

LARYNX.

Zia, Noury (Constantinople).—*A Rare Case of Foreign Body in Larynx.*
 "Archives Inter. de Laryngologie, d'Otologie," etc., May—June,
 1905.

A child aged six, whilst taking some soup, was suddenly seized with symptoms of suffocation, which gradually passed, leaving the voice hoarse. For some days slight attacks of suffocation persisted, with intervals of quiet respiration and no difficulty in swallowing.

On laryngeal examination, the ventricular bands were seen to be swollen, obscuring the vocal cords, but no foreign body could be detected.

Radiography revealed no foreign body, but on the twelfth day it was found necessary to perform tracheotomy. After four days the dyspnoea reappeared, necessitating laryngo-fissure, and on wiping the wound three pieces of egg-shell were found adhering to the gauze tampons. The larynx was immediately closed and the tracheotomy tube removed on the fourth day; all laryngeal symptoms disappeared, the voice remaining slightly hoarse.

Anthony McCall.

Koplik, H. (New York).—*Congenital Laryngeal Stridor; a Contribution to the Pathology of the Affection, with Report of an Autopsy on a Case.* "Arch. of Pediat.," December, 1905.

The author's case occurred in a male child, aged one year. Stridor noticed since age of three weeks; became worse at five months. Ten weeks before consultation the infant was attacked with "convulsions," followed by fever and left otorrhœa. On admission, the child showed slight rachitis, but was not cyanotic, nor did it show any suprasternal retraction. There was great retraction of the diaphragmatic groove. The thoracic physical signs revealed acute broncho-pneumonia, and the child died of heart failure twenty-four hours after admission.

Autopsy.—Extensive broncho-pneumonia. Thymus 25 grammes. Epiglottis curved backwards, and lying over superior laryngeal opening. Lateral borders of epiglottis in contact, leaving a slit of from $\frac{1}{2}$ mm. in its greatest extent from the lip of the epiglottis to $1\frac{1}{2}$ mm. at the arytenoids. Aryepiglottic folds almost in contact, thin and membranous. The opening of the larynx was narrower than normal, not admitting the smallest size one-year intubation tube. The interior of the larynx revealed nothing pathological.

Macleod Yearsley.

 OESOPHAGUS.

Capart.—*Diverticulum of the Entrance of the Œsophagus—Operation—Cure.* "La Presse Oto-Laryngologique Belge," January, 1905.

The author thinks that this condition is less rare than is usually supposed; it is, however, very difficult to diagnose. The first symptom observed by his patient, a man aged fifty-seven, was a peculiar noise in swallowing. This was followed after some months by bloody expectoration, and then by unpleasant sensations and undue moisture in the throat. At night the mouth became full of saliva and the patient woke half choked. The expectoration varied according to the food he had taken.

The diagnosis was confirmed by a radiogram taken after the ingestion of a large dose of bismuth nitrate. The operation presented no difficulty. An incision in front of the sterno-mastoid exposed the sac, which was dissected out. The patient was fed by an œsophageal tube for four days. Recovery was uninterrupted, but a large abscess formed in the neck nearly three months after the operation. It healed in three weeks, and since then the patient has gained weight and has remained well.

Chichele Nourse.

E.A.R.

Bryant, W. S. (New York).—*Obstruction of the Eustachian Tube and its Treatment.* "Archives Inter. de Laryngologie, d'Otologie," etc., May—June, 1905.

After pointing out the disastrous results to hearing if this condition is not treated, the author proceeds to demonstrate that, except in suppurative cases, the stricture is rarely organic, but functional. He emphasises the intimate relation that exists between the inferior turbinate, the fossa of Rosenmüller, and the orifice of the Eustachian tube, and believes that, by the application of silver nitrate and adrenalin, it is rarely necessary to use insufflation. Any obstruction to nasal breathing or post-pharyngeal growth should, of course, be treated.

Anthony McCall.

Bloch, Maurice (Paris).—*On the Employment of Borate of Soda in Ear Cases.* "Archives Inter. de Laryngologie, d'Otologie," etc., May—June, 1905.

The author claims that the insufflation of this powder in contact with moisture produces peroxide of hydrogen in a nascent state, and, being alkaline, has a soothing effect in the mucous membrane. In his experience, it gave better results than any other remedy. *Anthony McCall.*

Shambaugh, G. E. (Chicago).—*Communications between the Blood-vessels in the Membranous Labyrinth and the Endosteum and those in the Bony Capsule of the Labyrinth.* "Arch. of Otol.," vol. xxxiv, No. 6.

The writer found that the labyrinth of the embryo calf, at the stage when its capsule was at the transition from cartilage to bone could be cleared up by means of creasote, so that the blood-vessels previously injected through the foetal circulation became visible. He convinced himself that there was free communication between the vessels of the membranous labyrinth and those of the capsule and, therefore, with those of the tympanic cavity. His observations thus corroborate those made by Politzer in contradistinction to Hyrtl's opinion, that the blood-vessels of the labyrinth formed a closed system. The article is clearly illustrated.

Dundas Grant.

Dixon, G. Sloan (New York).—*Report of a Case of Panotitis resulting in Meningitis, with Pathological Findings.* "Arch. of Otol.," vol. xxxiv, No. 6.

There was erosion of the superior semicircular canal and of the segment antri. Pus was found round the stapes penetrating the vestibule and in