

## FOR THE REMOVAL OF FOREIGN BODIES FROM THE NOSE AND EAR.

Sturrock (*British Medical Journal*, November 25, 1899, p. 1473) recommends the following mode of procedure : The presence and approximate situation of the foreign body having been ascertained, a piece of india-rubber tubing, rather less in diameter than an ordinary lead-pencil, varying in length from one to three inches, and attached to the nozzle of a brass syringe, is introduced into the nostril or meatus, as the case may be, and brought into contact with the foreign body. The piston of the syringe is then pulled out for a sufficient distance to create a vacuum in the tubing, and thus to draw the foreign body into or against its free end. The syringe is then withdrawn and with it the foreign body attached to the tubing. In some cases it has been found advantageous to dip the tubing into glycerin before insertion, in order to diminish the chances of air entering between the tubing and the foreign body.

## DEVICE FOR WASHING OUT THE PELVIS OF THE KIDNEY.

L. B. Tuckerman, in the *Cleveland Medical Gazette* for July, 1899, has devised a simple method of irrigating the pelvis of the kidney. It consists of a No 6 French catheter, an ounce bulb, and a common exploring aspirator with the ordinary three-way stop-cock, all connected by rubber tubing. The catheter is introduced in the ordinary manner through the Kelley speculum. It is necessary to use a stylet in the catheter, passing the catheter up as far as possible without force, then withdrawing the stylet a couple of inches, passing the catheter farther, and so on, until the pelvis of the kidney is reached ; then by exhausting the contents of the pelvis of the kidney, they can be drawn into the bulb and inspected. From the amount of fluid which is drawn into the bulb we may judge of the capacity of the pelvis of the kidney. If pus, and it be deemed advisable to wash out the kidney, the bulb can be detached from the catheter, filled with boracic acid solution or such other disinfecting fluid as the practitioner may deem best, and, by reconnecting and reversing the stop-cock, the fluid can be injected into the pelvis of the kidney, again withdrawn, until, as in washing other cavities, the fluid comes away clear. To medicate the pelvis of the kidney, the bulb can be filled with the proper quantity of medicament, which in its turn is forced into the pelvis of the kidney where it is left by the withdrawal of the catheter.

This device the author has used recently in the case of