

Result was favourable. If after the operation there is obstruction to secretion, the foot of the bed should be raised, as recommended by Bardenheuer, which has a quick and favourable effect on accompanying bronchitis. *Guild.*

**Longbotham, George F.**—*Plugging of Trachea by a Caseous Gland.* “The Lancet,” March 19, 1898.

A BOY, aged eight, was admitted to hospital in a semi-conscious, cyanosed condition, evidently suffering from some obstruction to his respiration. There was no history of foreign body getting into the air passages. Chloroform was administered, giving some relief. Intubation with a catheter did not benefit the symptoms, but evidently indicated some obstruction a considerable way down the windpipe. Tracheotomy was then performed, but before its completion the child had ceased breathing. Aspiration with a long india-rubber tube was then tried, but yielded no good result. A long tube was then passed down for the purpose of irritating the mucous membrane of the trachea and bronchi, whereupon the child gave a deep inspiration, and again ceased breathing. The heart beats were now becoming smaller and much more rapid, but artificial respiration, the galvanic battery, and this catheterization were nevertheless continued. Suddenly some cheesy-looking matter, about half the size of a hazel nut, was coughed up, after which the child began to breathe freely, and made an uninterrupted recovery, although on more than one subsequent occasion a little of this cheesy matter was coughed up. This cheesy matter proved to be part of a caseous bronchial gland, which had evidently ulcerated its way into the trachea, about the bifurcation. *St Clair Thomson.*

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## ŒSOPHAGUS.

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**Bayer, Dr.**—*Eucaine in Affections of the Œsophagus.* “Therap. Monats.,” April, 1898.

IN 1896, eucaine, a new anæsthetic made in the chemical works in Schering, was recommended as a substitute for cocaine by Gaetano Vinci, working under Liebreich in the Berlin Pharmacological Institute. Vinci proved, from animal experiments, that it had the same anæsthetic effects as cocaine, could be sterilized by boiling, was applicable in weaker solutions, and cheaper. Favourable reports, with a few exceptions, immediately followed from ophthalmic surgeons and dentists. The dissentients stated that the irritation of the conjunctiva and the pain on instillation were sufficient to condemn the drug. Silex, who had been in favour of it, undertook investigation, which showed the discrepancy to be due to inconstancy of action. To prevent this, a new preparation, eucaine B, was introduced. An immediate anæsthetic action, with little irritation or toxicity, was ascribed to this eucaine B. It was promptly introduced into surgery with good results, as Lohmann showed, who, after he gave up the three per cent. solution, performed a series of smaller and larger operations painlessly with a ten per cent. solution. Schleich was satisfied with it in infiltration anæsthesia.

Experiments with eucaine A and B have been made in affections of the œsophagus and rectum in the polyclinic and private practice of Prof. Rosenheim for over a year (at first with A, for the past nine months with B). No essential difference was noticed. I have been allowed to report these. Eucaine was used in a three per cent. solution for œsophagoscopy. After two minutes anæsthesia was sufficient, and lasted long enough for thorough examination or slight treatment, as cauterizing

or extraction of foreign bodies, for which we had previously used ten to twenty per cent. cocaine.

Eucaine is also indicated in certain cases of dysphagia with cancer of the œsophagus, in which the results of bougie examination and œsophagoscopy are inconsistent with the severity of the dysphagia. We saw several cases where a bougie of six millimètres passed easily, while fluids could not be swallowed. This symptom is due to spasm, caused by irritation of food on an abnormally sensitive œsophagus, a supposition which is confirmed, as such patients can swallow after injections of morphia. The effects of morphia injections are often immediate, but frequently they are only to be obtained by ever-increasing doses, which add to the loss of strength by causing loss of appetite. In such cases we had good results from eucaine. We used a three per cent. solution in an ebony syringe constructed by Prof. Rosenheim, which allowed direct application to be made. One patient, who before could not swallow fluids, was able, after an injection, to swallow a beefsteak and potatoes without difficulty. This patient quickly learned to make the injection himself, and never showed toxic symptoms, although he used an injection of two grammes three to four times a day for weeks. In other cases we succeeded, by injections daily, or twice daily, in allaying the spasm, and allowing solid food to be enjoyed.

*Guild.*

**Beuthen, Herrman.**—*Œsophagotomy for a Foreign Body.* "Munch. Med. Woch.," April 19, 1898.

AN idiot, twenty-nine, swallowed the lower part of a pipe made of horn. It was 6.5 cm. long, 4 cm. broad, 1.8 cm. thick. Removal from above, as well as insertion of an œsophageal bougie, failed. Œsophagotomy was, therefore, done on the left side. The foreign body had got impacted 4 cm. beneath the edge of the sternum, and was removed. Rectal feeding for two days. He was dismissed cured in a month.

*Guild.*

## THYROID.

**Sutcliff, E. Harvey.**—*An Extraordinarily Acute Case of Graves's Disease.* "Lancet," March 12, 1898.

IN this case the disease ran an unusually rapid course, as the patient lived just three months after the symptoms first made themselves apparent. The most important and obstinate symptom was vomiting and distressing retching at even the sight of food.

*St. Clair Thomson.*

## E A R.

**Bezold, Prof. (Munich).**—*The Position of the Consonants in the Tone Series.* "Arch. of Otol.," Oct., 1897.

THE consonants most frequently extinguished in deaf mutes are M, N, L, and K. Their proper tones are very low-pitched, and the lower part of the scale as tested with the continuous tone range is the part most frequently lost in the subjects of deaf-mutism. In a case in which, on the other hand, the defect was confined to the upper half of the range, the only consonants heard (apart from P, T, and R, which are rarely lost) were L and N. K may be heard if the loss of the lower half