A MECHANICAL SPOON FOR ESOPHAGOSCOPIC USE.

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In endoscopic removal, friable substances and those with little cohesion such as meat, nut kernels and the like, and also substances too large to be grasped with forceps, are in some instances better

Fig. 1. Mechanical spoon for use in the upper third of the esophagus for the removal of foreign bodies to the removal of which forceps are not so well adapted.

Fig. 2. Mechanical spoon being insinuated between the esophageal wall and the impacted foreign body, H, below the cricopharyngeal fold, B.

handled with a mechanical spoon, constructed on the principle of the author's safety-pin closer. This has so frequently proven satisfactory that the author has devised a larger, shorter, and heavier

Fig. 3. The spoon has been turned down below the foreign body, H, which is being drawn upward.

model (Fig. 1) for use in the esophagus below the cricopharyngeal constriction, as shown schematically in Figs. 2 and 3. Large, impacted boluses of meat have in a number of instances been thus removed, and a peach stone which was too large to be grasped by forceps was removed in one instance.

The Vaccine Treatment of Coryza. H. LELAND FIFIELD, *Med. Record*, March, 10, 1917.

Attention is directed to the end-results of ordinary catarrhal inflammations of the nasal mucous membrane, especially when the attack is prolonged, and frequently repeated. In these cases the sinuses become involved and infection persists. The author has found autogenous vaccines to be very beneficial under such conditions, and better than stock vaccines.

Patients who suffer from obstruction of the nasal cavities must first have these lesions relieved, before the vaccine treatment is applied.

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