

tion should be used after an interval of two or three days, always avoiding an increase in strength sufficient to produce any severe or long-continued pain.

Sulphate of copper should be applied in the same proportion—viz., one grain to six or four ounces of distilled water. An acetate of lead solution of the same strength is a valuable agent, to be used daily, or even twice a day, by the patient himself; but the sulphate of copper, like the nitrate of silver, is to be repeated only every alternate or third day, according to results. It may be remarked here that in the treatment of chronic vesical hæmorrhage by astringent injections, such as the solution of matico, or of perchloride of iron, the same rule in relation to the carbolic acid solution, and to the manner of injecting, should be followed. In the last named condition, also, the temperature of the injection may be lowered to 40° or 50° F., while, in relation to the subject under consideration, the temperature should not differ greatly from that of the body.

For the removal of small concretions, the eight-ounce elastic bottle, with a large brass nozzle overlapping a No. 10 or 11 gum catheter (described in *The Lancet* of Jan. 8th, 1876,) produces an excellent current, not only inwards but outwards, by expansion of the bottle; and Mr. Clover's aspirator, so useful for débris in lithotripsy, or for removing last fragments, is equally valuable here. But the object of the injections above described is not to remove deposits from the bladder, but solely for the purpose of acting on the mucous membrane, so as to hinder their formation, and aid in producing a healthy surface, to which they will no longer adhere. By systematically carrying out the plan laid down as soon as they appear, whether after lithotripsy or in connection with chronic disease of the bladder and prostate, the complaint can generally be greatly mitigated, and sometimes it is effectually cured. — *London Lancet*.

## FOREIGN BODIES IN THE ŒSOPHAGUS.

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The following is the substance of a paper read by Professor B. von Langenbeck to the Berlin Medical Society on "Foreign Bodies in the Œsophagus and Œsophagotomy:—Surgeons before administering chloroform to elderly people should ascertain with certainty the existence of false teeth, and insist upon their removal. In the removal of large foreign bodies the finger is the instrument to be resorted to before all others; and if they are too firmly fixed to be removed by it, then forceps or levers should be used. Tracheotomy is always too late in such cases. When, also, small-pointed foreign bodies—as needles, fish-bones, &c.—are detained in the pharynx, and especially in the sacculi formed by the ligamenta glosso-epiglottica, the finger should never be omitted to be introduced, in the hope of bringing the body into the mouth, or at all events to ascertain its exact position before employing the forceps.

A peasant applied to the lecturer for relief, having thirty hours before attempted to swallow a huge piece of sinewy meat, which, being retained, almost induced suffocation. Repeated attempts were made to remove the foreign body by means of a slightly curved, strong forceps, but it proved immovable, only some of the fleshy fibres coming away. Œsophagotomy was contemplated, as during the attempts at removal the difficulty of respiration was so greatly increased; but the projecting tumour having been seized by the fingers in the neck, raised from the larynx and compressed for some minutes, the respiration became much more free. The foreign body, although not moving from the spot, had assumed through this manipulation, a more elongated form, and was removed by means of the forceps with some exertion of force. Another man applied on account of the obstruction to respiration and swallowing caused by a pretty large piece of tough meat which had for twenty-four hours obstructed the same part of the œsophagus. Violent retching, caused by tickling the fauces and attempts with the forceps to withdraw or thrust it down, failed to dislodge the body

OLD CORKS MADE NEW.—Soak in hot water for a day, wash repeatedly and soak in a mixture of hydrochloric acid one part, and water fifteen parts. After a few hours soaking wash well and dry.