der a general anesthetic readily appreciate how difficult it is to hold the base of the tongue forward; those who have used this position, readily realize its advantages. Since writing the above, I was called to remove a screw that was lodged in the throat of a colored boy, 7 years of age. After a preliminary examination with the mirror, I advised chloroform anesthesia. The larynx and the base of the tongue was brushed with a 10 per cent solution of cocaine. When the laryngoscope was introduced, the screw could be seen at the extreme anterior end of the cords, the point of the screw facing. With a Jackson forceps, the point of the screw was caught and dislodged. After its removal it was found to be a screw eye. The first introduction of the tube was unsuccessful owing to the large amount of mucus and secretion. After the hypodermic injection of 1/150 of atrophina, a better view of the larynx and trachea could be obtained.

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Miner's Nystagmus. T. H. BUTLER, *Brit. Med. Jour.*, March 5, 1910.

Butler points out that nystagmus is especially the disease of the collier; that other employees working under similar conditions are not subject to it. He therefore agrees with Reid and Nuel that it is caused by a disordered cerebration; a defect in the brain not of the eye-muscle. The long-continued rhythmic movements of the pick, which the miner makes in comparative darkness, produce it. A miner who has once suffered from nystagmus must never again return to underground work. Many patients recover completely in time.—Ed.