

Phenol sulpho-ricin should never be applied to bleeding surfaces, *e.g.*, after curettement, as it simply irritates without doing any good. Again, in advanced phthisis little good is to be expected from phenol sulpho-ricin, but it often produces a subjective feeling of improvement. Cure was not produced in any case.

The author obtained satisfying results also in cases of phthisis of the nose, of pharyngitis and laryngitis sicca, and of pachydermia laryngis.

*Arthur J. Hutchison.*

**Mallard, J., and Bernand, C.**—*A Case of Typical Laryngeal Paralysis.* "Bull. Méd.," Mar. 31, 1897.

A YOUNG woman, aged twenty-one, was admitted into the hospital with typhoid infection. In the course of the disease, after a little hoarseness, she suddenly became violently dyspnoeic, which was caused by a paralysis of the posterior crico-arytenoid. At the same time there was paresis of the soft palate. The paralysis gradually disappeared, with diminution of fever and infectious symptoms. The authors believe it was from peripheral neuritis.

*A. Cartax.*

**Theodor, F.**—*The Treatment of Whooping Cough.* "Archiv für Kinderheilk.," Band XXIII., Heft 4, 5.

THE author has tried most of the treatments recommended, and amongst others "vaccination," as recommended by Pestalozza. He has not seen the slightest benefit from this, even in previously unvaccinated children. He applied the treatment in ten cases, four of whom were previously unvaccinated, then gave it up.

His own treatment consists in very carefully treating any catarrhal condition present, keeping the children in the house till all catarrh is gone, and even then allowing them out only in fine weather. In the house they must have two rooms; while one is occupied the other is ventilated, and every now and again thoroughly cleansed out with a five per cent. to ten per cent. carbolic solution. Temperature of both rooms, food, etc., must all be carefully regulated. As an aid to this treatment he gives antipyrin to children under one year, momoform to those over one year, and carbolic masks (ten per cent. to twenty per cent. solution) to those over two to three years.

*Arthur J. Hutchison.*

**Von Bokay.**—*Intubation an Aid to Tracheotomy.* "Archiv für Kinderheilk.," Band XXIII., Heft 4, 5.

IF tracheotomy can be done slowly, the sudden difficulties and unpleasant surprises of which we hear so much seldom are met with. In many cases it is impossible to take time, but the operation must be done "at one go" if it is to be of any use. Since 1891 Bokay has adopted the plan of first intubating, then performing his tracheotomy at leisure. While not claiming priority in devising this method, he seems to think he is the first who has used it extensively. He very warmly recommends its adoption by others.

*Arthur J. Hutchison.*

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## ŒSOPHAGUS.

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**Barling.**—*Gastrostomy for Malignant Disease of the Œsophagus.* "Birmingham Med. Review," June, 1897.

ALBERT'S operation is the one recommended, and if it be performed early, before the patient has become exhausted by starvation, the mortality ought not to be above ten per cent.

There is great increase of comfort in living. After this operation it is easy to

manage the feeding, a tube being kept in the fistula, closed with a clamp, and no excoriation of the skin takes place.

Records of three cases are given.

1. Male, aged forty-eight, blind, but can manage the feeding through tube quite easily. Only on coughing has the gastric opening allowed of leaking.

2. Male, aged forty-two. He had lost thirty-two pounds weight before the operation, and gained twenty-five pounds after it. This he has begun to lose again and to look ill.

3. Male, aged fifty-eight. He had lost two stone in weight and was very feeble, and had lung complications. The wound healed by first intention, and he was relieved by the operation, but died a month later, and the *post-mortem* examination showed extensive disease in the gullet, and secondary infection of the trachea, bronchi, lungs, and liver.

*Barclay J. Baron.*

**Kelling, G.**—*Endoscopy for Œsophagus and Stomach. Œsophagoscope.* "Münch. Med. Woch.," Aug. 24th, 1897.

THE author's instrument consists of a series of short cylinders, so hinged together that the whole instrument can be freely bent back and forwards in one plane, but is absolutely stiff in the plane perpendicular to this. Let the instrument be bent in one direction; along the convex surface let a series of eyes be fixed—one to each cylinder; through these let a wire be passed and fixed at the distal end. By dragging on this wire the instrument can be straightened and held straight. In the œsophagoscope the wire is pulled by means of a double lever, which fixes automatically. When in use an india-rubber tube is drawn over the cylinders, and the end rounded off by a piece of sponge, etc.

The patient sits on the edge of a table, and the operator, standing on a stool or low chair, introduces the instrument in the flexible condition; thereupon the patient lies back so that his head hangs over the other side of the table, where it is supported by an assistant. Now by pressure on the double lever (acting like the handles of scissors) the operator nearly straightens the instrument, twists it to right or left through 90°, and at the same moment completely straightens it. The object of twisting the œsophagoscope round through 90° is to take the strain of holding the œsophagus straight off the single wire, and to throw it on to the double row of joints. During the introduction of the instrument—which is as simple as introducing an œsophageal bougie—the patient must not suffer any pain.

Contraindications are practically the same as in the use of bougies. But this further precaution must be taken, viz., the œsophagoscope must not be straightened, except where it has been possible to introduce an olive about three millimètres thicker than the instrument; otherwise there is danger of producing ruptures, etc. For illumination the author uses a Leiter's panelectroscope or a Kasper's hand lamp; only on rare occasions is it necessary to obtain illumination on the principles of Oberländer's methroscope.

*Arthur J. Hutchison.*

## THYROID, &C.

**Oppenheimer.**—*On Inflammatory Processes and Deep Suppurations in the Neck.*

"Archiv für Kinderheilk.," Band XXIII., Heft 1 to 3. Continued from Band XXII.

THE author directs attention to the danger of mistaking post-pharyngeal abscess for diphtheria unless careful digital examination is carried out.