

ABSTRACTS

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Liquide de Bonain. DR BONAIN. (*Bulletin d'Oto-Rhino-Laryngologie*, Paris, July 1923.)

Dr Bonain gives an interesting review of twenty-five years' experience with the well-known local anæsthetic mixture that bears his name. He describes the steps by which he was led to its final formula:—

Phenol—pure or synthetic.

Menthol.

Cocaine Hydrochlor.— $\bar{a}\bar{a}$ 1 gram.

Adrenalin Hydrochlor.—1 grm.

(He lays especial emphasis on the purity of the phenol: carbolic acid crystals should not be used.) Thus prepared, the syrupy liquid has no caustic action either on skin or mucous membrane. Its anæsthetic properties in the unruptured tympanic membrane are especially pronounced and valuable, when acute inflammation is present. It is, further, of great use in operations on the nose, pharynx, and larynx. The author claims a low toxicity for the preparation, and uses it for children: he has never observed any toxic effects. It is of notable utility in inflamed tissues, where watery solutions of cocaine may be disappointing. He proceeds to detail his method of employing "Liquide de Bonain" in the various regions: its use in the larynx is limited.

E. WATSON WILLIAMS.

The Causes and Prevention of Otologic Conditions following Swimming and Diving. By H. MARSHALL TAYLOR, M.D., Jacksonville, Florida. (*Journ. Amer. Med. Assoc.*, Vol. lxxxi., No. 5, 4th August 1923.)

The tremendous increase in popularity of public bathing places has increased otological practice. The chemical treatment of water through the use of various agents of which liquid chlorine is most used, and such mechanical measures as filtration, the ultra violet ray or the passage of water through an ozonating apparatus, kills or neutralises 99 per cent. of the bacteria in a given pool. Sanitarians, furthermore, state that if they can keep their bathing load down to 800 gallons to each bather, the pool remains in an acceptable sanitary condition.

The author considers other factors than a perforated membrane and water getting into the tympanum through the Eustachian tube. He mentions particularly chilling, as a factor favouring infection of the

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upper air passages, not by producing a congestion of the mucous membrane, but by reflexly producing a vaso-constriction and ischæmia with a fall of temperature of the nasal and pharyngeal mucous membrane, amounting in some cases to 6° C. This disturbance of equilibrium between the host and the bacteria of the nose may favour infection. Water in the nasal cavities interferes with the secretion of mucus and action of the ciliated epithelium. Reduction of temperature or an irritating chemical reduces the ciliary movements in the nose and about the Eustachian orifice. Thus, diving affords an opportunity for infection to enter the tube and travel to the tympanic cavity. Plugging the anterior nares, as advised by Skillern, is an excellent precaution to be taken by those who experience discomfort in diving, and is of special value among those who have suffered previous aural or sinus infection. Water with a high bacterial count or an over-chlorinated pool is obviously very dangerous.

A time-limit in public bathing places tends to lessen pollution and the danger of excessive chilling. Furthermore, there is less liability to maceration of the skin of the external canal and subsequent staphylococcus infection. Tight fitting bathing caps or well-oiled plugs placed in the external auditory meatus are good preventive measures.

PERRY GOLDSMITH.

Changes in the Temporal Bone in Experimental Rickets: their Relation to Otosclerosis. A. B. KAUFFMAN, M.D., F. CREEKMUR, B.S., and OSCAR T. SCHULTZ, M.D., Chicago. (*Journ. Amer. Med. Assoc.*, Vol. lxxx., No. 10, 10th March 1923.)

The authors have carried out an extensive series of experiments on white rats in the manner now widely used in studying the biological effects of deficiency diet on these animals with the following objects:—

(1) To determine the changes within the temporal bone, particularly in parts most intimately associated with the function of hearing in experimentally produced conditions having a fundamental resemblance to rickets. (2) To establish an analogy between these changes and those found in that important and prevalent progressive type of deafness named otosclerosis, thus attempting to offer experimental evidence as to its cause namely, that it is a manifestation of a deficiency disease.

The paper is illustrated by a number of reproductions from photomicrographs. Continental literature is freely quoted, but the work of J. S. Fraser, Jenkins, Sidney Scott, and Gray, representatives of the British School, is unfortunately not mentioned.

The authors' summary is as follows:—In two young rats which were maintained on a diet low in fat, soluble vitamin A and in calcium, there occurred abnormalities of the osseous capsule of the internal ear

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which were identical with those changes in the long bones, which are characteristic of experimental rickets.

