Professor Pisenti,[1] and the present reviewer,[2] whose papers on the subject he refers to. The disease is important, as it explains the absence of lung symptoms in many cases of hæmoptysis, and because uncertainty as to the source of the bleeding may lead to a more unfavourable prognosis than is warrantable. In one case influenza was the cause of acute tracheitis with hæmoptysis, while in the others the tracheitis was more or less chronic, and probably induced by nasal obstruction and consequent affections of the naso-pharynx of longer or shorter standing. Ruptures of small vessels in the relaxed and inflamed mucous membrane in that part of the trachea which lies immediately below the glottis easily take place, especially on loud speaking, coughing, or sudden muscular efforts, as in this region, as pointed out by Massei, the pressure of the expired air is greatest. None of Dr. Tommasi's patients had any predisposition to pulmonary tuberculosis. The cough, usually slight, existed for a more or less long period before the hæmoptysis. All the patients experienced tickling in the throat and a sense of irritation along the trachea above the sternum. Recurrence of the bleeding took place at very irregular intervals, and in no case was it more than from 40 to 70 grammes. The diagnosis was made from the negative result of the examination of the lungs and sputum, and from the appearances seen laryngoscopically in the trachea. The mucous membrane of the intercartilaginous spaces above the sixth ring was much congested and the bloodvessels dilated. There were, moreover, extravasations of blood in the mucous membrane and blood-clots on the wall of the trachea. The treatment of the bleeding consisted in rest of voice and body, cold liquid diet, ergotine, and ice. When the bleeding had been arrested, astringent sprays tended to reduce the volume of the dilated vessels and to improve the tone of the membrane. Abstention from smoking and strong liquors, and a change to the seaside or mountain air, were also advised. *James Donelan.*

ŒSOPHAGUS.

Adamkiewicz.—*Four Cases of Cancer of the Œsophagus cured by "Cancroine."* "La Presse Méd.," January 22, 1902.

Professor Adamkiewicz has separated out from the juices of cancer a toxine to which he has given the name of "cancroine." Its chemical constitution is not yet definitely ascertained, but it seems to be closely related to "neurine," which is a hydrate of trimethylvinylammonium. Injected into the blood of cancerous subjects cancroine or neurine is said to produce a necrosis of the cancerous elements, followed by elimination or resorption of these elements.

The following four cases are not included amongst those cases published elsewhere by Adamkiewicz.

W. Z——, merchant, aged sixty-six, came to Adamkiewicz in July last. About three months before that date he began to have some dysphagia, which rapidly grew worse; the patient suffered much and lost flesh rapidly. With an œsophageal bougie a stricture was found, through which even the smallest bougies would not pass, at a point about 42 centimetres from the teeth. It had been impossible to swallow

[1] *Archiv. Ital. di Laryngologia*, July, 1899.
[2] Journal of Laryngology, January, 1901.

solids for some time, and for a few days liquids seemed to stick in the chest and only slowly trickle into the stomach. The patient was so weak that he could hardly stand, and Adamkiewicz was very unwilling to try his cancroine treatment on such an apparently hopeless case. The first injection was given on July 20; next day patient felt better. On July 26 patient stated that he could swallow liquids, bread, and minced meat. To make certain of the truth of these statements, Adamkiewicz passed a bougie of 5 millimetres diameter. There was no difficulty in passing this 59 centimetres from the teeth—*i.e.*, beyond the seat of stricture and into the stomach.

These facts prove, according to the author, that cancerous vegetations are not epithelial growths, but consist of micro-organisms protozoa, coccidia—since the simple injection of cancroine suffices to cause their death, disintegration, and resorption.

The second case was that of a man, aged fifty-two, who had undoubted cancerous stenosis of the lower end of the œsophagus, and in whom a few injections of cancroine produced great improvement.

The third case was a man, aged sixty. Dysphagia first appeared in November, 1900. In December, 1901, he went to Königsberg, and was treated at the University polyclinic for cancerous stricture of the œsophagus by means of progressive dilatation with bougies. This treatment only increased the patient's suffering, without improving his power of swallowing. He came under the care of Professor Adamkiewicz on October 17, 1901. After the fifth injection of cancroine all the troubles disappeared; the patient could now eat and drink without any difficulty, and rapidly regained his strength and spirits.

The fourth case was a lady of fifty-seven, presenting all the signs of an increasing stenosis of the lower end of the œsophagus. In the summer of 1901 dysphagia commenced, then solids could not be taken, and finally even liquids seemed to be arrested in the œsophagus and only slowly penetrated to the stomach. The position of the stricture was found to be at 41 centimetres from the front teeth; a radiograph confirmed this. Injections were begun, and symptoms rapidly improved; but, owing to an intercurrent illness, the injections were stopped and all the symptoms returned. But after patient had recovered from the other illness injections were resumed, and after a few days patient was dismissed cured. The cure—*i.e.*, the disappearance of the stricture—was confirmed by both bougie and radiograph.

In his report of these cases Professor Adamkiewicz does not give any information as to the quantity of cancroine injected, the number of injections, or their frequency, position, etc., nor does he give the history of his patients after their treatment. *Arthur J. Hutchison.*

Peters, G. A. (Toronto).—*Foreign Body in the Œsophagus.* "Canadian Practitioner," February, 1902.

In this case a dental plate, containing one tooth, was displaced during the act of drinking and swallowed. It lodged in the œsophagus just below the level of the cricoid cartilage, and caused great pain. Attempts to remove it by the mouth were ineffectual. It was then located by the use of the X rays. An incision about three inches long was made down the anterior margin of the left sterno-mastoid muscle, and the foreign body removed. The wound healed quickly.

Price-Brown.