

tance of good anatomical knowledge, I am yet induced, by his statements of recent experience, to try to draw attention to a method of treatment which I long ago advocated, and which is so simple and so efficient that it almost supercedes the need of knowledge. It is the use of a silver wire-loop, instead of either forceps or scoop. I have never, since I was a student, used either of the latter instruments; and, for the purpose of extracting hard bodies from the ear, I hold that they are most dangerous. With a flexible silver wire-loop, or, if need be, with two placed at right angles, I have repeatedly succeeded when all other means had failed. Thus, not only is the loop quite devoid of danger, but it is both more easy of use and far more efficient than any other method. It is impossible that it can injure the membrana tympani, or the walls of the canal. The method of procedure is, after having put the patient under an anæsthetic, to introduce the loop gently into the ear, and turn it about until it is believed to have got behind the foreign body. This it will often do at once; but sometimes a little patience is necessary. In one instance, I took out a piece of heavy lead in this way with very little trouble, using two loops at right angles with each other. The simplicity, safety and efficiency of the method make it desirable that it should be better known.—*Jonathan Hutchinson, F.R.S.—Brit. Med. Journal.*

EXCESSIVE VOMITING OF PREGNANCY INSTANTLY RELIEVED BY ETHER-IRRIGATIONS UPON THE EPIGASTRIUM (Mendel, *Archiv de Tocol.*)—A young woman, primipara, of feeble constitution, had frequent vomiting since the second month of pregnancy. At the fifth month the vomiting became more persistent, and was accompanied in the intervals with nausea, fainting, and general malaise. In a few hours the attacks became so frequent that they succeeded without interruption, producing syncope, absolute prostration of power, noises in the ears, chills, cold and profuse sweats, frequent and filiform pulse. Her life was manifestly in danger. Means the most varied to arrest this vomiting had been employed without result. In their turn antispasmodics had been used

(ether, valerian, musk), then opiates, chloral, carbonated and iced drinks, idione (internally and externally), blisters upon the epigastrium, hypodermic injection of morphine, ether, etc. Ultimately irrigation of ether upon the epigastrium was tried. The effect was instantaneous. A single irrigation sufficed to cut short the vomiting. The patient drew a few long breaths, said she was cured, and felt perfectly well. Later the vomiting returned twice, and each time the ether-irrigations arrested all trouble.—*Edinburgh Medical Journal.*

THALLIN.—Dr. Janssen, in an article in the *Weelblad van het Nederlandsch Tijdschrift voor Geneeskunde*, mentions that he has had a favorable opportunity, in the military hospital at Helder, for testing the value of thallin. He used exclusively sulphate of thallin, dissolved in alcohol and water. This solution possesses an aromatic taste and smell, and is perfectly harmless, both when inhaled and when taken internally. It has a strong antibacteric action. The average dose given was one gramme. Dr. Janssen observed seventeen cases of malarial fever; in sixteen the thallin was of less use than quinine, since it produced no permanent effect on the disease, only serving to prevent or shorten attacks; but, when its use was discontinued, the fever returned. The indications for the use of thallin Dr. Janssen does not consider to be numerous. In regard to antipyretic treatment, thallin should be preferred in those cases only where the temperature attains such a height as to endanger life; and, even then, he is of opinion that cold baths are better. If, however, circumstances exclude the use of cold baths, thallin is of great service, acting quickly and producing no dangerous symptoms. There is no injurious effect on the kidneys. Thallin is preferable to kairin, which produces numerous complications and unpleasant results, yet gives an extremely short period of apyrexia. It is also preferable to antipyrin, which must be used in large quantities, and, when used as an injection, is apt to produce vomiting. Dr. Janssen states that he has seen a scarlatinal patient, after an antipyrin injection, seized with violent collapse; and that another patient, who