as the mass was now felt to be movable the tube and forceps, with the foreign body, were all drawn upwards and removed together. A large quantity of blood-stained, purulent sputum was immediately expectorated. The patient's temperature rose to 103·2° F. the same evening, and numerous rhonchi and moist sounds were heard all over the left lung. These persisted for a few days. After the second day the temperature was normal, and at the end of a week the sputum ceased to be offensive. The foreign body consisted of a small piece of meat, held together by a strong band of fascia, and much decomposed.

Knowles Renshaw.

ŒSOPHAGUS.

Scannell, D. D.—*Removal of Foreign Body from Œsophagus seven weeks after Lodgment, with aid of X-rays, without Operation.* "Boston Med. and Surg. Journ.," December 27, 1906.

The patient was a child, aged seven. The foreign body was the shuttle of a sewing-machine. There was comparative freedom from obstruction and no pain. Attempts were made to remove it with the aid of the fluoroscope, and a coin-catcher was twice passed. Finally, an adult-sized bristle probang was used, which pushed the body into the stomach. It was passed per rectum thirty-six hours later.

Macleod Yearsley.

EAR.

Takabatake (Japan).—*On the Occurrence and Absence of Crossed Paralyses and Disturbances of Speech in Otitic Suppurations of the Brain and Meninges.* "Arch. of Otol.," vol. xxxv, No. 5.

The author formulates the question as to whether the crossed paralyses and disturbances of speech observed in otitic intracranial suppurations are caused by the pressure exerted by the accumulations of pus in the neighbouring centres or tracts, or are the result of an affection of the cortical centres or of the tracts. Macewen and von Bergmann originally believed that the paralyses were due to the pressure of the abscess on the temporal lobe extending to the motor cortical centres. Sahli held that they could only be produced by an injury of the internal capsule, and Koerner agreed with this, attributing the condition to the extension of inflammatory œdema from the temporal lobe abscess to the internal capsule, which may take place before mechanical pressure is possible. A case is quoted of chronic left-sided otorrhœa, in which vertigo, fever, headache, etc., developed, but with clearness of the sensorium. A week later the temperature rose considerably, but the pulse only to a very slight extent, and a striking disturbance of speech set in so that the patient was unable to remember certain words or the names of objects held before her. Lumbar puncture evacuated clouded fluid with an increased quantity of leucocytes. Kernig's contracture became pro-