

lodged at the level of the cricoid cartilage than when lower down, as in the former position the presence of the tube invariably caused reflex movements, which are absent when this region has been passed. No bad after-effects were seen in any case from the use of the œsophagoscope, and unless the wall of the œsophagus had been damaged the patient was able to swallow solid food immediately after the removal of the foreign body. Œsophagoscopy is, therefore, not only the safest method that exists for diagnosing the presence of foreign bodies in the œsophagus, but also, under the guidance of the œsophagoscope, in by far the majority of cases a satisfactory removal of the foreign body may be secured.

Knowles Renshaw.

E.A.R.

Hammond, P.—*Brain Abscess, Operation, Recovery.* "Boston Med. and Surg. Journ.," January 25, 1906.

Male, aged forty. A straightforward case of temporo-sphenoidal abscess of otitic origin. Operation was carried out through the ear, and the abscess was drained by means of gauze by that route.

Macleod Yearsley.

Crockett, E. A.—*A Case of Acute Meningitis, Operation, Recovery.* "Boston Med. and Surg. Journ.," January 25, 1906.

Female, age not stated. Right discharge from childhood. Nine months previous to consultation severe head pain, with mastoid tenderness. Second attack three months later, with nausea, vomiting, and vertigo. Nine weeks before consultation pain in ear and paracentesis attempted. Two days before admission severe headache and loss of consciousness, lasting twenty minutes. On admission she was semi-comatose, with nausea, vomiting, and severe occipital, frontal, and right parietal headache. Temperature 102° F. Double optic neuritis. Foul pus coming from right ear, which contained a large polypus. Operation was at once undertaken. Communication between middle ear and middle fossa was found, and on opening the dura mater pus could be seen on the vessels on the brain surface. Nothing was found on probing the brain. The cranial cavity was drained through the ear with gauze, and the patient made a rapid and uneventful recovery.

Macleod Yearsley.

Hitz, H. B. (Milwaukee).—*Double Mastoiditis complicated by an Intercommunicating suboccipital Abscess.* "Arch. of Otol.," vol. xxxiv, No. 6.

Acute otitis in one ear called for the Schwartze operation, and pus disappeared, except from one spot on the floor of the tympanum. Stiffness of the neck appeared, and deep pressure caused the pus in the tympanum to well up. A suboccipital abscess of the Bezold variety was discovered and opened. During manipulation in the suboccipital region a discharge appeared in the opposite ear, and the abscess was found to communicate with both ears, the onset of the inflammation in the second ear having occurred without any of the classical symptoms.

Dundas Grant.

THERAPEUTIC PREPARATIONS.

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