

**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 Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie," 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 Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie," 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 cicatrization 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 Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie," 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