

not have the slightest difficulty in locating the foreign body and removing it. I fear we shall have far more trouble here. Occasionally we find a child that behaves so well that we can get a view of the larynx, and locate the foreign body. I would recommend that we always use a weak solution of cocaine, preferably by spray. Two per cent. should be strong enough, spraying it thoroughly over the middle pharynx and down into the larynx. We will have the mother hold the child in an upright position, and we will throw the light in the mouth. We will hold the tongue out with the left hand and use a small mirror with the right. The child constantly cries and gags, and we get a very short view of the larynx during the second of inspiration. The harder the child cries and gags the longer the inspiration is: and we must wait for this inspiration, when the epiglottis is finally thrown upward and forward, for our view. I have sometimes gotten a view of the larynx by giving the child a few inhalations of chloroform, using a mouth gag, and spraying the the posterior wall of the pharynx with a two per cent. solution of cocaine. If we cannot locate this foreign body, it will be wise to do a tracheotomy at once. It certainly would be unsafe to pass forceps into so small a larynx and grope blindly about. The child has little enough breathing space at present, and I should fear to diminish it. After the tube has been placed in the trachea we can insert forceps through the mouth, or possibly through the tracheal opening. We shall complete the examination later on in the day.—C. C. RICE, M.D., in *Archives of Pediatrics*.

Excision of the Kidney and Ureter.—

P. I. Postnikoff (*Pract.*, No. 12, 1894) records the case of a woman whose peritoneal cavity was opened on account of suspected hydronephrosis. The kidney was actually found distended, its glandular substance being almost entirely atrophied. The ureter was greatly dilated and its walls thickened, while the probing showed that its vesical end was blocked by calculi. The latter—fourteen in number—were extracted, after which the ureter was tied close to the bladder, and excised together with the kidney. For about forty-eight hours the patient suffered from obstinate vomiting causing

alarming prostration, but, under the energetic use of stimulants, she gradually rallied, and ultimately made a complete recovery, the wound healing without any complications. During the few days immediately following the operation, the daily quantity of urine varied from 200 to 400 c.c., but subsequently rose permanently to the standard. As regards the removal of a whole ureter, the case is believed by the author to be unique.—*British Medical Journal*.

A Case of Gunshot Wound of the Head.

—A case of surgical and medico-legal interest, in which a gunshot glancing wound of the head, involving considerable loss of brain tissue and considerable loss of skull, recovered. The healed wound was photographed, and places on record an authentic proof of the shape which a healed gunshot wound, delivered within a limit of from six to ten feet from muzzle to object, would present: of interest, especially in view of the importance of its shape, in reference to the direction from which the shot was fired

W. D., aged about 13, a herd boy, was inadvertently shot in the head on the 20th of September, 1881. The shot was from a single-barrelled old-fashioned gun, percussion action, loaded with No. 6 and 5 lead drops, and ordinary black powder, muzzle loading. The accident occurred in a farmyard, whose dimensions enable me to bring the range as not more than ten feet, and not likely less than six feet, though possibly as short as four feet. The injured lad had on a cloth cap. He was shot "from in front," in the left frontal parietal region. Bonnet and skull *débris*, with cerebral slush, were deeply in the brain wound, and had to be hooked out by the fingers from as deep as the region of the base. The sensation was, that so deep was the finger that a rash dig for *débris* might touch too hard a vital centre, and startle one with a catastrophe. But luckily that did *not* occur. The boy fell to the shot, but was not unconscious; and, wounded as he was, made at least ten yards of his way to the house before he sank and required help. The wound was rendered as aseptic as possible, and manual pressure uninterruptedly kept up, with an ice-cap, from the first, to counteract the inevitable tendency to "hernia cerebri," but of no avail. By the end of two weeks a cere-