

try the effects of reflex coughing. After a few seconds the stone, imbedded in muco-purulent secretion, was expelled. No sequelæ. *Guild.*

Stillson, Howard.—*Spasmodic Closure of the Glottis in the Adult.* "Journ. Am. Med. Assoc.," Feb. 26, 1898.

SPASMODIC occlusion of the larynx is usually of reflex origin from some nerve lesion more remote. There is either paralysis of the abductor muscles (lateral crico-arytenoids) or spasm of the adductors (interarytenoids).

Spasm of the adductor muscles is usually found in chorea and hysteria, and is usually brief in duration and not severe. It is in the nature of a nervous cough, and should be treated as such.

Of closure of the glottis due to paralysis of the abductors there are two forms—one seen in such diseases as epilepsy and the other in ataxia, etc. In the so-called laryngeal epilepsy or laryngeal vertigo there seems to be no paralysis, except during the attacks. The attacks are sudden and transient, the patient being seized with a sudden violent coughing that amounts to strangling. In a few seconds he will fall—usually upon his back—and entirely lose consciousness. This attack will last only a few seconds, when the patient will rise, feeling perfectly well—no pain or discomfort remaining. About thirty cases of this kind have been reported.

Paralysis of the abductors is more common in such affections as ataxia; and the attacks differ in being less sudden, last longer, and, though the patient falls, he does not lose consciousness. Paresis or paralysis is present between the attacks. The author reports a case of this kind occurring in ataxia, in which the patient lost consciousness on the first attack, but not in later ones. It is one of the early symptoms of ataxia, and frequently occurs before any other marked symptom; so it should receive particular attention.

ŒSOPHAGUS.

Ebstein, L. (Vienna).—*On Œsophagoscopy, and its Therapeutical Employment.* "Münchener Med. Woch.," Feb. 22, 1898.

THE author complains of the small appreciation that the œsophagoscope finds in literature, and then describes the instrument which Prof. Stoerk constructed, and used in his clinic for years. He refers to the technique of introduction of the œsophagoscope, which consists of semicircular movable joints, and can be put in its place as a straight, stiff tube. He recommends plentiful application of a ten to twenty per cent. solution of cocaine, and rejects other methods of anaesthesia. The instrument is introduced while the patient sits on a low stool, which is more advantageous than a horizontal position. A bougie is passed before the œsophagoscope. Stoerk's method has this advantage, that backward bending of the vertebral column is not necessary in its introduction, as it is with hard tubes. The œsophagoscope is of great use in the removal of foreign bodies, whether they are impacted or not. Especially in pathologically changed œsophagi, *e.g.*, stricture, carcinoma, the œsophagoscope is of great use in the removal of foreign bodies, as the actual situation can be very well seen. He described a case of stricture of the œsophagus where it was necessary to remove a piece of meat. A solution of papain was used with advantage to soften the mass. Contrary to other authorities, he emphasizes the possibility of treating existing strictures by bougies in the œsophagoscope; that, further, the instrument is of special use in cases where, in spite of existing stricture, it is necessary to introduce nourishment into the stomach.

Also by means of the œsophagoscope the anatomical-pathological conditions of stricture are easier recognized than by means of bougies. Stricture can be dilated by laminaria tents which are introduced through the œsophagoscope. *Guild.*

Einhorn, Max.—*The Inspection of the Œsophagus and Cardia.* "New York Med. Journ.," Dec. 11, 1897.

THE author briefly reviews the various attempts made in this direction. He considers the stiff œsophagoscope as generally more serviceable than the flexible instrument. He believes that it is only in exceptional cases that chloroform narcosis is necessary for the examination, and he gives a high place to the method from the point of view of diagnosis and therapeutics.

THYROID, &C.

Jonnesco.—*Surgical Treatment of Exophthalmic Goitre.* "Presse Méd.," Oct. 23, 1897.

THIS paper is a critical essay on the various surgical procedures hitherto employed, and contains a detailed description (and plate) of the operation for removing the entire cervical sympathetic. The conclusions arrived at are :—

1. In true exophthalmic goitre, surgical interference with the gland is both dangerous and ineffectual.
 2. Simple section of the cervical sympathetic is useless, though partial resection, including the two first ganglia, may give lasting results.
 3. The operation *de choix* is total and bilateral resection of the cervical sympathetic. *Ernest Waggett.*
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E A R.

Alt, F. (Vienna).—*On the Pathology of the Cortical Auditory Centre.*

THE posterior part of the left temporo-sphenoidal convolution is usually described as the auditory centre. Clinical observations point to a connection between the cortical centre on the one side and the auditory organ on the other, *i.e.*, observations on crossed cortical dumbness. Diagnosis of disease in the right temporo-sphenoidal convolution is nearly impossible; localization in the left temporo-sphenoidal lobe is assisted by sensory aphasia as a sign of a lesion in the sensory speech centre, with paraphasia, agraphia, alexia, and central dumbness. Tone deafness frequently occurs in this disease. The author describes a case where a patient, thirty-three years of age, during the night was affected with paralysis of the right side as well as speech. The latter improved, but left sensory aphasia. Softening in consequence of endarteritis syphilitica was diagnosed, which had led to destruction of the fibres of the corona radiata of the left temporal lobe.

Guild.

Biehl, C. (Wien).—*Closure of Perforations in the Tympanic Membrane.* "Centralblatt für innere Medicin," 1891, No. 11. "Wiener Klin. Woch.," 1898, No. 12.

OKUNEFF, in Petersburg, introduced the closure of perforations, which were covered with epithelium, by means of trichloroacetic acid and the formation of granulations. Biehl reports twelve cases, where ten to fifty per cent. of trichloro-