Fish, **H. Manning.**—*Frontal Sinusitis a Cause of Accommodation Paresis.* "New Orleans Medical and Surgical Journal," February, 1904.

The author quotes four obscure cases of eye-strain improved by treating concomitant frontal sinusitis. He considers that, by causing a partial loss of range of power of accommodation this trouble can be considered an etiological factor of myopia, in that a ciliary cramp or spasm can be invoked from the increased strain necessary to overcome this accommodation paresis. *Macleod Yearsley.*

Stieda, **A.** (Königsberg).—*Cheesy Empyema of the Nasal Accessory Sinuses.* "Arch of Otol.," vol. xxxii, No. 5.

Three cases of "rhinitis caseosa" are described, leading to disfigurement and the formation of fistulæ. They required external operation, and recovered. Internal operation, if practicable, is in the first instance to be preferred. *Dundas Grant.*

LARYNX AND TRACHEA.

Fischer, **Louis.**—*A Study of the Condition of the Upper Air-passages before and after Intubation of the Larynx; also an Inquiry into the Method of Feeding employed in the Cases.* "Archives of Pediatrics," February, 1904.

This is a paper based upon the examination of two series of cases operated upon between 1896 and 1900, one group being intubated in hospital, the other in private practice. The former children belonged, as a rule, to the labouring class, were very anæmic and extremely susceptible to infection. The number of such cases were ten, eight of which required 1 intubation, one 3, and one 4 intubations. The ages ranged between eight months and six years. Eight cases out of the ten showed some form of rickets, and the author remarks that there seemed to be a certain predisposition for the development of laryngeal stenosis in children affected with diphtheria who are rachitic. In all the cases some form of chronic tonsillar or pharyngeal condition was found. All the children in the series were breast-fed. Antitoxin was also used in every case, and the intubation was done exclusively with rubber tubes, the old metallic tubes having been long ago discarded in America.

The second series comprised twenty-six cases intubated in private practice. They ranged in age between eleven months and five years. Fifteen cases required 1 intubation, two 2, three 3, one 4, and two 5 intubations. The children were all of the better class, with better sanitary surroundings, better food, and received more prompt medical aid. Most of them were bottle-fed. Nineteen were rachitic. Not one had a normal throat at the time of intubation; adenoids, enlarged tonsils, and chronic rhino-pharyngitis were met with in almost every case. Antitoxin was used in every case.

In his conclusions Fischer emphasises two important points. (1) The tolerance of the larynx to a tube for many weeks; one case having worn a tube for twenty-six days, another case twenty-five days. (2) That a proper-fitting tube constructed of rubber leaves no evidence of chronic inflammation directly traceable to the tube. Every one of the cases was questioned carefully if any catarrh originated from, or could be associated with, the wearing or removal of the tube, and gave negative replies.
Macleod Yearsley.

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Kronenberg, E. (Solingen).—*The Treatment of Laryngeal Tuberculosis.* "Münch. med. Woch.," Nos. 15 and 16, 1903.

The writer considers primary tuberculosis of the larynx so rare that it may be left practically out of account. Surgical treatment is of most avail in the rare tuberculous tumour, of somewhat less in circumscribed infiltrations and ulcers. Laryngo-fissure may be useful for the exposure and treatment of otherwise inaccessible ulcers in suitable subjects. When tracheotomy is required on account of stenosis, the larynx may be opened and cleared. As regards treatment *per vias naturales*, it is inadvisable to convert infiltrations into ulcers by surgical interference. They may yield under climatic and general treatment. Spontaneous healing is a possibility to be kept in mind. Tuberculous ulcers in well-conditioned patients should be removed *in toto* if this is possible, as on the epiglottis, but rarely elsewhere. Kronenberg uses double curettes, not single ones. How are we to treat the majority of our cases, namely, those in which the removal of the whole disease is obviously impossible? In the worst cases palliation is alone to be aimed at, but in milder ones it is otherwise. The author at first used curettes and forceps with energy and hopefulness, but has now given them up. He removes granulations, incises abscesses, scarifies œdemas, but beyond that confines himself to the mildest remedies, such as the insufflation of iodoform or other powders after syringing out the larynx to wash away the secretion by means of Fränkel's syringe with saline or soda solution. Oily solutions, especially with menthol, are valuable. Infiltrations should be left alone unless they can be completely extirpated. Lactic acid has wrought much harm, but has its sphere of usefulness, as in the after-treatment of ulcers or infiltrations which have been operated on. Without depreciating sulpho-ricinate of phenol, phenosalyl, phenol, formalin, trichloride of iodine, etc., Kronenberg is in favour of trichloracetic acid, but still more of the galvano-cautery, especially in ulcerations and granulations on the posterior wall of the larynx. Kafemann, in infiltration of the epiglottis, makes puncture with the galvano-cautery, and rubs in trichloracetic acid. The author does not here discuss inhalations and symptomatic remedies—orthoform, anæsthesin, etc.,—but considers the general treatment, especially the systematic building up the strength of the tissues, as of even more value than the finest curettement.

