

an effect, must be introduced three or four times a day into the eyes and nose, and must be brought into contact with the higher parts of the latter. The powdered form of the remedy has not yielded good results in Thost's hands.

Dundas Grant.

**Knosp.**—*The Operation for Adenoid Vegetations.* "Medicinisches Correspondenz Blatt," March 5, 1904.

Knosp prefers to do the operation with the help of two experienced assistants, and not to use a general anæsthetic, he also never uses cocaine or cocaine and adrenalin. The best instrument for the beginner is Gottstein's ring knife, and all cases ought to be thoroughly examined before operation so as to be sure of the exact position and extent of the growth. Schütze's compressor of sterile iodoform gauze ought always to be in readiness so as to have some control should the hæmorrhage be exceptionally great.

Continuous bleeding after operation is usually due either to an incomplete removal of the growths or to excessive excitement in nervous children.

A. Westerman.

## LARYNX AND TRACHEA.

**Botella y Donoso Cortes** (Madrid).—*Acute Œdematous Rhino-pharyngo-laryngitis.* "Revista Especialidades Med.," Madrid, February, 1904.

The author refers to the cases of Courtade (*Archiv. Internat. Lar. Ot. y Rin.*, November and December, 1903), and of Griffith (*Brit. Med. Journ.*, June 14, 1902), as showing that the affection is probably due to a hereditary neurosis, and that it is allied to hay asthma. Persons so affected are real examples of *noli me tangere*, as even a slight injury or operation about the mouth or face may be followed by grave œdema or even death. The cases have therefore a medico-legal as well as a clinical interest. The case of a young lady is described. She suffered from intra-nasal hypertrophies and attacks of acute coryza, with facial and palpebral œdema. Her last attack was attended with grave nasal, pharyngeal, and laryngeal œdema, and inspiratory dyspnoea. The symptoms yielded to the application of a solution of cocaine and adrenalin, and the author thinks that the œdema in Courtade's cases must have been very urgent to have required tracheotomy. The nasal hypertrophy was subsequently reduced by the galvano-cautery, without, however, any return of the symptoms, and the patient has remained free from attacks up to the time of writing (a month).

James Donelan.

**Grünwald, L.** (Munich).—*The Galvano-cautery in the Form of Puncture in the Treatment of Tuberculosis of the Larynx.* "Münch. med. Woch.," June 23, 1903.

With the view of attacking the deep infiltration without at the same time damaging the mucous covering to a serious extent, Grünwald recommends puncturing by means of the galvano-cautery. He states that the operator can tell by the sense of feeling when the point has passed through the pathological infiltration and arrived at the normal tissue. He finds the reaction extremely slight and the shrinking of the infiltration very satisfactory.

Dundas Grant.

**Frese** (Halle a/S.).—*The Relation between Laryngeal and Pulmonary Tuberculosis.* "Münch. med. Woch.," March 29, 1904.

Out of 415 patients with pulmonary tuberculosis, 93, or 23.5 per cent. had laryngeal involvement, and most particularly those in the fourth decade of life. It was rare in children, and contrary to the usual statement was relatively more frequent in women than men (26 as against 21 per cent.). Is the infection of the larynx through the sputum or the blood and lymph-channels? Krieg and others say the latter, because the bacillus is often found (as Heinze's well-known investigations showed plainly.—D. G.) under intact epithelium, and because the larynx is most affected on the side corresponding to the most affected lung. In reality the bacillus can readily penetrate intact epithelium, and Frese found actually that in his cases of marked unilateral preponderance two only were on corresponding sides, three were on the crossed ones. The author was able to produce tuberculosis of the larynx in a dog by rubbing in tuberculous sputum after mechanical irritation of the mucous membrane. The infiltration developed under intact epithelium. With the exception of cases of general miliary tuberculosis, infection of the larynx is probably sputogenic and not hæmo- or lympho-genic. The tendency of the vocal cords to infection results from their irritation through coughing and speaking. Ulcers of other kinds, as syphilitic, are liable to tuberculous infection. Why the larynx is often unaffected is unexplained.