These alterations, since they occur in structures concerned in the function of hearing, may result in an impairment of hearing. The analogies between the experimental rickets, and the lesions which have been described in otosclerosis, suggest that the last condition may be a late result of rickets or a manifestation of a dietary deficiency still existent during adult life.

PERRY GOLDSMITH.

Otosclerosis and its Treatment. A. DELIE, Brussels. (*Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx*, May 1923.)

Otosclerosis has a definite hereditary association. Anatomical characteristics have been noted in the labyrinthine capsule in the embryo as in the adult, the bone changes involving the oval window especially, but, later, involving the whole capsule and blocking the nerve-endings. These changes are degenerative in type. Inflammatory conditions of the middle ear may arise in these cases, but though they aggravate the otosclerosis, they are not an essential part of it.

The developmental fault in the capsule is caused by an error in the blood supply of the capsule. This is controlled by the cervical sympathetic system. Paresis of the sympathetic causes dilatation of the blood-vessels, slowing of the circulation, and malnutrition of the parts supplied. Sympathicotonia causes hypertension of the vessels and diminution of the secretions. The adrenals raise the blood-pressure, but the action of their secretion is balanced by the action of the thyroid extract which lowers the vascular tension. Sympathicotonia is hypothyroidism, and those affected by otosclerosis are also the subjects of sympathicotonia.

Delie describes in great detail the appearance and characteristics of otosclerotics—the dry skin, calm temperament, and dull mentality, comparing them with those suffering from hypothyroidism. He also goes thoroughly into the condition, as regards the endocrine balance, at puberty, during pregnancy, lactation, and after castration or oöphorectomy, utilising his findings to support his theory that otosclerosis is the result of hypothyroidism.

This disease being essentially a hereditary disease, prevention is indicated. Children born of otosclerotic parents should be watched carefully by a competent aurist from early infancy, the tone limits noted from time to time, and the child's mode of living carefully regulated. Dieting, abstinence later from tobacco, and medication with iodides and thyroid extract are indicated.

GAVIN YOUNG.

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A Case of Total Deafness and Aphonia following Severe Shock.
RICHARD FRANCIS, M.B. (*The Medical Journal of Australia*,
7th July 1923.)

The writer reports an interesting case in which a woman, aged 35, became gradually completely deaf, after being severely burnt over the upper part of the chest, neck, head, and hands. Following the burn, she suffered from bilateral otorrhœa. The deafness did not become complete until five months after the accident. Associated with it, there was aphonia and a mental condition which necessitated confinement in a mental hospital. The family history in this respect was not good, as her father had died in an asylum, and one sister had suffered from puerperal mania; the patient herself had also had a similar complaint.

Examination of the ears showed, in addition to evidence of middle-ear suppuration, a complete absence of response to air and bone conduction, nor could the voice be heard with the use of the acousticon. There was no vestibular response, on either side, to cold and hot syringing, carried out for ten minutes. Rotation was not practised. The Wassermann test was strongly positive. Increasing doses of iodide of potassium were administered.

Six months after the above examination, hearing and speech suddenly returned, the patient's general health having enormously improved. When the ears were again examined by Francis, both tympanic membranes had healed, and the response to the hearing and vestibular tests was normal. The writer points out that the clinical signs in this case resembled the severe type of "shell-shock" seen during the war, but, unlike the cases of functional war deafness, the vestibular reactions were in abeyance. He was unable to find any record of functional deafness with recovery, in which the patient had not reacted to vestibular stimulation. He thought that the potassium iodide had benefited her health, and with the improvement, she overcame the functional condition. The case did not suggest syphilitic disease of the ear.

A. LOGAN TURNER.

Concerning the Influence of Bárány's Noise-Apparatus on the Hearing Function of the Two Ears. Professor S. KONPANEJETZ. (*Monats. f. Ohrenh.*, Year 57, Vol. viii.)

After alluding to the extreme importance of being able accurately to assess the condition of complete deafness on one side, the author discusses the various difficulties of eliminating the hearing of the sound side, and various theories as regards both air and bone conduction, viâ the deaf ear to the sound side. He then refers to the introduction of the noise-apparatus by Bárány in 1908, and

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various experimental investigations as regards its uses and opinions as to fallacies connected therewith.

To determine the physical conditions involved and the true value of this apparatus, he conducted tests on 93 patients, with special reference to those tones situated between (b^1 , g^2), which, according to Bezold's theory, represent the "speech area." The function of the patients, thus tested, ranged all the way from hearing for ordinary voice at 7.5 metres, down to perception of a single shout, either *ad concham*, or through the conversation tube.

