ŒSOPHAGUS.

Harmer, L. (Vienna).—*Contribution to the Use of the Œsophagoscope in a Case of Non-malignant Tumour of the Œsophagus.* "Wiener Kl. Rundschau," January 29, 1905.

Under the above heading Harmer gives details of a female patient, aged fifty-three, who for four years had had difficulty in swallowing solids, and who in consequence had lost weight and become very anæmic. On passing bougie No. 20 some resistance was felt about the level of the cricoid; this was easily overcome, the bougie passing without any further difficulty to the stomach. After removal of the bougie there was a good deal of hæmorrhage.

Œsophagoscopy was next done (without the use of cocaine); a tube of small bore was used, resistance being encountered at the same level as with the bougie. On looking through the tube, after carefully removing a good deal of fresh blood, one saw on the left wall of the œsophagus close to the end of the tube a round, smooth, and shiny tumour, about the size of a cherry.

The tube was gently pushed on 3 cm., when it was again checked, the growth itself projecting into the tube. From this it was concluded that the growth was probably a pedunculated fibroma. As the bleeding continued and the patient complained of pain, the tube was removed.

On again introducing the tube two days afterwards, much blood and clot was seen; on removing these the appearance presented was the same as at the previous examination. The onset of pain and hæmorrhage made it advisable to withdraw the tube, and it was suggested to remove the tumour by snaring at the next examination. By the end of two weeks the pain had entirely gone, and a wider tube was used to allow the introduction of a snare. This time no difficulty was met with, and on examination the mucous membrane from the cricoid cartilage to the cardia showed no abnormality.

There was no sign of the tumour or of its base. The tube having been removed, the patient after some persuasion swallowed solid food without any difficulty.

On examination two and a half months later, the mucous membrane was quite healthy. There can be no doubt that this growth was benignant, and that the use of the œsophagoscope favoured, if not caused, the necrosis of the pedicle. *Arthur Westerman.*

EAR.

Alderton (Brooklyn).—*Some points respecting the Surgical Anatomy of the Facial Nerve.* "*Arch. of Otol.*," vol. xxxiii, No. 6.

Eighteen adult bones were carefully prepared and examined by horizontal sections, one on a level with the spina supra-meatum, and the other with the floor of the orifice of the osseous external auditory canal. The distance between the internal surface of the external wall of the facial canal (the outer surface of the facial nerve) and the spina supra-meatum was found to be on an average 15·9 mm., the minimum being 14·2 mm. and the maximum 20 mm. Combining these results with those obtained by Noltenius, the approximate average is 15·7 mm., the minimum 11 mm. The distance of the nerve from the postero-inferior angle of the external margin or orifice of the external auditory canal was on an