

rhage, œdema of the penis, swelled testicle, and stricture, are some of the penalties paid for this experiment, and I pray you, remember, in this, as in some other instances, that with too great haste there may be less speed. We will adopt, then, what is known as the continuous treatment, and the two requisites are a syringe and a medicated fluid for injection.

[Here Dr. Sturgis describes several defective hard-rubber syringes, and then refers to one which meets his approval. The description he gives of it, as will be seen below, fits the "Royal" Excelsior "P" Syringe, illustrated on one of the advertising pages of this journal.—Editor RETROSPECT.]

The last one, C, is the best of all, and combines all the requisites of a good urethral syringe. First, in capacity, it holds about half an ounce of fluid, a quantity needed to distend most urethrae, and to obliterate the folds of mucous membrane in which the discharge is retained; second, its conical end is admirably adapted to put the injection where it will do the most good with the minimum of irritation; there is no nozzle to scrape and tear an inflamed membrane. The apex, as you see, is smooth and even; third, flaring out, as it does, from the very apex, it closes the meatus completely without the necessity of pinching the penis, and the injection does not flow over nor stain the patient's clothing; and, fourth, the piston work easily and smoothly, throwing the fluid into the canal without producing pain or discomfort.

Now, as to the manner of injecting. Some among you may laugh at the fussiness of these details, but let me tell you that carelessness in this respect has been the cause of many an innocent clap. Before using the injection the patient should be directed to empty his bladder, and the penis should be grasped between the middle and ring fingers of the left hand, the palm looking upwards. This leaves the thumb and index finger free to open the meatus, which should be done laterally, and not from above downwards. The syringe, already charged with the injection and freed from air, is then inserted between the distended lips of the meatus, where it is steadied by the index finger and thumb of the left hand, while the index of the right hand is placed at the end of the piston of the syringe and gently presses the injection into the canal. If these directions are carefully carried out no fluid escapes. As soon as the urethra is well distended the syringe is rapidly withdrawn and the fingers of the left hand stationed at the meatus are approximated, closing the canal and retaining the injection within, while with the fingers of the right hand, now released from duty, the floor of the urethra is stroked from *behind forwards* to press the injection towards the fossa navicularis, where during the early stage the disease is situated. In the later stages of gonorrhœa this process is reversed, as the disease then lies further back.

The injection is the next thing to be considered, and the simpler it is the better. There are two which I commend for use, viz., the acetate of zinc

and boracic acid. They should be used rather weak at first and increased as occasion requires, but should never be made so strong as to produce severe smarting. All that is requisite is a slight degree of warmth for three or four minutes duration. The following formulæ are the best:

℞. Zinci acetatis...0.12—0.36—(grs. 2 to 6)
 Aquæ distil.....30 (℥ j).
 and
 Acidiborac...0.48—0.96—(grs. 8 to 15)
 Aquæ distil.....30 (℥ j).

In addition to the local methods an internal treatment is employed, the consideration of which we will take up at the next lecture.—*Medical Gazette*.

FOREIGN BODIES SWALLOWED.

At a recent meeting of the Boston Society for Medical Observation (Boston *Med. and Surg. Jour.*) Dr. Reynolds introduced the subject of swallowing foreign bodies, and said: The profession possesses in its classical treatises accounts of an endless variety of foreign bodies that have passed in safety through the alimentary canal. When, however, unusually large or very ill-shaped bodies are to encounter the delicate structures of the intestine in very young subjects, the attendant often finds it hard to put once more unlimited confidence in the natural powers. It is, therefore, perhaps not unwise to place on record any such instances.

A girl of eight years, holding between her lips a smooth, oblong stone, as large as the last phalanx of an adult thumb, suddenly threw herself back on the floor, and in doing so swallowed the stone. The enemy was voided at stool between forty and fifty hours later. The child ate heartily after the accident, took no medicine, and suffered neither pain nor disturbance of health. Unfortunately the stone cannot be exhibited, as the nurse, thoughtlessly, threw it away. It was, however, well known, and was easily recognized.

Dr. H. I. Bowditch related a case in which a little girl, three years old, swallowed a leaden button. The parents, being much alarmed, gave her, with the consent of a physician, a dose of castor oil. Afterwards nothing special was done, and at the end of a week the button was passed from the anus without suffering. Dr. Bowditch said that in his opinion the oil was unnecessary. Certainly repeated dosing, from the liability to produce ill health, should be avoided. A plenty of substantial, rather loosening food, so as to keep the bowels easily and normally opened, was better. Bullets often lie in various parts of the body, and are harmless. Why, then, be alarmed in such a case as the above?

Dr. Brown said it was bad practice to give cathartics or watery substances in such cases. The aim should be to solidify the fæces so as to envelop the object, and milk would be a good diet for this purpose.