatoxylin changes its colour to a pale bluish tint. This is advantageously enhanced by the addition of a little ammonia to the mixture in the proportion of one atom of ammonia ($\text{NH}_3 = 17$) to each atom of hæmatoxylin ($\text{C}_{16}\text{H}_{14}\text{O}_6 \cdot 3\text{H}_2\text{O} = 356$). More than this proves prejudicial. The ammonia is added in a dilute form, and it is convenient to have the dilution such that one fluid drachm of the ammoniacal liquid shall correspond to one grain of hæmatoxylin. The dye is further economised by allowing the ammoniated mixture to stand for three or four hours and stirring it occasionally, so that the ingredients may react thoroughly upon each other. If the mixture is filtered immediately there is considerable loss of colouring matter. The dyed salt having been drained and dried at a moderate heat is levigated, and may then be kept for any length of time fit for use. When employed for charging a dressing, it is diffused by means of pestle and mortar in solution of bichloride of mercury (1 to 4,000) is sufficient abundance to drench the fabric thoroughly, for which 4 imperial pints to 100 grs. of the salt will be found adequate. This will give a percentage of between 2 and 3 of the cyanide to the dry gauze. For reasons which I have stated elsewhere, the gauze should always be used moist; and if it be prepared for immediate use, as by the dispenser of a hospital, the process of drying

may be omitted, the gauze, after being hung up for a while to drain, being deprived further of superfluous moisture by placing it for a while in a folded sheet. It may afterwards be conveniently kept moist by wrapping it in a piece of mackintosh cloth. When obtained dry from the manufacturer, it should be moistened again with the weak corrosive sublimate solution before it is used.

ŒSOPHAGOTOMY FOR THE REMOVAL OF FOREIGN BODIES.

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Œsophagotomy for the removal of a foreign body impacted in the gullet is an operation of comparatively rare occurrence. Having, however, been recently called upon to perform it on two patients, who by a strange coincidence were admitted into the hospital within a period of twenty-four hours, each with a tooth-plate firmly fixed in the œsophagus, an account of the cases, with some brief remarks on the operation and its after-treatment, may perhaps be useful.

CASE 1.—Alice G—, aged thirty years, was admitted on the afternoon of June 12th, 1889, having accidentally swallowed a tooth-plate while at breakfast the same morning. On examination by Mr. Milner, resident surgical officer, the plate was found to be beyond the reach of the fingers, but it could be felt with an œsophageal bougie at a distance of about eight inches from the teeth, though it could be easily laid hold of with the œsophageal forceps, and also caught in a "coin-catcher," attempts to extract it through the mouth, both with and without an anæsthetic, were unsuccessful. An emetic having also failed to dislodge it, I was sent for to see her the same evening, with a view to the performance of œsophagotomy. The patient was again anæsthetised, and a final attempt at extraction having proved unsuccessful, the operation was at once performed. An incision about three inches in length, commencing below at the sterno-clavicular joint, was made along the anterior border of the left sterno-