

chlorate of potash, nux vomica, and gentian, followed later by iron. In less than three months he had almost a normal tongue.

A photograph from a painting of the tongue accompanies the paper.

R. M. Fenn.

N O S E, & c.

Power, D'Arcy.—*Empyema of Antrum in a Child aged eight weeks.* "British Med. Journ.," Sept. 25, 1897.

Boy, eight weeks old, wasting, with history of bruised face in delivery by forceps. At one month of age, difficulty in closing mouth and refusal of bottle were accompanied by swelling and redness below the right eye. The abscess was opened at lower part of right lower eyelid, and pus flowed till seen by the author. Right side of face then seen to be fuller than left, with redness of cheek and lower lid—a little pus exuding from alveolar border of upper jaw. A probe passed along the sinus in cheek showed part of the superior maxilla to be bare. Author enlarged sinus, and made a hole through floor of antrum, and then passed drainage tube from eyelid to mouth. A drachm of thick pus escaped. Child died ten days later. Author then refers to a few recorded cases in young children, and gives references.

R. M. Fenn.

Williams, Campbell.—*Adenoids.* "The Clinical Journal," Sept. 18, 1897.

THE author operates under anaesthesia with the A.C.E. mixture, and as many "adenoid" children take anaesthetics badly he makes it a rule to have the body stripped to the waist in case of accidents, so that one can clap on a hot towel over the heart as a cardiac stimulant, or inject ether if required. Cardiac syncope is not an uncommon occurrence during operation in these cases, and it may happen at any period during the administration from the first few whiffs onwards. The author first removes the tonsils in the dorsal position, and as soon as this is done the patient's head is pulled on so that it hangs downwards over the end of the table. The adenoids are then removed with Gottstein's knife.

Middlemass Hunt.

L A R Y N X.

Alcock, J.—*A Case of Rupture of the Trachea ; Necropsy.* "Lancet," Sept. 25, 1897.

THE patient was a strong man who received a heavy blow over the trachea. On admission to the hospital he was slightly cyanosed, his breathing being laboured and occasionally stridulous. It was impossible to feel the trachea or larynx owing to surgical emphysema. The treatment was expectant, as the patient—after some pneumonia—continued to improve. He appeared to be entirely out of danger when, eleven days after the accident, he suddenly cried out, two or three pints of blood gushed from his mouth, and in less than two minutes he was dead.

The *post-mortem* showed a complete rupture of the trachea between the ninth and tenth rings. The ends were separated by about two inches, the upper end of the lower fragment being one and one-eighth inches below the top of the sternum. An abscess cavity surrounded the injured parts, filled with blood clot. None of the large arteries were wounded, and it seems probable that the blood came from ulceration of a large vein, possibly the left innominate.

No laryngoscopic examination had been made.

StClair Thomson.