from a fresh timothy head. Subsequently the patient materially improved in health. *Price-Brown.*

Worrall, C. H. — *Membranous Laryngitis with Hyperpyrexia from Malarial Poison.* "Lancet," October 29, 1898.

This is described as a case of "simple membranous" laryngitis in contradistinction to diphtheritic laryngitis. There was, however, no bacteriological examination of the membrane, and there is not sufficient record of the absence or presence of other symptoms to help in settling the diagnosis. About twenty-four hours after relief had been obtained by a tracheotomy, the temperature ran up to 108·9°, the child became unconscious, and died in a few hours. There was no post-mortem. *StClair Thomson.*

ŒSOPHAGUS, Etc.

Wishart, Gibb.—*Peach-stone in Œsophagus; Perforation; Death.* "Canad. Lancet," October, 1898.

A woman, aged seventy-six, swallowed a peach-stone, which lodged in the upper part of the œsophagus, producing pain in the left side of the neck, and inability to swallow. One week later, by passing a probang, the obstruction was located 7 inches from the teeth. All attempts at removal through the mouth being ineffectual, an incision was made parallel with the anterior border of the left sterno-mastoid muscle. In separating between the carotid sheath and the tracheal coverings, a quantity of foul-smelling pus gushed out. The stone was discovered in the same line, outside the trachea. It was readily removed. The patient was fed by nutrient enemata, but gradually failed, dying on the seventh day after operation. *Price-Brown.*

Finlay, F. G., and Anderson, D. P.—*Carcinoma of the Œsophagus with Fatal Hæmorrhage from the Subclavian Artery.* "Montreal Medical Journal," February, 1899.

This occurred in a man aged sixty, addicted to chronic alcoholism. For some time previously swallowing had been difficult. There had also been extreme hoarseness. The larynx was examined by H. S. Birkett, who found complete paralysis of the left vocal cord and deficient adduction of the right. No. 8 œsophageal sound was arrested 13½ inches from the teeth, but No. 7 was passed into the stomach.

Four months later a No. 3 sound was arrested 8 inches from the mouth.

As the symptoms became more severe, there was marked rise in temperature, dull pain over the sternum, cough with scanty and fœtid expectoration, rigors, etc. Emaciation became extreme. Finally a slight attack of coughing was followed immediately by profuse hæmorrhage and death.

The post-mortem revealed cancer of the œsophagus above the bifurcation of the trachea. There was gangrene of the left lung. Perforation of the second portion of the subclavian artery had occurred, from the œsophageal ulceration, 2½ inches from its origin. *Price-Brown.*

StClair Thomson. — *Functional Dysphagia.* "Lancet," December 3, 1898.

After sketching the physiology of deglutition, the two forms under which functional dysphagia may appear are described, viz., a paralytic

https://doi.org/10.1017/S1755146300193035 Published online by Cambridge University Press

and a spasmodic form. The etiology and symptoms of the affection are described, and the differential points of diagnosis indicated. Stress is laid on the importance in every case of dysphagia of making a thorough inspection of the upper air-passages, and of making a complete examination of the chest before passing an œsophageal bougie. The possible risks associated with the latter method of examination are referred to. Auscultation of the œsophagus is described. As regards treatment, the writer mentions that the immediate effect of passing a bougie was generally satisfactory, but that if the further histories of these cases were obtained it was frequently discovered that relapses were not uncommon. It was therefore important to follow up the immediate relief by strongly suggestive treatment, by attention to anæmia, by the removal of any possible source of reflex irritation, and, in short, by the whole armamentarium against hysteria. In conclusion, he points out that, after all, the most common affection of the œsophagus was carcinoma; that when a case of dysphagia presented itself, malignant disease should be the first suggestion which presented itself; and that the possibility of aneurism and other forms of ulceration (traumatic, syphilitic, and tubercular), should be excluded before the diagnosis of its being a functional disorder was decided upon. In a case of dysphagia the old advice was very applicable, viz., "to hope for the best and prepare for the worst." *StClair Thomson.*

EAR.

Brown, Walter H.—*Hæmorrhage from the Ear.* "Lancet," June 4, 1898.

Case in which the common carotid was tied for profuse hæmorrhage from the ear. There is no description of the condition of the ear.

StClair Thomson.

Brown, William J. — *Extraordinary Case of Horse-bite: the External Ear completely bitten off and successfully replaced.* "Lancet," June 4, 1898.

The case is described by the title. The bitten-off ear was picked up in a stable-yard. No appliances were at hand; so it was simply cleansed with warm water and sewn on with ordinary sewing-needles and thread. There was hardly any disfigurement.

StClair Thomson.

Calhoun.—*Adenoid Vegetations, with Especial Reference to their Influence upon the Ear.* "The Laryngoscope," March, 1899.

Children with adenoids are more liable to croup, laryngitis, bronchitis, and pneumonia than others. Children in Southern climates are much less subject to adenoid vegetations than in Northerly climates. The author does not remember having seen a negro child suffering from adenoid hypertrophy, though hypertrophied tonsils are common.

He briefly discusses the influence of adenoids in producing chronic catarrhal otitis media and suppurative otitis media. The former is due to altered air pressure and deficient action of muscles controlling the tubes, and the latter is due to hyper-secretion (from rarefaction) becoming purulent. A postponement of operation is recommended where there are no bad symptoms. *R. M. Fenn.*

https://doi.org/10.1017/S1755146300193035 Published online by Cambridge University Press