

irrigation of the nasal cavities with a 1-40 carbolic lotion. The result was so successful that the author commends the procedure as worthy of a more extended trial.

W. Milligan.

ŒSOPHAGUS.

Killian, G.—*A Difficult Case for the Use of the Œsophagoscope.* "Deut. Med. Woch.," December 20, 1900.

The patient, a woman aged fifty-two, swallowed a tooth-plate with two lateral projections. After the use of cocaine an œsophagoscope 9 millimetres in diameter was passed, and soon came in contact with a foreign body. The dental plate could then easily be seen. Attempts were made to extract it, but unsuccessfully, the plate being firmly held by the œsophageal mucosa. Finally, the plate was cut through by a specially-constructed cautery blade and removed in three pieces.

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E A R.

Aitken, David William.—*Note on the Treatment of Otorrhœa.* "The Lancet," April 20, 1901.

Although the method is quite prompt in its effects upon acute otorrhœa, its benefits are greatest in old-standing cases where the mastoid has become infected. The appliances required are a probe, some antiseptic lotion, and some absorbent cotton. The best probe for the purpose has at the end two spiral teeth which, while they hold the wadding firmly, permit of its easy removal by rotating the stem counter clock-wise. The first step is to pour into the ear some of the lotion. Then take as large a plug of wadding as is deemed sufficient when screwed upon the probe to easily fit the meatus. It is now possible to make the probe and ear canal a suction syringe. The plug of wadding which forms the piston is gently pushed in and then withdrawn. If it is found to be either too large or too small another can be at once substituted which acts both easily and also fits close enough to force some of the fluid before it. This fluid reaches both the attic and also the mastoid recesses. At any rate, on the first withdrawal sufficient vacuum is produced to allow the lotion to enter the accessory cavities. It will surprise anyone who has not carried out this procedure to note how much discharge and débris are brought to the surface, even after syringing and swabbing have been efficiently performed. After several repetitions of the manœuvre, the head each time being turned to the opposite side to permit of emptying the meatus, the lotion will well up clean. Now, one can get any medicament to the clean surfaces. Begin with chinosol, iodoform, or amyloform in alcohol, which, in my experience, is best in the absolute state. It is practically painless in almost all cases, and in the exceptions the smarting is but momentary. Its advantages are: (1) it acts promptly upon the polypoid growths; (2) it is a most satisfactory antiseptic; and (3) as it evaporates it leaves a dry surface. This is most important. When the solution has been poured into the ear the process with the "piston-rod" is repeated several times. Thus the fluid is forced into all the recesses. That this is so is seen by the prompt improvement both in the local condition and also in the constitutional state. Of course, discretion is used