

of broncho-pneumonia was made, and he was removed to Pau. There Dr. Meunier, who examined him, made out a focus of broncho-pneumonia in the left subspinous fossa, at a point corresponding to the pulmonary hilum. The breath-sounds were scarcely perceptible in the left lung, and Dr. Meunier considered from the physical signs and history of the case that a foreign body was probably present in the bronchus. He requested a radioscopy examination; it gave no result, but the proof drawn from the *cliché*, however, showed a dark spot at the inner extremity of the sixth intercostal space, which encroached on the spine and extended in the direction of the bronchus; it appeared narrow above and thicker below, giving one the impression of a nail having its point directed upwards. Measurements showed that it was situated in the left bronchus.

With a view to extraction a special forceps and an electro-magnet were constructed, and on April 6 the patient, having been anæsthetised, M. Diriaert performed tracheotomy. The successive use of the magnet and forceps introduced proved useless, and asphyxia threatening, the child was put back to bed.

After forty-eight hours' rest a fresh radiograph showed the nail to be 88 mm. from the tracheal wound; the electro-magnet which had been employed was too short, and, in the case of the forceps, they had not been introduced deeply enough.

On April 9, under anæsthesia, the forceps were again used, and at the second grip a nail 15 mm. long was seized 4 mm. from its point. The nail, which was slightly oxydised, had remained in the left bronchus fifty-seven days.

The patient made an uneventful recovery, and was in excellent health at the end of April.

With regard to the diagnosis in these cases the author insists on an examination by radioscopy and radiography, or more directly still by bronchoscopy. The former is open to all, but the latter requires an amount of familiarity with the technique only possessed by few. Foreign bodies of feeble density, such as fruit stones, grains, and small fragments of bone, would not be discovered by radioscopy and radiography. Bronchoscopy would then be the correct method of examination.

As to treatment, when the ordinary methods fail an attempt should be made to extract the foreign body with forceps or magnet through the tracheal opening under radioscopy. This, the writer says, may be successful if the body be clearly discernible, but oftener than not, owing to its smallness, oscillation of the shadow, coughing, etc., the method will prove futile. Under such circumstances it would be better to obtain a trustworthy radiogram, and, having performed tracheotomy, to remove the body by means of an electro-magnet as used by Lermoyez, or a special forceps, as was done by Meunier in the case the subject of this communication. When a bronchoscope is obtainable and one possesses the necessary *tactus eruditus*, it would be the preferable guide to the use of instruments for extraction in these cases.

H. Clayton Fox.

## THYROID.

Mancioli, T. (Rome).—*Goitre at Monte Celio, Rome*. "Archiv. Ital. d Otologia," etc., February 1904, p. 136.

The author describes with statistical tables the occurrence of goitre in an epidemic form in this district during the past twenty or twenty-five years, it having been previously unknown there or in the surrounding

districts. During this period the adult female population have mostly taken to hiring themselves as wet-nurses by profession. The district is somewhat isolated, and the result is that the population have closely inter-married. The author conclusively shows that the water supply does not count in the etiology. Heredity, which affects only the females, predisposes to thyroid hypertrophy, and the development of a true goitre is connected with the state of malnutrition and anæmia which, from various causes, prevails at puberty, during child-birth, and especially from frequently repeated and prolonged lactation. The goitres were almost always fibrous, rarely gelatinous, never vascular. The author from his experience is led to deny the view of other writers that there is a connection between disease of naso-pharyngeal adenoid structures and goitre.

*James Donelan.*

### E.A.R.

**Geranzi, G.** (Rome).—*On the Substitution of a Gauze Tampon for Stacke's Guard in opening all the Cavities of the Middle Ear.* "Archiv. Ital. di Otolgia," etc., February, 1904, p. 136.

The author points out certain dangers to the osseous lamina it is designed to protect, especially when the gouge is used in this operation. To obviate them he proceeds as follows:—Having opened the antrum, he packs the bottom of the cavity with gauze, and having thus protected it from all accidental shocks, proceeds to break down the external wall with the gouge; as he works on towards the tympanum more gauze is introduced. The gauze is used in much the same way if it is desired to remove first the outer wall of the attic. The author finds that this method renders the operation much simpler and safer, and mentions that Rossi and Ferreri have adopted it "in preference to the classic protector of Stacke," which the author "has always regarded as an enemy rather than a help."

*James Donelan.*

**Nuvoli, G.** (Rome).—*The Acoustic Function of the Semicircular Canals.* "Archiv. Ital. di Otolgia," etc., February, 1904, p. 123.

The author, in a most interesting and instructive paper, traces the biological and developmental history of the semicircular canals, which are essentially aquatic organs, having their greatest development and greatest functional activity in fishes. Morphologically they are closely related to the canals of the lateral line and in terrestrial animals, in whom the lateral line has disappeared, continue in relation to an aqueous fluid (endolymph, perilymph). The author describes his researches at considerable length, but the results are in no wise different from those already obtained, the canals being regarded as organs of equilibrium.

*James Donelan.*

**Heiman, Alfred** (fils).—*Two Cases of Cholesteatoma of the Middle Ear cured by Intra-aural Treatment.* "La Presse Oto-laryngologique Belge." January, 1904.

A woman, aged thirty-two, the subject of old-standing suppuration of the ear, following scarlatina in infancy, complained of severe pains in the right ear and right side of the head, which came on suddenly two days earlier, after a bath. She had fever, with rigors, rapid pulse, anorexia, furred tongue, and constipation. There was tenderness over the mastoid