In the discussion which followed the reading of this paper, Dr. Meissen, of Hohenhonnef, laid stress on the "silence cure" strictly carried out. Dr. Proebsting thought curettement often valuable, and recommended the use of a tube for self-inhalation of powders, especially di-iodoform. Tracheotomy was sometimes good in advanced laryngeal tuberculosis when the lungs were in satisfactory condition. He had not found hetolin injections of use in laryngeal phthisis. Drs. Blumenfeld, Moses, Lüders, and Keller spoke in praise of the galvano-cautery.

Dundas Grant.

Rickard (Saint-Louis).—*On a Case of Extraction of a Foreign Body from the Bronchus.* "Gazette des Hopitaux," February, 1904.

On February 13, 1903, a young boy three and a half years old, whilst playing with his father, who was nailing down carpets, was suddenly seized with a violent fit of coughing, and said he had just swallowed a nail. A practitioner called in did not share this opinion.

Three days afterwards the boy had an attack of shivering, with fever and cough, symptoms which were taken to indicate influenza.

On March 18, more than a month after the first seizure, a diagnosis

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of broncho-pneumonia was made, and he was removed to Pau. There Dr. Meunier, who examined him, made out a focus of broncho-pneumonia in the left subspinous fossa, at a point corresponding to the pulmonary hilum. The breath-sounds were scarcely perceptible in the left lung, and Dr. Meunier considered from the physical signs and history of the case that a foreign body was probably present in the bronchus. He requested a radioscopic examination; it gave no result, but the proof drawn from the *cliché*, however, showed a dark spot at the inner extremity of the sixth intercostal space, which encroached on the spine and extended in the direction of the bronchus; it appeared narrow above and thicker below, giving one the impression of a nail having its point directed upwards. Measurements showed that it was situated in the left bronchus.

With a view to extraction a special forceps and an electro-magnet were constructed, and on April 6 the patient, having been anæsthetised, M. Diriart performed tracheotomy. The successive use of the magnet and forceps introduced proved useless, and asphyxia threatening, the child was put back to bed.

After forty-eight hours' rest a fresh radiograph showed the nail to be 88 mm. from the tracheal wound; the electro-magnet which had been employed was too short, and, in the case of the forceps, they had not been introduced deeply enough.

On April 9, under anæsthesia, the forceps were again used, and at the second grip a nail 15 mm. long was seized 4 mm. from its point. The nail, which was slightly oxydised, had remained in the left bronchus fifty-seven days.

The patient made an uneventful recovery, and was in excellent health at the end of April.

With regard to the diagnosis in these cases the author insists on an examination by radioscopy and radiography, or more directly still by bronchoscopy. The former is open to all, but the latter requires an amount of familiarity with the technique only possessed by few. Foreign bodies of feeble density, such as fruit stones, grains, and small fragments of bone, would not be discovered by radioscopy and radiography. Bronchoscopy would then be the correct method of examination.

As to treatment, when the ordinary methods fail an attempt should be made to extract the foreign body with forceps or magnet through the tracheal opening under radioscopy. This, the writer says, may be successful if the body be clearly discernible, but oftener than not, owing to its smallness, oscillation of the shadow, coughing, etc., the method will prove futile. Under such circumstances it would be better to obtain a trustworthy radiogram, and, having performed tracheotomy, to remove the body by means of an electro-magnet as used by Lermoyez, or a special forceps, as was done by Meunier in the case the subject of this communication. When a bronchoscope is obtainable and one possesses the necessary *tactus eruditus*, it would be the preferable guide to the use of instruments for extraction in these cases. *H. Clayton Fox.*

THYROID.

Mancioli, T. (Rome).—*Goitre at Monte Celio, Rome.* "Archiv. Ital. d Otologia," etc., February 1904, p. 136.

The author describes with statistical tables the occurrence of goitre in an epidemic form in this district during the past twenty or twenty-five years, it having been previously unknown there or in the surrounding

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