The conclusions are as follows:—

1. Deafness induced in one ear by means of the noise-apparatus has undoubtedly an effect also on the hearing of the opposite ear.

2. This effect travels by bone conduction from one ear to the other.

3. The influence of Bárány's noise-apparatus on the opposite ear can be demonstrated by the qualitative effects on its function, that is, it causes raising of the lower tone limit, lowering of the upper tone limit, and also shortening of the duration-perception for various tones.

4. The alteration of the hearing range may be also conveniently observed by the voice test. With normal, or nearly normal hearing, and also in cases of advanced deafness, the effect on the hearing range is slighter, being represented more or less by half an octave, both for the upper and lower tone limits. With a hearing range corresponding to about "whisper *ad concham*" the effect is somewhat larger, corresponding to about a whole octave for the lower-tone limit and the .7 mark on the Galton's whistle.

5. The greatest raising of the lower-tone limit is to e^1 , and the greatest lowering of the upper-tone limit is to the 11.8 mark on the Galton's whistle (that is to g^5). Hence it follows that the area b^1 to g^2 , which is necessary for the perception of the human voice, remains uninfluenced.

6. The quantitative depreciation of the hearing for the tones C, e^1 , g^2 , in the ear opposite to that in which the noise-apparatus is applied, is not so marked, and varies little from the normal.

7. In cases of speech deafness, with remnants of hearing for some tones, these are unaffected, with the noise-apparatus in the opposite ear.

8. From the above data one can state that remnants of hearing for speech can be accurately assessed with the noise-apparatus in the opposite ear, and therefore the instrument is of practical value in testing such cases.

ALEX. R. TWEEDIE.

Nose and Accessory Sinuses

Rotation-nystagmus after Elimination of Fixation. M. BARTELS, Dortmund. (*Zeitschrift für Hals-, Nasen-, und Ohren-heilkunde*, September 1923, Bd. v., Heft 2.)

The question is, in the first place, whether rotation-nystagmus takes place in the dark, and in the second, whether it is of vestibular origin. Bartels is convinced that it does take place. Magnus' experiments on blind-folded apes would go to prove that the rotation reaction is independent of vision and that it is dependent on vestibular influences, being absent when both labyrinths are extirpated. Frey and Hammerschlag found absence of rotation-nystagmus in the dark in about 50 per cent. of deaf-mutes. Bartels is unable to offer any ready explanation of the rotation-nystagmus observed by Cemack and Kestenbaum, behind closed eyelids, in individuals with unexcitable labyrinths, and asks for further investigation by otologists on appropriate patients.

JAMES DUNDAS-GRANT.

Two Cases of Brain Abscess. GEOFFREY HADFIELD. (*Lancet*, 1923, Vol. xi., p. 929.)

In one of those cases (a girl aged 8) chronic middle-ear suppuration appears to have been the cause of the abscess. No operation was attempted, and the abscess was found *post mortem*, in the substance of the optic thalamus.

Special reference is made to the cytology of the cerebro-spinal fluid. When this was first examined it was absolutely clear in both cases, and the cell-count was 12 per c.mm., the increase being due to polymorphonuclear leucocytes. It is suggested that this furnishes evidence of positive value in the diagnosis.

MACLEOD YEARSLEY.

NOSE AND ACCESSORY SINUSES.

The Condition of the Nervous Apparatus of the Nose in Experimental Guinea-pig Ozæna. A. IRI, Japan. (*Zeitschrift für Hals-, Nasen-, und Ohren-heilkunde*, September 1923.)

Intravenous injections of Hofer's and Perez' toxins produced no histological changes such as metaplasia of the epithelium. In the mucosa there was only engorgement of the vessels, and in some cases increased "succulence." The bone was unaltered and the number of folds in the turbinated bodies was undiminished. The vessels showed no obvious abnormalities, and in the nerve-bundles, in the fine branchings, and in the olfactory cells there were no pathological changes.

Any injurious effects produced by the Perez' bacillus, if it is really the causal factor in the development of ozæna, are due to its direct action without the intermediation of the nerve-system.

JAMES DUNDAS-GRANT.

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Technique of the Surgical Treatment of Ozæna. J. RAMADIER, Paris.
(*Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx*, May 1923.)

Lautenschläger was the first to treat ozæna by surgical narrowing of the nasal fossæ. He operated through the antrum. Halle, with a similar operation, worked through the anterior nares. Ramadier uses the former method.

