Richter, C.—*The Recognition of Simple Non-tuberculous Collapse and Induration of the Right Lung Apex in Chronic Obstruction to Nasal Breathing.* "Deutsch. med. Woch.," No. 18, May 6, 1909.

Richter mentions several cases and emphasises the importance of this condition first described by Krönig. The right apex, in cases where there is obstruction to nasal breathing, collapses somewhat, and has a certain amount of induration throughout. This produces dulness and râles and is very suggestive of apical tuberculosis. To rule the latter out the whole picture of the case must be considered. After improving the nasal condition the signs in the lung usually clear up.

Macleod Yearsley.

LARYNX.

Johnston, R. H.—*Stenosis of the Larynx.* "Boston Med. and Surg. Journ.," August 19, 1909.

Three children, all females, are cited, in two of whom the stenosis resulted from diphtheria. Other cases are quoted.

Macleod Yearsley.

ŒSOPHAGUS.

Guisez (Paris).—*Facts of Œsophagoscopy; Observations on our Recent Cases of Extraction of Foreign Bodies of Irregular Form (Dentures) by Œsophagoscopy.* "Revue Hebd. de Laryngol., d'Otol. et de Rhinol.," November 7, 1908.

A communication to the French Society of Oto-rhino-laryngology. Three successful cases described and commented upon.

Chichele Nourse.

Laval, F. (Toulouse).—*The Unsuspected Duration of Ulceration and Spasm in Burns of the Œsophagus, revealed by the Œsophagoscope.* "Revue Hebd. de Laryngol., d'Otol. et de Rhinol.," November 7, 1909.

The established opinion that healing quickly takes place after lesions of the œsophagus caused by burns from swallowing caustic or scalding liquids, and that cicatricial stricture often rapidly follows, is now shown by the œsophagoscope to be erroneous. In reality the cicatrisation of such injuries proceeds with extreme slowness. The persistent ulceration keeps up a tonic spasm, which was formerly mistaken for cicatricial stenosis and treated as such. This phase of the case is often prolonged for many months.

The most important conclusion concerns the treatment, which should obviously be directed against the ulceration rather than the stenosis. Besides restrictions in diet, the author advises local applications made through the œsophageal tube directly to the surface of the ulcer. For this purpose he recommends a solution of argyrol, 20 per cent. The gentle use of bougies in order to diminish hyperæsthesia is also advised.

Chichele Nourse.

Munch F. (Paris).—*Bronchoscopy and Œsophagoscopy.* "Revue Hebd. de Larygol., d'Otol. et de Rhinol.," September 11, 1909.

After a *resumé* of the various modes of illumination which have been devised, the author describes an instrument of his own in which a very

small electric lamp on a slender stem is placed at the distal extremity of the tube. The arrangement appears to be very similar to that of Chevalier Jackson. *Chichele Nourse.*

Moure, E. J. (Bordeaux).—*A Foreign Body in the Œsophagus; the Relative Value of Œsophagoscopy and of External Œsophagotomy.* "Revue Hebd. de Laryngol., d'Otol., et de Rhinol.," September 4, 1909.

In spite of the immense value of the œsophagoscope in locating and extracting foreign bodies, cases occasionally occur in which the instrument is useless. For example, a coin lodged just at the entrance of the œsophagus of a young child is apt to be missed altogether, but it can generally be easily and safely removed by means of Kirmisson's hook.

In the case of a child, aged three and a half, who had swallowed a toy anchor, which became impacted in the œsophagus, the œsophageal tube, used under chloroform, slipped time after time into the trachea owing to a condition of violent spasm. The foreign body was located by a radiograph, and eventually external œsophagotomy was successfully practised for its removal. *Chichele Nourse.*

Pietri, P. (Bordeaux) and **Pajaud** (Cognac).—*A Ten-Centime Piece impacted at the Entrance of the Œsophagus of a Child aged seven; Removal with Kirmisson's Hook.* "Revue Hebd. de Laryngol., d'Otol., et de Rhinol.," September 4, 1909.

The coin was clearly visible by radioscopy. It was easily extracted with Kirmisson's hook by Professor Moure after the application of cocaine and adrenalin, when other methods had failed.

Chichele Nourse.

EAR.

Müller, Dr. Arthur (Heidelberg).—*The "Sérum Antiscléreux" of Malherbe.* "Monats. f. Ohrenh.," Year 43, No. 8.

In order to determine the influence of the anti-sclerotic serum introduced by Dr. Aristide Malherbe, of Paris, on various forms of chronic progressive deafness, the author carried out some investigations, the results of which he gives in full, prefaced with a long account of the conditions which obtain in these cases, and a *resumé* of the theories as to their causation.

His conclusions are embodied in a short paragraph, at the end of an article of sixteen pages, to the effect that: The anti-sclerotic serum of Malherbe cannot in any way be regarded as a curative agent for deafness, whatever may be its cause or character. If any result does take place it is but slight and transitory. Undesirable sequelæ are often observed, and in "adhesive" conditions the utmost caution must be adopted.

The serum contains a small percentage of pilocarpin, to which the author attributes any temporary alleviation of the symptoms which may occur, and is injected subcutaneously. It seems regrettable that so much patient labour should have been directed in such chimerical research.

Alex. R. Tweedie.

De Stella, Prof. (Ghent).—*Serous Meningitis and Deafness.* "Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie," July–August, 1907.

In an interesting article Prof. de Stella points out that children are