

shrieked with pain. I could perceive nothing about the neck, but on carrying my forefinger to the back of the tongue, brought away a long thick bristle, which lay arch-wise across.

Foreign bodies observe in their transit certain stations at which they halt; thus, in the pharynx, behind the thyroid and cricoid cartilages, in the beginning of the gullet, or at its lower end, close to the diaphragm or cardia. They seldom stop at the middle of the gullet. If very large, they may cause suffocation; thus a large piece of meat, or a hard-boiled egg, a pear, a chestnut, have each proved fatal. Gnatani witnessed the most frightful death ensue from a chestnut; the part of the gullet at which it stuck was gangrenous. Spiritus saw the same result follow the swallowing of a five-franc piece, which perforated the gullet above the cardiac orifice. Needles, inadvertently swallowed, pierce sometimes the gullet or stomach, advance by the aid of suppuration or otherwise towards the surface, and either escape spontaneously or through incision. Lyson observed a case where three needles that went in at the mouth came out at the shoulder; I have known one issue at the arm.

The procedure must be modified according to the nature of the substance. None but a bungler would attempt to disgorge a piece of meat sticking at the cardiac opening, or urge on a fragment of glass from the gullet into the stomach. External pressure will suffice potatoes or plums when stuck in the throat.

For the withdrawal of needles, fish-bones, and the like, there is no better implement than a large goose or swan quill-feather, with the barbed portion ruffled, imbued with oil. The patient sits with his head leaning upon the breast of an assistant, while the surgeon lowers the tongue, then introduces the feather, with its concave side downwards, into the throat, turns it rapidly, round, and draws it out. The popular practice of swallowing a crust of bread is sometimes availing, but may also increase the peril when arrested above the bone. A sudden slap on the back is by no means a bad plan, when the substance is large and obtuse. It is preferable to that of setting the patient on his head, as was done in the instance of Mr. Brunel, to promote the expulsion of the half-sovereign piece.

The principal instruments employed for the present purpose are of the description of forceps. Dupuytren advises, as a preliminary step, the introduction of a gum-elastic tube, surmounted with a silver ball, in order to ascertain the position of the foreign body. This, however, is superfluous, and will tend, moreover, to augment irritation. Cooper recommends the forceps of Weiss. The so-called leaden hammer of earlier writers consisted of a lead ball attached to a string, which was let down the throat, and pulled up again. Mesnier's lead hammer was of an olive shape; Petit's was equipped with a wire instead of a string. Petit used, besides, a metal noose fastened to a whalebone stem; Fabricius Hildanus a many-holed silver tube, provided below with a sponge. The double ring of Graefe, attached to the end of a rod of whalebone with a steel spring, is very convenient for taking pieces of money out of the throat. The customary instrument, termed *repousseur*, or probang, namely, a bit of sponge as big as a walnut, stuck to the end of a whalebone rod, is generally useful either for entangling fish-bones and the like, or propelling large round substances. My own procedure is as follows: if the body be small and sharp, I employ the oiled feather as above described. An oiled wax taper, passed down to the cardiac orifice, has proved serviceable; for, as soon as withdrawn, the body has been rejected. If the body be large, as a portion of flesh-meat adherent to a fragment of bone, I use a lithotrite with an imperforate scoop, and rather straight. The instrument is introduced with the blades closed, until it arrives at its destination, when these

are to be separated sufficiently to grasp the substances, and after a few gentle turns, withdrawn.

When there is impending suffocation from the presence of very large bodies impacted in the throat, some enjoin tracheotomy before resorting to opening the œsophagus. I have never been compelled to this extreme measure. The most difficult thing to deal with are sets of false teeth when swallowed. I once relieved an old lady in this predicament by means of my fingers. On several occasions I have removed, with curved polypus-forceps, from three to four teeth attached to gold plate, and which got accidentally into the throat; once, by the aid of an emetic, as a last resort, a set of four teeth very deeply located.

In all these operations the patient is to be in a sitting posture, the head properly supported, the mouth rinsed with tepid water, tepid water mixed with white of egg taken as a drink, and the instrument smeared with white of egg rather than with oil.

*Extraction of Foreign Bodies from the Vagina.*—By M. DIEFFENBACH.—For this purpose the surgeon may commonly use his fingers or a polypus-forceps; but if the foreign body be bulky and wedged in, the bullet or lithotomy-forceps and broad hooks. The patient being seated upon the edge of a table, facing the light, with the thighs held widely apart by two assistants, the surgeon squirts a little oil into the vagina, examines the nature of the body with the fingers and speculum, then passes up the forceps previously oiled, gradually opens them, insinuating one blade behind the body, and finally withdraws it in the line of the pelvic axis. This is nowise difficult, when the body is not very irregular in shape, and the parts are not inflamed or swollen. Where, on the contrary, the vagina is contracted and deprived of elasticity through inflammation and puriform secretion, and the substance large, it must be broken up into fragments and taken away piecemeal.

After its removal the vagina ought to be well syringed, and the patient put into a warm bath. Mucilaginous decoctions may be subsequently injected, and the parts fomented with infusion of chamomile and Goulard lotion.

Foreign bodies in this situation are of every variety. If allowed to remain long, they determine inflammation, supuration, and rupture of the vagina, either into the rectum or the bladder. Thus communication with these cavities, and effusion of their contents into the vagina, is the obvious result. Foreign bodies, if sharp and angular, occasion now and then dangerous lesions. I once had to remove from a young lady a number of different-sized fragments of a porcelain urinal which had broken under her. The labia were severely wounded, and the vagina completely filled with the sherd. The hæmorrhage was so excessive as to have caused fainting. I extracted the whole by means of polypus-forceps, and inserted a few fine sutures. The wounds healed promptly. Large, incrustated, and firmly-adherent sponges were removed by me with lithotomy-forceps, as also a variety of full-sized wooden pessaries, all in like manner covered with a crust. Some of these I was obliged to break, using several forceps, with the aid of assistants, or else cut them in half with Liston's bone-scissors. Morand withdrew from a lady a silver pessary through the openings in which bridle had shot across, and held it fast. Dupuytren extracted from a nymphomaniac a pomatum pot; on another occasion an old ring-pessary, which was wedged in, and caused most urgent symptoms. A girl introduced the cone of a pine into the vagina. The sharp imbricated scales got lodged in the mucous membrane, and were picked out one by one after the cone had been cut in pieces. The vagina was excessively turgid.—*Medical Times.*