Anæsthesia.—2 c.c. of 2 per cent. novocaine for each side are used to block the superior maxillary nerve. 10 c.c. of 5 per cent. novocaine are infiltrated into the field of operation on each side—in the gingivopalatal fold, in the canine fossa, in the floor of the nose, and between the tips of the inferior and middle turbinals. Half an hour before operation 1 c.c. of pituitrin is injected into the arm.

Operation.—The operation on the antrum is as in the Caldwell-Luc procedure, including the nasal opening. The mucosa of the floor of the nose is now elevated by a small elevator working through a small puncture in the anterior part of the floor. Three cuts are made in the antro-nasal wall:—1. Anteriorly, from roof to floor of the antrum, avoiding the lachrymal duct. 2. Inferiorly along the inferior border of the nasal wall. 3. Posteriorly from roof to floor of the antrum. These cuts are made with a cold chisel, though the posterior one may be carried out by digital pressure, the wall there being thin. The cuts must not injure the nasal mucosa. For the formation of synechiæ, abrasions are made on the inferior turbinals and the opposing parts of the septum. The nasal wall is now moved inwards by digital pressure. Each wall is supported in its new position by the passing of a special needle, carrying sutures through the posterior part of the antral wall, above the inferior turbinal, through the septum, and the nasal wall of the other antrum in the corresponding position. A similar stitch is carried through the anterior part of the field, below the inferior turbinal. The suture is firmly knotted in the antrum, and the ends are brought out and carried through the upper lip, where they are tied again in the nasal vestibule. The antra are packed and left open. The packing is left *in situ* for from 6 to 8 days, and the stitch must be left for 21 days.

GAVIN YOUNG.

The Simulation of Active Pulmonary Tuberculosis by Painless Maxillary Sinusitis. A. LOWNDES YATES. (*Lancet*, 1923, Vol. xi., p. 968.)

The author cites three cases in this valuable and important paper, and gives a useful bibliography of the subject. In the three cases described, cough, morning sputum of yellow or green colour, and often nummulated, progressive wasting, temperature in the evening and after exercise, and signs in the chest due to bronchitis, were all present. By anterior

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rhinoscopy in these cases the nose appeared normal, save for a slight middle turbinal enlargement upon the affected side. Posterior rhinoscopy showed enlargement of the posterior ends of the middle turbinals, with thickening of the soft palate due to the excitation of secretions passing out of the choana. Exploration of the maxillary sinus in each case yielded pus. The author raises the question as to the extent to which sinusitis without pulmonary tuberculosis, but giving rise to bronchitis, can shorten life. In the cases described pulmonary tuberculosis was absent, although suspected, and recovery ensued upon treatment of the maxillary sinus empyema.

MACLEOD YEARSLEY.

Unsuspected Nasal Sinus Disease. T. B. JOBSON. (*Lancet*, 1923, Vol. xi., p. 1029.)

The author points out in an important paper that it is quite common to see patients suffering from sinus suppuration whose symptoms date back from five to even twenty years. He gives a series of 10 cases in which unsuspected sinus disease caused suppurative otitis media, "bad breath," perpetual colds, supposed duodenal ulcer, unexplained evening pyrexia, headache, adenoids, neuritis, and arthritis. Of course, in such cases, the nasal sinus infection is not the only septic focus, but it is one that is apt to be forgotten. The paper is a plea for routine examination of the nasal sinuses.

MACLEOD YEARSLEY.

The Newly Discovered Tuning-Fork Test in Disease of the Nasal Accessory Sinuses. Dr EMILE GLAS. (*Monats. für Ohrenh.*, Year 57, Vol. x.)

The writer wishes principally to urge his authorship of this test (to which he drew attention at the Laryngological Congress in Berlin, 1911), apparently in answer to a recent claim for its introduction by Dr Littauer of Berlin.

The test consists in placing a Vibrating Tuning Fork on the root of the nose; the author states that the sense of vibration is felt more intensely on the side of the disease or, in the case of bilateral disease, on the side more affected. He does not consider the test has yet been sufficiently investigated, and only regards this as a preliminary report.

ALEX. R. TWEEDIE.

A Case of Tumour of the Pituitary or Hypophysis Cerebri. J. C. G. MACNAB, M.D. (*South African Medical Record*, 9th June 1923.)