Tuberculosis of larynx, especially when affecting the epiglottis or arytenoids, has a particularly fatal influence on the lung-disease on account of the impairment of nutrition resulting from the pain in swallowing. The danger of inspiration of portions of tuberculous ulcers is probably theoretical, but curettage of the larynx is very likely to set free such portions. The pulmonary tuberculosis makes the laryngeal disease worse through the fever to which it gives rise, and the want of rest of the larynx occasioned by the cough. The prognosis depends mainly on the state of lungs.

*Dundas Grant.*

**Dickinson, E. T.**—*The Advantages in the Methods of Administration of Antitoxine and Intubation.* "Charlotte Medical Journal," February, 1904.

The three greatest dangers relate to the imaginary difficulty and delay of early intubation, the administration of too small amount of antitoxine, and the unnecessarily prolonged wearing of the tube. If the serum is given in sufficiently large initial doses, and frequently repeated until the membrane almost disappears, the retention of the tube longer than a day or two will be unnecessary in most of the cases. The author draws attention to the difference in dosage given by authorities between 1897 and 1902, and insists upon the advantages of large doses.

*Macleod Yearsley.*

**Bodmer.**—*Removal of a Foreign Body from the Right Bronchus with the aid of Killian's Bronchoscope.* "Correspondenz Blatt f. Schweizer Aertze," March 15, 1904.

According to C. v. Eicken in an article in the thirty-fourth volume of "Beiträge zur klinischen Chirurgie," there were ten cases of the above operation recorded to the end of 1902.

During the year 1903 the number doubled itself. This fact is valuable proof of the value of Killian's method.

In Bodmer's case, a boy of eleven years of age had, while playing, sucked a needle through a tube with such force that it was drawn through the larynx into the trachea. The X-rays showed the position of the needle distinctly. It appeared to be 3 cm. long and to lie over the backbone at the level of 3-5 ribs, and it was difficult to determine whether the needle was in the œsophagus or bronchus. Cocaine having been used, "upper bronchoscopy" was first done, and as nothing was seen in the trachea chloroform was given and a low tracheotomy done. From the tracheal opening the lower part of the trachea was illuminated by Caspar's hand lamp and the bronchoscope used, but without success.

Because of the narcosis the operation was not proceeded with till the next morning, when by again introducing the bronchoscope through the opening in the trachea, which did not require a general anæsthetic, the foreign body was detected in the under part of the right bronchus, and was removed by Killian's long hook. The patient recovered rapidly.

A. Westerman.

### ŒSOPHAGUS.

Silver, Lewis M.—*Foreign Body in the Œsophagus*. "Archives of Pediatrics," March, 1904.

The case of a male child, twenty months old, who swallowed a cent. The coin was located by the X-rays and easily removed with a coin-catcher. The author also quotes a case of a child, aged eighteen months, who swallowed a scarf-pin. The body was seen by the X-rays in the rectum twenty-four hours later.

Macleod Yearsley.

### EAR.

Spira.—*Eye and Ear: their Similarity and Mutual Relationship*. "Wiener kl. Rundschau," January 17, 24, 31, February 14, 21, 1904.

Spira divides his subject into two parts. In the first he deals with the similarity between the eye and the ear, in the second with their closer relationship and mutual influence.

The first part is discussed under three heads—(a) morphological and anatomical, (b) physiological, (c) clinical.

(a) Both the eye and the ear are derived from the same embryological structure—ectoderm—and in their later development there are many similarities—retina and ductus cochlearis with the organ of Corti; nasolachrymal duct with Eustachian tube; the accessory sinuses, frontal, ethmoid, etc., with the mastoid, antrum, and cells. Topographically the nasal cavity is common to both, and may be the seat of reflexes from both the eye and the ear, as also a means of their common infection. There is also a close relationship in the innervation of these two organs of special sense both in and out of the brain. The internal carotid supplies both structures with blood; the jugular vein, by way of the lateral sinus, drains them.

(b) Spira considers the relationship between the waves of light and the waves of sound—the ciliary muscle with the tensor tympani and stapedius muscles.

(c) In comparing the eye and ear from a clinical standpoint one must