get behind the foreign body and wash it forward by the returning current! Experience also confirms what theory thus indicates. There are no cases on record, I think, where syringing, when undertaken before any other attempts have been made, failed to remove a foreign body from the ear.

Unfortunately however, those who believe in the efficacy of the simple procedure of syringing do not always see these cases at first. The foreign bodies are often impacted, or so situated that a stream of water cannot pass behind them. There is often also very great inflammation of the parts, caused, not by the foreign body, but by the attempts to remove it. If it be plain that the foreign body is not causing the severe symptoms, a little delay may be advised, until proper local treatmentthe use of leeches, and the instillation of warm water-has subdued the inflammatory process. If it be probable that the foreign body is wedged in upon the drum, or perhaps pushed through it into the cavity of the tympanum, there is nothing to be done, but to remove it at all hazards. Perhaps the best way, in case all attempts by means of delicate instruments introduced into the canal (which is at the same time well illuminated by a concave mirror placed on the forehead by means of a band) have failed to reach the body, will be to adopt Tröltsch's suggestion and detach the auricle posteriorly, and thus reach the body from behind. Having thus separated the auricle from its attachment, the membrana tympani will be thoroughly exposed, when it will be very easy to remove anything which may be upon it. Of course all other reasonable and safe means should be employed before resorting to this operation, although it cannot be considered a dangerous method, which can hardly be said of the forcible attempts made through the auditory carel.

CASES ILLUSTRATING THE EFFECTS OF AN ADHERENT PREPUCE UPON THE URINARY ORGANS.

Under the care of Mr. THOMAS BRYANT.

It cannot be too much kept in mind, said Mr. Bryant the other day to his class, that an adherent prepuce by itself is capable of producing symptoms of difficult micturition, incontinence of urine, retention of urine, intermittent flow of urine, hæmaturia, and, indeed, any other symptom of urinary disease; for it seems that every source of irritation at the renal end or the external end of the urinary passage is referred to the bladder, or rather shows itself in the most marked degree in that viscus. In any case, consequently, of supposed stone in the bladder in a child, the penis should be well examined, for in a large number of cases the symptoms of stone will be found to be caused by an adherent or elongated, prepuce.—Medical Times and Gazette.