

only number 10. Strictures dilated gradually, and patient taught to pass œsophageal tube herself; the tracheotomy tube will be required permanently.

J. S. Fraser.

Berry, Gordon.—**Sarcoma of the Tonsil.** "Boston Med. and Surg. Journ.," vol. clxvi, p. 276.

The patient was a woman, aged eighty-five years and eleven months, with a lympho-sarcoma of the right tonsil and a nodular mass under the sterno-mastoid. The latter was dissected away and the external carotid ligatured. The tonsil tumour was removed through the mouth by dissection and a cold wire snare. Recovery was rapid and uneventful and no recurrence had taken place two months later. The neck began to be brawny three weeks later. A discussion of the literature is given.

Macleod Yearsley.

ŒSOPHAGUS.

Myers, H. L.—**Report on Three Cases of Removal of Coins from the Œsophagus of Infants by a Simple Procedure.** "Annals of Otol., Rhinol., and Laryngol.," vol. xx, p. 460.

The simple procedure was the passage of an olive-pointed, flexible bougie beyond the coin, followed by traction when the olive end engaged the lower edge of the coin.

Macleod Yearsley.

Yankauer, Sidney.—**Four Cases of Foreign Body in the Œsophagus removed with the aid of the Œsophagoscope.** "Annals of Otolaryngology, Rhinology and Laryngology," vol. xx, p. 414.

Case 1, child, aged three; penny just above sternal notch, removed with ease. *Case 2*, child, aged fourteen months; small, irregular leaden toy at level of sternal notch, easily removed. *Case 3*, boy, aged two and a half; penny just below cricoid, easily removed. Previous attempts, by forceps introduced blindly, failed owing to seizure of the mucous membrane instead of the penny. *Case 4*, boy, aged four; piece of brass just above sternal notch. Truncated cone, smaller end very sharp. Extensive wound of posterior œsophageal wall at level of cricoid leading into fistulous track behind œsophagus. Foreign body removed with difficulty owing to torn œsophagus. Patient died next day.

Macleod Yearsley.

MISCELLANEOUS.

Caldera, C. (Turin).—**Researches on Bacteræmia in Oto-rhino-laryngiatry.** "Archiv. Ital. distologia," January, 1912, p. 1.

The author, considering the demonstrated presence of bacteria in the blood in many diseases without the occurrence of grave septicæmia, has endeavoured to ascertain in what diseases of the throat and ear bacteræmia may take place.

It is well known that the tonsil is the gate of entrance for many grave blood diseases resulting, for instance, in endocarditis of which fatal cases have followed various forms of angina. Recent cases of Prof. C. Fedell¹ and of Prof. Egedi² are quoted. In three of these a fatal termination

¹ "Boletino mal. Orrecchio," February, 1911.

² *Ibid.*, October, 1910.

took place from septicæmia following tonsillitis. Also three fatal cases reported by Dr. Sbrozzi¹ with a similar history.

The author has studied the blood conditions in eighteen cases of phlegmonous tonsillitis in patients of various ages and conditions. The pus from the abscess gave pure cultures in sixteen cases, in the other two one showed staphylococcus and streptococcus and the other streptococcus with large diphtheroid bacilli and spiral forms. Brief particulars of nine of these cases are given. In only three of these was the co-existence of germs in the blood demonstrated. The results of these investigations appear to confirm the general experience that the entrance of micro-organisms into the circulation in peri- and lacunar-tonsillitis is fortunately a very rare and difficult process.

In otic disease, on the other hand, infection of the blood-stream takes place more easily. The author endeavours to explain this on the hypotheses that here the exudate is compressed within bony cavities and is in part absorbed, so to speak, *in situ*, and that this accounts for the hyperleucocytosis ascertained to take place in otic cases. It may happen that amongst the leucocytes returning there may be some laden with germs attenuated but not destroyed, and that these are again set free in the circulation.

James Doulan.

REVIEW.

Traitement de la Surdit  par la R - ducation de l'Ou e (The Treatment of Deafness by Re-education of the Hearing). Par Dr. A. MAURICE. Chez l'Auteur, 256, Boulevard St. Germain, Paris, N.D.

The re-education of the deaf by means of sounds regulated so as to stimulate and awaken from physiological apathy the dormant sense of hearing, as Dr. Maurice reminds us in the book now before us, is no new thing. The Abb  Rousselot, Marcel Natier and Victor Urbantschitsch might be mentioned among the pioneers of the method, and, in quite recent times, Z nd-Burguet² and others have been advocating the system as worthy of trial.

To satisfy the ordinary workaday otologist, who has seen many cures for deafness come and go, this method, on the face of it, is one which should be backed by unimpeachable evidence. It is true, no doubt, that in many deaf people the absence of hearing may be largely due to want of use. It is probable, also, that this slumbering element in the auditory sense can be roused into activity by suitably contrived stimuli and exercises. In other words, the treatment is not without a certain rational basis. But, in spite of all that, while it would be unscientific to dismiss the claims of Dr. Maurice and his fellow-workers with a shrug, still, before his method can be generally adopted, clear and unmistakable evidence must be laid before us both as to its usefulness and as to its limitations.

Dr. Maurice uses an apparatus he calls a "Kinesiphone." This is an electrical contrivance by which sonorous vibrations from 80 to 3500 v.d. are produced. The patient holds to his ears the vibrating membranes, which are mounted on handles resembling the ear-piece of the telephone. The effects produced are due to "a combination of vibratory massage and sonorous re-education."

¹ "La Revista Ospedaliera," Rome, July, 1911.

² JOURNAL OF LARYNGOL., RHINOL., AND OTOL., February, 1912, p. 117; and July, 1912, p. 404.