

tissue, and it was ragged and undermined in comparison with the smooth outer surface. The cast was very tough and elastic; it was with difficulty that pieces could be cut from it for microscopical purposes. Portions of it were hardened and dehydrated in absolute alcohol passed through cedar oil and embedded in paraffin.

"Microscopical examination showed that the cast was a complete slough of the inner layers of the œsophagus as far as the *muscularis externa*. The superficial epithelium had almost entirely disappeared in the deeper parts of the folds of the mucosa. A very few degenerated cells remained, which were scattered in patches. Small ulcerations of the mucosa, in the form of flask-shaped pits, were completely filled with micrococci and rod-shaped bacilli. The denser tissue immediately beneath the epithelial layer had retained its characteristic structure in parts, but was broken through by the small ulcerations extending from the surface. The remainder of the mucosa and submucosa was invaded by a fibrinous network, filling up the spaces between the degenerate fibrous tissue. This fibrinous network was similar in appearance to a diphtheritic membrane. Here and there could be recognised muscular fibres from the *muscularis mucosa*. The meshes of the network were crowded with leucocytes and rod-shaped bacilli, the latter very varied in shape, which had stained irregularly, similar to the diphtheria bacillus. Minute hæmorrhagic extravasations from the vessels had evidently taken place at different times, and the remains lay scattered about. The bloodvessels were blocked with thrombi, and the lymphatics were dilated with coagulated exudation. The condition revealed by microscopical examination is suggestive of a submucous dissecting cellulitis, leading to complete separation of the inner coats of the gullet."

Remarks by Dr. Nathan Raw.—The case seems to be unique in this country, the few others recorded having occurred in Germany and America. The cause in this case was neat spirits, of which the patient had taken a very large quantity, and yet at the necropsy no evidence of cirrhosis of any organs was observed. The disease had evidently not been confined to the mucous lining of the œsophagus, but had attacked that of the stomach to a minor extent. With regard to the operation of gastrotomy, the author is inclined to think that Albert's method has no advantages over those of Howse or Witzel, and it is certainly much more difficult to perform, especially if, as in his case, the stomach is small and retracted. *StClair Thomson.*

E A R.

Bouglé.—*Cerebral Abscess and Meningitis of Otitic Origin.* "La Presse Méd.," August 7, 1900.

At a meeting of the Société Anatomique, July 27, 1900, M. Bouglé reported the case of a woman brought to hospital in a comatose condition and hemiplegic. Her pulse was slow and she had otorrhœa. He opened the mastoid antrum and the cranial cavity, found the dura mater bathed in pus, opened the dura mater and found a cerebral abscess, which was drained. Next day the patient was conscious and the hemiplegia less marked. But a few days later the patient died in coma.

Post-mortem, the abscess was found to communicate with the lateral sinus, and there was purulent meningitis of the opposite side.

Arthur J. Hutchison.

Grunert.—*The Present State of Otology in Great Britain.* "Lancet," December 22, 1900.

The writer expresses the opinion that those who are in the habit of systematically reading English literature are often astonished at the apparently almost complete ignorance of all foreign writings. This fact may be due to the ignorance of foreign languages so often noticeable in English surgeons, and perhaps also to their large private practices, which prevents their studying German scientific writings. So it has come to pass that Toynbee's countrymen have neglected to gather the fruits of the seed he had sown, and so the leadership of scientific progress in otology has passed into the hands of other nations. To Zaufal, of Prague, we are indebted for recommending as long ago as 1880 the opening and ligaturing of the internal jugular for sinus thrombosis, although this was not referred to by Horsley when he suggested the same operative treatment in 1886. In Macewen's book, published in 1898, he considers much as new which had long been known. The paper of Ballance on "Skin-grafting after the Mastoid Operation"* is taken as another example to illustrate the British want of familiarity with current literature. Except for some unimportant details, the description of the mastoid operation as given by Ballance does not differ from the operation which has been in vogue in Germany for the last ten years. Skin-grafting the wound was recommended by Siebenmann as early as 1893.

StClair Thomson.

PHARYNX.

Rethi.—*Latent Tuberculosis of the Pharyngeal Tonsil.* "Wien. klin. Rundsch.," No. 26, 1900.

Out of 100 cases (1895 to 1900), Rethi found six cases of tuberculosis of the pharyngeal tonsil. As tubercle bacilli were found in the epithelium, he therefore considers that they enter through the epithelium during respiration, and develop in the hypertrophied tonsil. Rethi concludes that every hypertrophied pharyngeal tonsil ought to be operated upon, because this latent tuberculosis may cause general infection.

R. Sachs.

REVIEWS.

Traité Médico-Chirurgical des Maladies du Pharynx, Naso-pharynx, Oro-pharynx, Laryngo-pharynx. Par E. ESCAT. 576 pp., 150 illustrations. Price 16 fr. Georges Carre et Cie., Paris.

The editor has set himself to his task with an evident determination to write an exhaustive treatise on the Diseases of the Pharynx, with their medico-chirurgical treatment, and to a considerable measure he has succeeded, but, on the other hand, he has in some respects failed.

* *Mélico-Chirurg. Trans.*, 1900.