

**Hammes, Franz.**—*On Surgical Emphysema Occurring after Intubation.* "Arch. f. Kinderheilk.," 1908, Bd. 48, p. 207.

Surgical emphysema resulting directly from intubation is undoubtedly a rare accident. It may be caused in two ways: One by injury to the mucous membrane either at the time of introduction of the tube or from pressure; the other, where the mucous membrane is uninjured by rupture of an alveolus in the lung. Only three such cases have been recorded, two by L. Bauer and one by v. Bokay. The author has seen it occur twice out of 200 cases which had been treated by intubation.

The first, a child, aged three, was admitted suffering from diphtheria. Intubation was performed twice; the second time that the tube was coughed up a thick membrane was also expelled and the breathing remained free; the tube had been in place forty-eight hours altogether.

Two days later emphysema appeared in both supra-clavicular regions. This was gradually absorbed and the child recovered. The second was a child, aged eight. Intubation was carried out on admission without difficulty. The following days there was marked emphysema in the supra-clavicular areas; this also was gradually absorbed and the child recovered.

The author argues that the rupture of an alveolus occurs during an inspiratory and not an expiratory movement. The occurrence of emphysema does not appear to increase the gravity of the prognosis.

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### ŒSOPHAGUS.

**Klemur, P.**—*On the Operation for Stenosis of the Œsophagus.* "St. Petersburger med. Wochenschr.," 1908, xxxiii, 597.

The author has operated on five cases after the method devised by himself. Of these two died. In one there was a large blood-clot in the stomach, and the child, already very weak, died as a result of this hæmorrhage.

In the second case, where he failed to pass the bougie from the stomach, he was forced to perform an œsophagotomy, and it was then possible to pass the bougie. When the bougie was changed a hæmorrhage rose from the internal jugular vein, and the child died in spite of immediate ligation of the vessel.

The method of immediate closure of the stomach wound after successful introduction of the bougie obviates the discomfort of a slowly closing fistula.

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### EAR.

**Mayer, O. (Graz).**—*The Affections of Organs of Hearing in General Paralysis (of the Insane).* "Arch. f. Ohrenheilk.," Bd. 72, Hft. 1 and 2, p. 94.

Although it is well known that optic atrophy and retinal changes without optic atrophy are not infrequently found in general paralysis, but little attention has hitherto been paid to the condition of the organs of hearing in the disease. The author has made a searching pathological examination of the auditory organ in five patients.

Pathological changes were found in the nervous apparatus in all the ears examined, and varied from incipient degeneration to complete atrophy. The degenerative process attacking the auditory nerve-trunk, ganglia, and end-organs may either be primary or secondary to similar changes in the medulla. In addition to such atrophies a "marantic