The following case, which is interesting in more than one particular, will show of what use an extracting instrument may be.

A coloured woman, twenty-two years of age, came to me, and desired me to take out from her ear a cockroach which, she said, had crawled into it during the night. This request seemed to me so strange that I was at first incredulous; but, upon examining her ear, I found that what she had stated was literally true; for, some distance up the auditory canal, was the greater portion of a medium sized cockroach. Seeing that this was a case for the use of instruments, I endeavoured to extract the body with a pair of forceps, but it was so firmly impacted that I did not succeed. I then used an earscoop—which is but a modification of the loop of wire—and, after some little difficulty, I removed *en masse* the head, thorax, wings, and the two anterior pairs of legs of a cockroach. I was at first much surprised at the size of the body; but, upon questioning the woman, I found that, in attempting to remove the insect, she had broken away the soft parts and pushed the hard chitinous mass, which I extracted, far into the canal.

Now, in this case, there can be no doubt that the instrument was of signal service; in fact, without it I doubt whether the foreign body could have been extracted at all. All the syringing in the world could not have shifted the mass in the slightest degree, and delay would have been highly dangerous, in consequence of the inflammation which the irritating body would have excited. In a similar case, therefore, the proper course is to try to extract with forceps, and, if they fail, then recourse must be had to the earscoop or some other extracting instrument.

After the perusal of this case, and upon reflection, I think that even Mr. Rivington must confess that, perhaps, he was a little too hasty when he wrote in such disparaging terms of so useful a little instrument as an earscoop. To Mr. Rivington's four excellent rules, which he advises to be observed in the treatment of all cases of foreign substances in the ears, I would add a fifth, viz.: If the foreign body do not fall out, after syringing has been fairly tried, and if delay in its extraction be likely to prove dangerous, do not fail to effect its removal by means of one of the instruments made for that purpose.

BICARBONATE OF SODA IN SUPPRESSION OF URINE.

By W. LEMON LANE, M.B., Dunfermline.

THE success of this medicine in suppression of urine due to renal disease is so great, that I think a few cases illustrating the good result following its administration well worth being recorded. I have used it in a great many cases of renal disease with success. I am, therefore, very pleased to find Dr. Dickinson speak favourably of it in his able lectures on albuminuria. "But it is worth mention", he says, "in relation to a rapidly fatal form of nephritis, in which the tubes become widely sealed up as if with molten glass by a pseudo-croupous exudation of fibrin, while the urine is loaded, not only microscopically but as a bulky precipitate, with large fibrinous cylinders, that all plugging from this cause can be prevented by alkalis."

CASE I. The first case in which I used bicarbonate of soda was one of acute nephritis, which I attended three years ago. W. M., aged 30, a healthy strong man of good family history, got wet while working. When I saw him, he was very feverish (his temperature was not taken), his face and extremities were cedematous; he complained of a sore back, and a constant desire to micturate; he passed very little urine, not exceeding a small cupful in the twenty-four hours; heat and nitric acid produced a large deposit of albumen. When the urinary sediment was examined microscopically, renal epithelium, tube-casts, and blood-corpuscles were seen. Treatment consisted of a warm bath every night, along with a diaphoretic medicine and half a teaspoonful of bicarbonate of soda three times a day; his diet consisting principally of milk and a plentiful supply of cold water. I will not give in detail the progress he made daily; it will be sufficient to say that, in five days from the time I first saw him, he had made great progress towards recovery. His urinary flow was normal in quantity, quite clear, and without any trace of albumen, and, I may say, it was alkaline in reaction, whereas, at the beginning of his trouble, it was acid. This patient is now quite well and strong.