A woman, aged 32, had suffered for years from headaches. These were more or less bitemporal and supraorbital in position. She was also much troubled with amenorrhœa. The sight began to fail and

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examination revealed bitemporal hemianopsia: a diagnosis of pituitary tumour was made. Owing to increasing blindness a decompression operation was carried out; but as it failed to relieve the headache, a second operation, six weeks later, was performed by the transphenoidal or nasal route, and the contents of a large cyst were evacuated. Within a week vision was regained and she remained well. With the return of symptoms the pituitary was exposed by the fronto-temporal route, and a large adenoma was removed. The headache has been entirely relieved, but the eyesight shows very little improvement.

The writer gives an interesting account of pituitary function and the various clinical types of the anterior and posterior lobe syndrome.

A. LOGAN TURNER.

PHARYNX.

A Case of Primary Tuberculosis of the Pharynx in a Child, with Recovery. H. MARX. (*Acta Oto-Laryngologica*, Vol. v., fasc. 3.)

Tuberculosis of the pharynx in childhood is a rare disease. The author's case is only the twenty-sixth hitherto recorded. The patient was a girl, five years of age, who before coming under the author's care had undergone tracheotomy for respiratory obstruction supposed to be due to diphtheria. She presented very marked bilateral swelling of the cervical lymphatic glands, and extensive ulceration of the soft palate, pillars of the fauces, and left lateral and posterior walls of the pharynx; also infiltration of the epiglottis and ary-epiglottic folds. The sputum was free from tubercle bacilli, and X-ray examination of the chest showed no evidence of any disease of the lungs or bronchial glands. Pirquet's reaction was strongly positive and the Wassermann reaction negative. The ulcerated area was curetted and guinea-pigs inoculated with the material thus removed developed typical tuberculosis. In addition to the curetting, the treatment consisted of Pfannenstill's sodium iodide-peroxide method, and regular sun baths. Complete healing took place, and there has been no recurrence of the disease during the past eight years.

The case is a very exceptional one, in that the disease was primary in the pharynx, and that, notwithstanding the extent of the ulceration, recovery was complete and permanent.

THOMAS GUTHRIE.

An Unusual Variety of "Sore Throat." A. J. WRIGHT, M.B., F.R.C.S. (*Brit. Med. Journ.*, 18th August 1923.)

The author reports two cases of elongated styloid process, and refers to eight others found in the literature of the subject. The symptoms consist of discomfort and dragging sensation in one side of the throat, most marked on swallowing and sometimes on talking. In both of

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the author's cases the patient herself had discovered the hard "knot" in the tonsil, and in one case the condition was bilateral although symptoms were present on one side only. Treatment consisted in making an incision in the anterior pillar, freeing the bony process, and removing three-quarters of an inch of it with bone forceps.

T. RITCHIE RODGER.

On Internal Complications of Tonsillectomy and Dental Extraction.

W. FALTA and F. DEPISCH. With a note by Fritz Schlemmer. (*Wiener Klinische Wochenschrift*, 16th August 1923.)

The first two authors publish a series of cases of patients who suffered from exacerbations of nephritis, arthritis, or endocarditis following operation for removal of diseased tonsils or extraction of carious teeth. One patient who had had nasal and middle-ear catarrh, suffered after operation from arthritis, pyrexia, pleurisy, and endocarditis.

They consider that the cause of the phenomena is infection or reinfection at the time of operation, and that the infection settles on the weak spots of damaged tissue. The exacerbations are not merely the result of operative trauma or shock.

Schlemmer, who performed most of the tonsillectomies, is inclined to disagree, and considers that the cases are merely recrudescences of existing, if latent, disease. He does, however, consider that the repeated expression of pus and caseous matter from septic tonsils is fraught with much danger of such sequelæ and does not recommend this procedure.

F. C. ORMEROD.

The Electro-coagulation Method of Treating Diseased Tonsils.

FRANK J. NOVAK, Jr., M.D. (*Journ. Amer. Med. Assoc.*, Vol. lxxx., No. 25, 23rd June 1923.)

The author describes the method used and the results in 100 cases. He concluded that on the basis of resulting discomfort from the inflammatory reaction following the treatment, incomplete removal in many cases, difficulty in controlling the dosage, and the inability to avoid damage of the surrounding tissues, that this method does not compare favourably with the surgical procedure in spite of the freedom from hæmorrhage.

PERRY GOLDSMITH.

Diathermy for Malignant Disease of the Mouth, Pharynx, and Nose.

NORMAN PATTERSON, M.B., F.R.C.S. (*Brit. Med. Journ.*, 14th July 1923.)

