

surprise, the pain left immediately, the swelling subsided, and a minute after, I had no other unusual feeling in the joint than that of the contraction caused by the drying collodium. When after two or three days the latter had been removed, I could see the dark spot where the sting had entered, but did not discover the sting, which had not been left in the wound. I do not know whether my accidental discovery is new, but I thought if it were unknown, it was interesting enough to be communicated.—*Jou. Med. Times.*

FOREIGN BODIES IN THE EAR.—Dr. Voltolini observes that the first thing we have to do is to assure ourselves that a foreign body really is within the ear, for it by no means rarely happens that persons apply under the belief that an insect or other body is within the ear, which the most exact inspection fails to discover. In some cases, inflammation of the membrana tympani is the cause of the deceptive sensation, and this becomes aggravated by the unsuccessful searching for the foreign body. On the other hand, persons sometimes have foreign bodies in the ear without being the least aware of it. The author removed a rolled-up hairy leaf from the bottom of the meatus, in the case of a lady, who had not the slightest idea how it came there, and who consulted him for deafness of the other ear. In another case, a hexangular glass bead was removed, the patient being entirely ignorant that she had any foreign body in the ear. We should always make a very careful examination, and, when possible, by aid of the direct rays of the sun. No artificial or reflected light is a substitute for this; but where it is not attainable, Dr. Voltolini employs an apparatus of his own invention, which is also serviceable in laryngoscopy. The simplest means of all, however, is to fasten a wax taper to the handle of a bright spoon in such a manner that the flame exactly reaches to the bowl of the spoon. Taking the spoon by its handle, and holding the light against the ear, by looking over it we are not dazzled, and can explore at our leisure. While in some cases the symptoms caused by foreign bodies in the ear are of a frightful intensity, in others they are wholly insignificant, and do not attract attention to the seat of mischief. For want of due examination of the ear, many patients complaining of giddiness, stupor, singing in the ears, etc., are sent to Carlsbad, Kissingen, or the sea-side, when all the mischief is due to a foreign body in the ear. Distant organs of the body may exhibit more or less considerable symptoms without, in some instances, the foreign body in the ear giving rise to any peculiar sensation, so that its presence remains unsuspected. For the removal of foreign bodies we should first employ only the gentlest means, such as syringing the ear with warm water; and by this, substances of the most different form and composition, even lead-pencil, may be removed. Beyond a bent forceps, an ear-scoop with a long handle, and a small corkscrew, almost all the instruments recommended for this purpose are more or less toys, or dangerous. By means of the corkscrew, wadding and similar soft substances may be easily drawn out; and in many cases we can remove bodies by passing the ear-scoop behind them. We should never employ force, and never should pass any instrument a line farther into the meatus than we can follow it with the eye. For want of such precaution, many a patient has lost his life or his hearing. The first effect of rough procedures is to make matters more obscure, the

bleeding and swelling which ensue rendering complete inspection impossible. If the gentlest endeavors (or syringing), during which the eye guides the hand, do not succeed, the body should be left at rest in the ear, eye, even were it a dagger's point; and strong as the expression seems, the author justifies it by reference to cases on record in which pointed bodies have remained for years in the ear with impunity. It is not meant to be said that bodies should in general be left in the ear, but that matters should not be made worse than they are by violent manipulations. Leaving the body in the ear, then warm water syringing and soft poultices are to be daily resorted to, until the ensuing suppuration loosens it, and gives it a new direction.—*Brit. and For. Med. Chir. Review.*

SCABIES.—No one, perhaps, has had more experience in the treatment of itch than Dr. Hardy of the Hospital St. Louis, who has lately published the treatment adopted at that hospital. The whole of the body, excepting the head, is first of all scrubbed for half an hour with black soap, (a very inferior soft soap, made with fish oils, or refuse grease and potash), to clean the skin and remove foreign particles adherent to it. The patient is next placed in a warm bath, where he remains for an hour, and continues to rub himself with the soap. Under this treatment, the epidermis becomes swollen and macerated; the furrows between the acari are opened; and the skin prepared for the final friction with an ointment, consisting of sixty-four parts of lard, twenty of sulphur, and eight of carbonate of potash, previously dissolved in eight of water. This ointment, thus employed, is a veritable parasiticide. It should be rapidly rubbed over the whole of the body, and the clothes put on without removing it, as it is requisite for the ointment to be in contact with the skin for several hours.

During eleven years, 37,429 patients have been subjected to this mode of treatment; and of all these, but 535 have required a repetition of the treatment, thus showing that sixty-nine out of every seventy have been cured at once by it. [*British Medical Journal.*]

THE REGENERATION OF BONE.—M. Ollier has again called the attention of the *Société de Chirurgie* to this subject. According to his experiments, the regeneration of bone is a settled fact. It occurs most readily and rapidly and certainly, in the long bones. The preservation of the periosteum is an essential condition. In the case of the long bones, the extremities remain a long time in the state of cartilage before they consolidate into bone. The flat bones may be reproduced from their external periosteum. M. Ollier has in this way produced a solid bony covering for the nose out of flaps of periosteum taken from the frontal bone. The internal periosteum of the cranium, the dura mater, will also produce ossification. The mucous periosteum of the nasal fossa, and of the palatine arch, also produces bony matter; but the production takes place slowly, requiring five, six, seven, and even eight months for its completion. The short bones may likewise be reproduced. M. Ollier has reproduced the calcaneum, the cuboid bone, etc., in animals. The new bone, he says, in these cases sometimes attains a size even larger than that of the original bone. Certain conditions are necessary for the success of the regeneration; and of these, especially, he refers to the thickness of the periosteum, and its firmness.—*British Medical Journal.*