I seized it with forceps and though it was firmly impacted, withdrew it without difficulty. The patient made a speedy recovery.

An operator must not too readily conclude that something which, to him, appears unnatural is the wound through which a coin or button that cannot be found has made its way through the esophageal wall, for in the great majority of cases it would be very much more likely that such a foreign body was hidden by a fold of edematous tissue.

The very great mortality from external operations and the almost hopeless chance for success from thoracotomy should encourage the esophagoscopist to adopt every reasonable measure to discover and remove anything impacted in this organ. Where large or rough bodies have become fixed in the lower portion of the esophagus, they should be broken up in some way and removed piecemeal. The greatest care always being taken not to inflict injury.

After the removal of a foreign body from the esophagus if there is reason to believe that any necrosis has occurred, or that any injury has been done, the patient should be nourished by enemas for a few days, and then liquid diet should be given until the surgeon feels confident that the parts have sufficiently healed to allow the ingestion of solid food. For relief of inflammation and as an application to injuries, I recommend the administration of a powder, every three or four hours, consisting, for an adult, of 20 grains of subnitrate of bismuth and 20 grains of calcined magnesia. This should be moistened with a few drops of water and swallowed in this pasty condition with a hope of smearing it over the whole surface. The magnesia is added to the powder for the sake of preventing the constipating effects of the bismuth.

15 East Washington Street.

Pre-epiglottic Phlegmonous Tonsillitis. SEIFERT. *Rev. hebdomadaire de Laryngol. d'Otol. et de Rhinol.*, Jan. 7, 1911.

Seifert reports a severe case of abscess of the lingual tonsil, which was drained by incision. Hemorrhage was stilled by tamponade applied with the finger.

Ed.