

paralysis of the left vocal cord. After healing there was an ugly cicatrix on the side of the neck, pressure on which or turning the head to the right produced attacks of spasmodic cough. In both cases electrical treatment was tried, but the patients disappeared before any result was attained.

James Donelan.

ŒSOPHAGUS.

Jackson, Chevalier.—*Œsophagoscopy Removal of Open Safety-Pins by a New Method.* "Laryngoscope," April, 1910, p. 446.

The method is devised for the removal of safety-pins lodged in the œsophagus point upward. A special forceps having sharp pin-like points seizes the safety-pin by the ring in its centre; the forceps and pin are pushed onward into the stomach, in the free cavity of which the pin is easily and safely turned so that the point is now downward. If the pin is small it can be withdrawn through the tube; if large, the forceps carrying the pin and the œsophagoscope are withdrawn together.

Dan McKenzie.

E.A.R.

Rolleston, H. D.—*Rheumatic Nodules on the External Ears.* "Brit. Med. Journ.," August 6, 1910.

Man, aged twenty-one, who developed tophi, during an attack of acute rheumatism, which diminished in size during convalescence.

Macleod Yearsley.

Schwarz, Gottwald.—*On the Application of the Röntgen Rays to Otology.* "Monats. f. Ohrenheilk.," Year 44, No. 6.

The apparatus for this use, says the author, must be of the highest order so as to minimise as far as possible the many difficulties which this form of investigation presents. It must be furnished with means for taking instantaneous pictures, and the best tubes are those of medium hardness. It is claimed that the following data can be obtained from this means:

The character of the bone (diplœtic, pneumatic, sclerotic), distribution and size of the cells, thickness of the cortex, size and thickness of the labyrinth capsule, size and shape of the mastoid process, of the pyramid, of the ridge of bone separating the two cranial fossæ, of the tympanic ring, of the mandibular fossa, and of the tegmen antri, size and position of the outer and inner meatus, position and depth of the sigmoid sinus; position, and frequently form and size, of the vestibule with the ampullæ. Position of the cochlea. Also often, and in children always, one can detect the antrum (its position and form), the attic (though this seldom), the cochlea, the canals, and the jugular bulb.

Herschel has also utilised the rays to control the decalcification of bone in the preparation of microscopical specimens, which is of course less detrimental than testing the condition with a needle.

Foreign bodies, such as bullets, can of course be localised, but for this the screen is more convenient.

Fractures of the base of the skull may also be detected, though this the author admits may be difficult.

In both acute and chronic inflammation of the middle ear the rays afford great diagnostic help. Pictures are taken in two positions—the one with the head lying on the side and the ear on the plate, whilst the tube is placed vertically over the contra-lateral parietal eminence. The