

Also by means of the œsophagoscope the anatomical-pathological conditions of stricture are easier recognized than by means of bougies. Stricture can be dilated by laminaria tents which are introduced through the œsophagoscope. *Guild.*

Einhorn, Max.—*The Inspection of the Œsophagus and Cardia.* "New York Med. Journ.," Dec. 11, 1897.

THE author briefly reviews the various attempts made in this direction. He considers the stiff œsophagoscope as generally more serviceable than the flexible instrument. He believes that it is only in exceptional cases that chloroform narcosis is necessary for the examination, and he gives a high place to the method from the point of view of diagnosis and therapeutics.

THYROID, &C.

Jonnesco.—*Surgical Treatment of Exophthalmic Goitre.* "Presse Méd.," Oct. 23, 1897.

THIS paper is a critical essay on the various surgical procedures hitherto employed, and contains a detailed description (and plate) of the operation for removing the entire cervical sympathetic. The conclusions arrived at are :—

1. In true exophthalmic goitre, surgical interference with the gland is both dangerous and ineffectual.
 2. Simple section of the cervical sympathetic is useless, though partial resection, including the two first ganglia, may give lasting results.
 3. The operation *de choix* is total and bilateral resection of the cervical sympathetic. *Ernest Waggett.*
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E A R.

Alt, F. (Vienna).—*On the Pathology of the Cortical Auditory Centre.*

THE posterior part of the left temporo-sphenoidal convolution is usually described as the auditory centre. Clinical observations point to a connection between the cortical centre on the one side and the auditory organ on the other, *i.e.*, observations on crossed cortical dumbness. Diagnosis of disease in the right temporo-sphenoidal convolution is nearly impossible; localization in the left temporo-sphenoidal lobe is assisted by sensory aphasia as a sign of a lesion in the sensory speech centre, with paraphasia, agraphia, alexia, and central dumbness. Tone deafness frequently occurs in this disease. The author describes a case where a patient, thirty-three years of age, during the night was affected with paralysis of the right side as well as speech. The latter improved, but left sensory aphasia. Softening in consequence of endarteritis syphilitica was diagnosed, which had led to destruction of the fibres of the corona radiata of the left temporal lobe.

Guild.

Biehl, C. (Wien).—*Closure of Perforations in the Tympanic Membrane.* "Centralblatt für innere Medicin," 1891, No. 11. "Wiener Klin. Woch.," 1898, No. 12.

OKUNEFF, in Petersburg, introduced the closure of perforations, which were covered with epithelium, by means of trichloroacetic acid and the formation of granulations. Biehl reports twelve cases, where ten to fifty per cent. of trichloro-