

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.

W. G. Porter.

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.

W. G. Porter.

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

neuritis" of the nerve probably occurs, and the interstitial inflammatory processes indicative of neuritis are demonstrable. Lastly, the blood-vessels of the internal ear present sclerotic vascular changes capable of inducing secondary atrophy of the organ of Corti.

Clinically, during the prodromal period of the disease an excessive sensitiveness to high-pitched tones has been observed, coupled with a high-pitched tinnitus and sometimes migraine-like attacks, occurring at intervals of three to four weeks.

In the later period the dementia renders nugatory any attempt at accurate examination. In the intermediate period, however, ten cases were successfully investigated, and five of these presented typical "nerve-deafness," in most of a mild degree. It is impossible to say how much of this depreciation in auditory perception should be attributed to psychological weakness and how much to pathological changes in the ear and auditory nerve, and the same doubt applies to the hyperæsthesia of the early stage.

In one case the ear symptoms occurred early, before the onset of the characteristic signs of the disorder. It is suggested that the milder deafness present in the early stages is referable to degenerative changes limited to the cochlea. The grave atrophies of the period of dementia do not, of course, manifest themselves in a manner striking enough to enter into the formation of the clinical picture of the case at this stage.

The article is illustrated by photo-micrographs, showing profound atrophy of the organ of Corti and other points of interest in the special pathology.

Dan McKenzie.

MISCELLANEOUS.

Flatau, S. (Nürnberg).—*The Sterilisation of India-rubber Gloves.* "Münch. med. Woch.," March 31, 1908.

Boiling is effective but rapidly destroys the gloves. The Schimmelbusch steaming is only efficacious for the outside unless the gloves are kept open, and for this purpose Flatau has devised open wire stretchers on which the gloves can be fitted and sterilised by steam.

Dundas Grant.

Langstein, L.—*Eczema and Asthma.* "Zentralblatt für Kinderheilk.," November, 1908.

On account of the supposed relationship between these two ailments, a salt-free diet was tried by Langstein in cases of asthma, but attempts in this direction to treat the latter disease entirely failed.

Alex. R. Tweedie.

REVIEWS.

Special Hospitals: their Origin, Development, and Relationship to Medical Education; their Economic Aspects and Relative Freedom from Abuse. By RICHARD KERSHAW. London: Pulman & Sons, 1909.

No specialist who reads this charming monograph can fail to be grateful to Mr. Richard Kershaw for the elevating and informing material here offered him. Specialism is, as he will find, no modern