clinical fact that aphasia occurs in the course of acute infectious febrile disturbances in childhood. [This paper is of great interest in connection with a case of the kind brought before the Laryngological Society of London by Dr. Davis and reported in this journal, p. 210.]

*Dundas Grant.*

## TRACHEA.

**Watson, Edward C.**—*Intra-tracheal Medication.* "Queen's Quarterly," January, 1906.

The writer is a firm advocate of this method of internal medication in suitable cases. He looks upon pure olive oil as the best vehicle for the administration of the drugs required, and advises the use of guaiacol, menthol, camphor, ichthyol, chlorotene, and the bromides, in strengths varying from 2 to 5 per cent. in solution.

The preparations should be filtered and heated to blood temperature before injection. The initial dose is one drachm, gradually increased to three or four drachms in suitable cases.

During the treatment all cough mixtures should be discontinued, and stomachics and tonics alone given.

The cases specially benefited by this method of treatment are those of chronic bronchitis, winter cough, chronic laryngitis, early tuberculosis of the lungs, etc. Neurotic cases and patients subject to dry cough are not considered to be amenable to this method of treatment.

*Price-Brown.*

**Hirschland, L.** (Wiesbaden).—*A Case of Foreign Body in the Left Bronchus.* "Monats. für Ohrenheilkunde," vol. xl, Part 12.

Dr. Hirschland relates the case of a boy, aged ten, who came to him suffering from great dyspnœa, with violent cough, and expectoration of offensive, blood-stained sputum. Ten days previously the boy had had a sudden choking fit whilst eating, and from this time the dyspnœa had been present. The purulent, offensive expectoration appeared thirty-six hours later. The larynx was much congested, and there was diffuse redness of the tracheal wall. Over the left lung the percussion note was weak, and the breath-sounds were diminished and difficult to hear below the level of the fourth rib. The temperature was slightly elevated, pulse 90, breathing rather accelerated and superficial. A bougie was passed down the œsophagus, and no obstruction was found. The following morning the pharynx and larynx were well cocainised, and the upper part of trachea painted with a 20 per cent. solution of alypin, to which a little suprarenalin had been added. With the patient in a sitting position a tube of 7 mm. calibre was passed into the trachea, and, after considerable difficulty, was made to enter the left bronchus. After removing the mucus and pus a soft, yellowish-red mass was seen to be blocking the entire lumen of the bronchus. Repeated attempts to remove the foreign body with Schrötter's forceps were made, but were rendered useless by violent fits of coughing. The tube was then removed and another substituted, the end of which sloped off obliquely. This was passed into the bronchus, and the narrow part of the tube pressed between the foreign body and the wall of the bronchus. The forceps were again applied, and

as the mass was now felt to be movable the tube and forceps, with the foreign body, were all drawn upwards and removed together. A large quantity of blood-stained, purulent sputum was immediately expectorated. The patient's temperature rose to 103·2° F. the same evening, and numerous rhonchi and moist sounds were heard all over the left lung. These persisted for a few days. After the second day the temperature was normal, and at the end of a week the sputum ceased to be offensive. The foreign body consisted of a small piece of meat, held together by a strong band of fascia, and much decomposed.

*Knowles Renshaw.*

## ŒSOPHAGUS.

**Scannell, D. D.**—*Removal of Foreign Body from Œsophagus seven weeks after Lodgment, with aid of X-rays, without Operation.* "Boston Med. and Surg. Journ.," December 27, 1906.

The patient was a child, aged seven. The foreign body was the shuttle of a sewing-machine. There was comparative freedom from obstruction and no pain. Attempts were made to remove it with the aid of the fluoroscope, and a coin-catcher was twice passed. Finally, an adult-sized bristle probang was used, which pushed the body into the stomach. It was passed per rectum thirty-six hours later.

*Macleod Yearsley.*

## EAR.

**Takabatake** (Japan).—*On the Occurrence and Absence of Crossed Paralyses and Disturbances of Speech in Otitic Suppurations of the Brain and Meninges.* "Arch. of Otol.," vol. xxxv, No. 5.

The author formulates the question as to whether the crossed paralyses and disturbances of speech observed in otitic intracranial suppurations are caused by the pressure exerted by the accumulations of pus in the neighbouring centres or tracts, or are the result of an affection of the cortical centres or of the tracts. Macewen and von Bergmann originally believed that the paralyses were due to the pressure of the abscess on the temporal lobe extending to the motor cortical centres. Sahli held that they could only be produced by an injury of the internal capsule, and Koerner agreed with this, attributing the condition to the extension of inflammatory œdema from the temporal lobe abscess to the internal capsule, which may take place before mechanical pressure is possible. A case is quoted of chronic left-sided otorrhœa, in which vertigo, fever, headache, etc., developed, but with clearness of the sensorium. A week later the temperature rose considerably, but the pulse only to a very slight extent, and a striking disturbance of speech set in so that the patient was unable to remember certain words or the names of objects held before her. Lumbar puncture evacuated clouded fluid with an increased quantity of leucocytes. Kernig's contracture became pro-