CASE II. A man, aged 23, had suffered for the last three years from profuse suppuration, due to caries of the sacrum. His body had lately become considerably cedematous, while his urine had lessened greatly in quantity. I saw him on June 1st, when I found his urine highly albuminous, acid in reaction, and not exceeding six to eight ounces in the twenty-four hours. He was ordered to keep poultices to his loins, and to take a

diaphoretic powder, consisting of antimony and Dover's powder, every night; and to have milk and water *ad libitum*. Notwithstanding this treatment, his symptoms became aggravated, and a complication, cedema of the lungs, having set in, made his case a very serious one. I now (on the 6th) ordered half a teaspoonful of bicarbonate of soda thrice daily. The result following the employment of the soda was very satisfactory. On the 9th, his urine had increased very greatly in quantity, was alkaline, and free of albumen. His body is still cedematous, but not half so bad as it was on the 6th.

CASE III. This was a case of anasarca after scarlatina in a child three years old. His urine was highly albuminous, bloody and scanty. He complained constantly of a sore back, and had great nausea. The temperature was 103 degrees, and he had general anasarca. He took one-fourth of a teaspoonful of bicarbonate of soda three times daily, and was bathed every night. In exactly a week, he was quite well, although very feeble and anæmic.

These cases show how effectually we may employ the soda treatment in renal disease. In all these cases, especially the second, the patients were brought out of a very dangerous condition rapidly and most satisfactorily. In the first and third cases, the cure is complete; the second, although doomed to succumb to his intractable disease—caries of the sacrum and waxy kidney—owes his life to the soda treatment. It is useless for me to state that I have found nothing so useful in suppression of urine due to renal disease, as the remedy I have just mentioned.

CLINICAL MEMORANDA.

ON A CASE OF POISONING BY WHITE PRECIPITATE.

THE JOURNAL for June 24th contains a report of three cases of accidental poisoning by precipitate powder, which occurred in the practice of my friend Dr. Stephens of Ilminster. Having yesterday (July 3rd) been sent for to a very similar case, I have thought that it might be well to direct attention to the frequency of this accident, and to the desirability of including the hydrargyrum ammoniatum in the list of "Poisons and their Antidotes", published in Letts's *Medical Diary*, Meadows's *Prescriber's Companion*, and similar works. The patient was a strong young woman, deaf and dumb, and unable to read. Her mother, a very stupid old woman, had asked at the druggist's, according to her own account, for a penny seidlitz powder, and was asked by the assistant who served her whether she wanted it *white* or *red*. The daughter swallowed the whole pennyworth (half a drachm to two scruples); and it was only when, soon after she began to suffer from vomiting and severe pain in the stomach, that some of the neighbours discovered that the packet was labelled "white precipitate—poison". My treatment consisted in the administration of yolks of eggs and an emetic of ipecacuanha, with hot fomentations, and subsequently drachm doses of glycerine in water; and under this she recovered in the course of a few hours. The druggist informed me that, in spite of the greatest care, such instances were not at all uncommon.

H. NELSON HARDY, F.R.C.S. Ed.

CURE OF CONSUMPTION BY CLIMATE.

IN reference to a communication in the BRITISH MEDICAL JOURNAL of June 3rd, 1876, on Consumption, I beg to add that the proposal therein contained for the treatment by living in the open air, will probably permit others to confirm its efficacy by their experience. There are three cases occurring to my recollection that tend to illustrate the views above expressed, and to show that it is probable that open-air living has more to do with a successful treatment than mere change of climate.

One was that of an officer in a regiment, who contracted phthisis when stationed in the south of England. He was under medical treatment some time, and had the usual sick-leave, but, on his return to duty, got worse again in the same way. The next time, he was invalided with the upper lobe of the right lung seriously involved, in the third stage, with cavities; and he was examined by the usual Medical Board, and finally he sold out of the service and regiment. Under medical advice, he took to travelling about this country and the Continent, to riding on horseback instead of walking, and attending meetings of the hounds frequently. Two or three years then elapsed, during which his case was withdrawn from my observation; and I was then surprised to meet him one day in the summer at Lord's Cricket-Ground, looking quite recovered.

Another case was of an officer in the Commissariat, serving at the