of cocaine and adrenalin or an application of a 10 per cent. solution of cocaine. I make an incision in the mucous membrane of the interior turbinate about one third or even one half from the end (in the latter case I am presuming I shall find the opening of the tear duct above its usual position)."

It is necessary to remove enough tissue to leave the tear duct free. He resects the walls of the tear duct with special scissors made for him by Herber, St. Petersburgh. The author records several cases to prove the value of his method. *Anthony McCall.*

Ferreri, Prof. (Rome).—*Clinical Considerations on Combined Sinusitis.* "Atti della Clinica del Prof. Ferreri di Roma," Anno v, 1907.

The author calls attention to the pansinusitides, showing their frequency and treating their pathogenesis in general.

He prefers not to open the sinus at the first sitting, making an exception only in cases in which a threatening pyæmia calls for an immediate operation.

He relates five cases, one of which he operated on by Killian's method, and the others by Ogston-Luc's method. In all he had successful results with the exception of one, in which the patient refused to be operated upon in time. *V. Grazzi.*

De Carli.—*A Very Rapid Method for the Diagnosis of Rhinostenosis.* "Bollettino della Malattie dell'Orecchio, etc.," November, 1908.

The examiner stands in front of the patient and asks him to shut the mouth and make a strong inspiration through the nostrils. If the choanæ are in a good state the *alæ nasi* will draw near the septum; if the cavity is reduced the ala nasi will remain more or less still and not approach the septum. *V. Grazzi.*

THYROID AND NECK.

Smoler, F.—*An Unusual Injury to the Neck.* "Prag. med. Wochens.," xxxiii, 27, 367.

The patient, a boy, aged five, fell while carrying a glass bottle; the latter burst and a splinter cut him on the left side of the neck. The wound was about 1 cm. in length and was situated below the level of the thyroid cartilage, midway between the trachea and the anterior border of the sterno-mastoid. The direction of the wound was upwards and backwards; there was no surgical emphysema. The following day milk which had just been swallowed escaped through the wound in drops; it was therefore explored under an anæsthetic. A small opening the size of a pea was found in the œsophagus; it was partially occluded by prolapsed mucous membrane. There was also a small orifice in the trachea; this was closed, but the wound in the œsophagus was left open as the edge was ragged, a drain being inserted. Tracheotomy was then performed in the usual way. Complete healing of the wound took place within five weeks, the tracheotomy tube having been removed after the first fortnight.

The author points out that wounds of the œsophagus from without are comparatively rare. Schüller has collected 48 cases and Wolzendorf 7. The danger of the accident apart from the risk of injury to the great vessels is that a deep-seated suppuration may be set up in the neck which may spread to the mediastinum. *W. G. Porter.*

https://doi.org/10.1017/S1755146300182666 Published online by Cambridge University Press

Bircher, E. (Basel).—*Primary Carcinoma of an Intra-tracheal Thyroid.* "Arch. für Laryngol.," vol. xx, Part III.

The disease occurred in a woman, aged fifty-six. Tracheotomy was required for severe dyspnœa, and pieces of new growth removed later through the tracheotomy wound showed the macroscopic appearances of thyroid carcinoma. Subsequently laryngo-fissure was performed and the affected surfaces of the trachea and larynx were extensively cauterised. Death occurred five days later.

Intra-tracheal new growths are so uncommon that, although intra-tracheal thyroids form a considerable proportion of them, less than twenty cases of the latter have been hitherto reported. The author has been unable to find in the literature any certain record of the occurrence of primary carcinoma in an intra-tracheal thyroid.

Thomas Guthrie.

Alessandri, Prof. A.—*Echinococcal Cysts of the Thyroid Gland.* "Atti della Clinica del Prof. Ferreri di Roma," Anno v, 1907.

He adds a case to the literature. Partial extirpation, followed by fastening the remainder to the skin, and occlusion bring about recovery in a short time without danger. *V. Grazzi.*

EAR.

Richards, H. F. B.—*A very Successful Method of Treating Acute and Chronic Suppurative Otitis Media.* "Lancet," November 30, 1907.

The author has found that carbolic acid and preparations of mercury appear to be too irritating to the ear, and that peroxide of hydrogen was disappointing. He warmly recommends the following formula: Boric acid, 1 drm.; rectified spirits of wine, 2 or 3 drms.; glycerine to make up 1 oz. This is non-irritant and non-toxic. In addition he recommends it in the condition of granulations and chiefly for furuncle of the external auditory meatus. *StClair Thomson.*

Scott, Sydney R.—*Three Successful Cases of Operation on the Labyrinth.* "Lancet," December 14, 1907.

In these three cases the disease arose as a complication of chronic suppurative otitis media. In the first case the chief clinical symptoms were vertigo and partial deafness. A complete mastoid operation was performed, and a fistula was found leading from the tympanum through the fenestra ovalis into the vestibule. The external and superior semicircular canals and vestibule were extirpated with part of the walls of the Fallopian aqueduct, but the cochlea and facial nerve were left intact. The patient made a rapid recovery, being at once completely relieved of the vertigo and tinnitus.

In the second case the chief symptoms were otorrhœa, vertigo, and complete deafness. In the part removed the normal structures of the cochlea and vestibule were found to be entirely destroyed by granulation tissue.

In the third case there was a cholesteatoma in the antrum with a superficial mastoid fistula. The external semi-circular canal was found to be eroded, and the stapes were destroyed. Routine exploration with the vestibular probe is not recommended except there be (1) vertigo of a

https://doi.org/10.1017/S1755146300182666 Published online by Cambridge University Press