The author ligatures the main vessel or vessels supplying the part in cases requiring extensive treatment. He finds that diathermy has little effect on glandular involvement in the neck, but "when

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the growth is small, superficial, and situated some distance from important and vital structures, and when the glands are free from involvement, or only slightly invaded, there is an excellent chance of a complete and lasting cure." If local recurrence is going to take place, it generally does so within six months. It is difficult to draw the line between cases which are hopeful and those which are not, but many of the seventeen successful cases recorded had been declared inoperable by others. The need for palpation with the finger in every case is emphasised, when examining the case. Removal of a small piece of the growth for microscopic examination is necessary, but such removal often leads to increased activity, and for this reason consent to an early operation should be first obtained. Removal of glands—"block" dissection of both anterior and posterior triangles—should be carried out, even when palpation reveals no enlargement.

T. RITCHIE RODGER.

ŒSOPHAGUS.

Paralysis of the Œsophagus in Botulism. G. WORMS and GAND.
(*Revue de Laryngologie*, May 1923.)

The case recorded in the above article is of great interest, as the œsophageal symptoms were the earliest in onset, and the most marked clinical feature throughout. The patient, a young soldier, was suddenly seized with difficulty in swallowing, so that he was unable to ingest solid food, and could only take fluid with difficulty. Diplopia set in four days later, due to partial ophthalmoplegia externa and interna. The mucous membranes of the mouth and throat were dry, and he suffered from extreme constipation.

The symptoms were attributed to his having eaten preserved game four days before the onset of the symptoms.

Absence of all peristaltic movement of the œsophagus was confirmed by examination with the fluorescent screen, and by œsophagoscopy. The paralysis in this disease are attributable to a toxic polio-meso-encephalitis affecting the motor nuclei in the medulla.

G. WILKINSON.

Carcinoma of the Œsophagus. P. P. VINSON. (*Amer. Journ. of Med. Sciences*, September 1923.)

In this review of 154 cases from the Mayo Clinic, the writer states that cancer of the œsophagus is much more common than is generally believed.

Men are more susceptible than women, in the ratio of 5 to 1. Metastasis is uncommon, but occurs more frequently when the growth affects the upper third, the common site in women.

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In Vinson's opinion the œsophagoscope and the X-ray picture are of limited value in diagnosis, and radium is useless as a means of treatment. Operation is accompanied by a very high mortality, and its results are at present disappointing. The treatment which gives the greatest palliation is dilatation of the carcinomatous stricture by graduated olivary bougies.

Immediate relief of dysphagia follows and this lasts for six or eight weeks. The paper is illustrated by tables, showing age incidence, occupation of the patient, and site of the lesion in the cases under review, and by four radiograms and three drawings. A bibliography of 43 references is appended.

DOUGLAS GUTHRIE.

Eleven Cases of Foreign Bodies in the Bronchus and Œsophagus.

A. SARGNON. (*L'Oto-Rhino-Laryngologie Internationale*, February 1923.)

Recent and innocuous foreign bodies have frequently been disimpacted by the use of cocaine. Although sometimes unsuccessful, no accidents have occurred. The method consists in the employment of a flexible metal rod mounted with cotton wool soaked in 1 in 20 cocaine, pushed down to the foreign body and held in contact with it without pressure. The cocaine and adrenalin remove spasm and the foreign body falls of its own weight. The method is only employed with recent and innocuous foreign bodies. In some doubtful cases, an œsophagoscopy shortly afterwards has shown an ulcerated area but the foreign body has passed.

A. J. WRIGHT.

LARYNX.

External Cricodynia: Its Control by the Nasal (Spheno-Palatine or Meckel's Ganglion). GREENFIELD SLUDER, M.D. (*Journ. Amer. Med. Assoc.*, Vol. lxxx., No. 10, 10th March 1923.)

External cricodynia is the name given by the author to a condition characterised by attacks of pain at the cricoid cartilage. These were usually preceded by some lower pharyngeal or laryngeal inflammation, but a painful spot was present externally over the cricoid and persisted long after the pharyngeal inflammation had subsided. There was no external thickening to be felt and perichondritis was excluded.

Sluder was unable to do much for the four cases that form the basis of this paper, but remembering some of the surprising and inexplicable results obtained by anæsthetising the nasal ganglion, he resorted to this experiment with most gratifying results. He does not speculate as to the path of the impulse or the mode of accomplishment of this result.

PERRY GOLDSMITH.