followed by any movement. Again, section of both vagi is followed by spasm of the œsophagus, whereas paralysis might be expected. He explains this by the statement that "the vagus contains inhibitory fibres which restrain the constricting action of the sympathetic ganglia in the œsophageal wall."

The classical varieties—obstruction within the lumen, obstruction from external pressure, and obstruction due to changes in the wall—are described.

In speaking of the difficulties in diagnosis, he refers to instances in which bougies have been passed down the œsophagus to the stomach without discovering foreign bodies, such as coins, which at the time were lodged within the passage. In these instances the use of the X rays should clear away the difficulty. In other cases the passing of bougies may be easy at certain times and impossible at others. An illustrative case is given. At the *post mortem* a loose piece of malignant tissue at the lower end of the œsophagus was found to have acted as a valve, at one time closing the lumen of the tube, while at another it passed within the stomach, leaving an open gateway.

As an instance of the benefit to be obtained from gastrostomy in selected cases, one of cicatricial stenosis of the lower end of the œsophagus is described. It occurred in a boy aged twelve after swallowing concentrated lye. Gradual but painless contraction took place, until finally the smallest bougie could not be entered. At the time of operation the patient's temperature was subnormal, his pulse small and rapid, and his extremities cold. Witzel's operation was done. A large urethral catheter with funnel attached was stitched into the stomach and food was introduced. Eight years later the patient, well and rugged, still fed himself through the tube. After masticating his food with relish, he dropped it through the artificial gullet into the stomach regularly at each meal.

In all cases prognosis should be guarded. An instance is related in which death occurred from malignant stricture at the age of eighty-four, forty years after obstruction of the œsophagus first made its appearance, another in which simple cicatricial stricture produced death at seventy-four, in a man who all his life had suffered more or less from obstruction.

Finally, the writer lays down the law that once sure of the malignant nature of the obstruction, no attempt should be made to dilate the stricture. (*Even in these cases the careful and judicious use of the bougie will often give comfort to the patient and prolong his life.*—ABSTRACTOR.)

Price-Brown.

EAR.

D'Aiutolo G. (Bologna).—*A very Simple and Efficacious Aural Masseur.* "Bolletino delle Malattie dell' Orecchio," etc., Florence, November, 1905.

The author forms a piston by wrapping cotton-wool round a probe, and having dipped it in an oily antiseptic solution, introduces it in the meatus, where it is worked to and fro. He claims to have found it useful in cases of abnormal adhesions of the membrane and ossicles, and for the application of various solutions in chronic suppurative median otitis, in the withdrawal of plugs of cerumen, and other affections.

James Donelan.

Limonta, G., and Gavazzeni, S. (Bergamo).—*The Treatment of Ménière's Disease.* "Archiv. Ital. di Otologia," etc., Turin, November, 1905.

The authors discuss the causes, symptoms, and treatment of this

affection and describe a case. They found the best results from the use of the galvanic current, negative pole (12 square cm. of surface) on the back of neck, and the positive (3 square cm. surface) just in front of the tragus. The current was gradually increased from 10 to 15 milliampères, stopping at the first sign of vertigo. The treatment was continued for five weeks, twenty-four sittings in all, with progressive improvement and practical cure, except as regards subjective noises. *James Donelan.*

THERAPEUTICS.

Gwathmey, James T.—*The Vapour Method of Anæsthesia.* Medical Society of the County of New York, September 25, 1905.

He reviewed the evolution in the administration of anæsthetics from the time when chloroform was given "powerfully and speedily," and when an unmeasured quantity of ether was poured into the open cone, up to the present, when each drop of these powerful drugs is both measured and timed. Snow, Clover, Paul Bert, Junker, followed in succession and assisted in eliminating the unknown, and placing anæsthetics on a firm and solid basis. The Harcourt chloroform inhaler in England, the Braun chloroform-ether inhaler in Germany, and the Gigliementi oxygen-chloroform inhaler in France, represent the very latest contributions towards the accurate administration of anæsthetics. The objection to the English and French inhalers is, that they are for chloroform alone and have closed masks with valves. The Braun inhaler is the best, but the mask is undesirable. Dr. Gwathmey then exhibited his own inhaler, the unique features of which are—that chloroform or ether can be given singly or combined in any desired proportion; the ability to increase or decrease the air or oxygen without at the same time increasing or decreasing the anæsthetic; the mask, an anatomically correct fitting face-piece, the rim of which is hollow and perforated around the inner margin to allow the vapour to escape, otherwise identical with a folding Esmarch mask. This is covered with four layers of gauze, over which is placed a piece of oiled silk or rubber tissue. A small opening is cut in the middle of this gauze, so that during the induction period a few drops of chloroform may be added, as with vigorous alcoholics. Dr. Gwathmey's inhaler gives a maximum 2 per cent. chloroform vapour, with a minimum of $\frac{1}{10}$ per cent.

The inhaler, which is made by the Kny-Scheerer Company, consists of three ounce bottles in each of which are four tubes, varying in length from one that reaches the bottom of the bottle to one that penetrates only the stopper. These tubes represent four degrees of vapour strength; the longest, with the mask just described, has an estimated 1 per cent. vapour strength; the shortest, representing a very attenuated vapour, $\frac{1}{10}$ per cent. As the mask is not air-tight, the vapour cannot be compressed, thus avoiding the danger of an overdose. The advantages claimed for this form of anæsthesia are: (1) A pleasant induction stage; (2) stage of excitement absent; (3) pulse and respiration normal, no mucous râle or billowy breathing; (4) complete relaxation; (5) absence of unpleasant after-effects on account of the attenuated vapour used; (6) the continued use of an attenuated oxygen or air and chloroform vapour of known percentage, to which an attenuated ether vapour can be added or substituted when conditions require a change; (7) a possible change in the vapour percentage, with the same flow of oxygen or air, by a change of tubes or by varying the pressure in the same tube, or by a combination of the two methods.