above mentioned, and projects beyond the stem just enough to fit rather above mensioned, and projects evolutions stem just enough to it rather tightly into the thermometer case. The thermometer is inserted stem foremost into the case, and is pushed home so that the bulb is left projecting; the top is then screwed down. The thermometer is then fairly safe. It would be better if the instrument makers issued the thermometers with such would be better it the instrument makers issued the thermometers with such rings, and in cases of which the long end was 0.5 centimètre shorter and the top 0.5 centimètre longer than at present, as the ring would then lie just inside the mouth when the thermometer was pushed home. Falling this a little care will enable any one to use this device, whose value has been attested by my experience of the last four days, when three times, through gaucherie or ill-fortune, my half-minute thermometer has had a fall which would have broken it had there been no protection, such as I have described.

Coins in the Gullet.

Mr. George H. J. Dinsmore, M.B., (Coldstream) writes: On December 21st I was called to see a young woman, married, about 20 years old, who I found had swallowed, shortly before, four pennies. She had, in fun, put the coins into her mouth, and before she could prevent they slipped over, and were, she said, then lying in her throat. Saliva flowed freely from her mouth, and she felt some pain in the left submaxillary region. Nothing could be seen by the mouth, and I could only very indistinctly make out anything from the outside. However, I was quite satisfied the coins had not reached the stomach. I tried a plan I found useful once before, and with a tongue-depressor forcibly pressed down the base of the tongue; the first attempt caused violent retching, but did not dislodge the pennies; but another attempt directly after renewed the retching, and, together with a large bolus of mucus, out shot all four coins, jingling merrily on the floor, so happily ending what might have been a serious matter. I record the case mainly because of the method used to dislodge the foreign body, which has thus a second time been with me highly successful. highly successful.

ARTERIAL ORIGIN OF PILES.

MR. E. KENNETH CAMPBELA, M.B., F.R.C.S. (Lincoln's Inn Fields, W.C.) writes: Mr. Allingham's statement that an artery "of about the size of the radial" may enter a pile is so opposed to all the clinical and pathological evidence on the subject, that the question well merits further criticism. On first thoughts it really seemed that you must have con mitted a printer's error in the transcription, for the radial vessel is of larger dimensions than even the inferior mesenteric itself. If such a thing did exist, it would constitute an aneurysm, and of this in the rectum the literature of surgery affords no record. Viewed in their simplicity piles are nothing more than a varicose state of certain parts of the hemorrhoidal venous plexus. In addition to a dilatation, these veins also become lengthened, when, to accommodate themselves to this latter condition, they assume a convoluted and tortuous form. Owing to the pressure thus exerted on the neighbouring walls absorption of these takes place, and a cavernous arrangement ensues.

It is to be remembered that, being its most dependent part, the hemorrhoidal venous plexus has to bear the whole weight of the column of blood in the valveless portal system, and just as the brain rises with each expiration, owing to the impediment which this act produces on the entry of blood into the thorax, in like manner there is a temporary arrest of the portal flow at the same period. It is this rhythmical rise and fall of the intra-portal venous pressure that occasions the escape of blood in jets when a pile is operated on. Be it noted that the colour of this blood is dark.

The existence of the "capillary piles" I do concede, but I think a better name would be "nævus." Such are, to my mind, always congenital, and they occur with about the same frequency as they do on the tongue or liver—that is to say, very rarely.

they occur with about the same frequency as they do on the tongue or liver-that is to say, very rarely.

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BOOKS, ETC., RECEIVED.

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A Textbook of Elementary Biology. By R. J. H. Gibson, M.A. London: Longmans, Green and Co. 1889.

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