

ŒSOPHAGUS.

Schneider, Karl (Basel).—*Treatment of Œsophageal Stricture by Injection of Thiosinamin.* "Correspondenz Blatt. für Schweizer Aerzte," June 1, 1905.

The patient, a child aged five, drank half a cupful of caustic soda in August, 1904. A large quantity of milk and water was at once administered. In September bougies were used. No. 17 passed 19 cm., No. 5, 24 cm. Bougies were passed three times a week till the beginning of December, 1904, when a No. 24 passed the stricture easily. On February 27, 1905, patient was brought to the clinic with the history of only being able to take milk since the 17th, and for the past three days of not being able to swallow anything. Bougie No. 18 encountered an obstruction 19 cm. from the teeth. On March 10, 1905, 0·7 c.c. of 5 per cent. glycerine solution were injected (thiosinamin 1·0, glycerine 14·0, aqua 16·0); the smallest bougie could not be passed into the stomach. March 13, 2 injections 0·7 c.c. March 14, thick rice milk could be swallowed. March 30: Up to this date seven injections had been given (from the 4th 1 c.c. being the quantity used). Bougie No. 28 passed. The point worthy of note is the rapid action of the thiosinamin. *Arthur Westerman.*

E.A.R.

Dench, Edward Bradford.—*The Operative Treatment of Diseases of the Ear in Childhood.* "Arch. of Otol.," vol. xxxiv, No. 2.

The writer considers that it does not differ materially from the treatment of similar conditions in older patients. In acute otitis he advocates early and free myringotomy under a general anæsthetic, the external auditory canal being previously sterilised by means of an alcoholic solution of bichloride of mercury of the strength of 1 in 3000. To prevent recurrence it is the duty of the otologist to remove adenoid vegetations, if present. In case of mastoid involvement the author operates at an earlier period in childhood than in adult life. He considers drainage through the meatus less free and the tendency of the inflammatory process to extend to the cranial contents greater than in the adult. He operates very radically in cases of infection of the large venous channels. If a clot is found in the sinus, he insists on it being removed absolutely. He distinguishes localised meningitis from the diffuse form, the treatment of the former being very hopeful, that of the latter the reverse. Infection takes place, in his opinion, either through the tympanic or antral roof. He advocates a thorough clearance of the mastoid cavity, followed by lumbar puncture, and if this is not followed by improvement, the drainage of the lateral ventricles, or even of the fourth ventricle. The treatment of brain abscess in childhood is fully discussed, and it is pointed out that in young children the cerebellum is so small that if the knife is introduced for a greater depth than one half or three-quarters of an inch, the operator is apt to puncture the fourth ventricle. In chronic non-suppurative inflammation stress is chiefly laid on the nose and naso-pharynx. In chronic suppuration the first point is thorough and systematic cleansing and irrigation with antiseptic solutions, while the upper air-passages must be put in a healthy condition and the hygienic surroundings of the child borne in mind. If these measures fail, the radical operation is advocated, whether the case be tubercular or not.