NOSE.

Gutberlet, W. (Munich).—A New Nasal Irrigator. "Münch. med. Woch.," January 31, 1911.

This is a glass apparatus resembling the German analogue of Woake's nasal douche, but of much greater size, holding 300 instead of about 50 grm. There is also an extra hole on the upper surface of the nasal tip, so that a portion of the stream is automatically directed towards the upper regions of the nose.

Dundas Grant.

TRACHEA AND ŒSOPHAGUS.

Green, D. Crosby.—Report of Three recent Cases of Bronchoscopy for Foreign Bodies. "Boston Med. and Surg. Journ.," January 26, 1911, p. 117.

First case, boy, aged two and a quarter; foreign body a piece of fig. which became too macerated to be removed, and an abscess of the lung developed, from which the boy died. Second case, child, aged one and a half; foreign body a pin. Difficulty owing to point entering a fenestrum of the bronchoscope and becoming embedded in the bronchus; removed successfully by rotating tube. Third case, girl, aged eight, examined for probable foreign body. She had an atypical pneumonia. No body was The author points out (1) that in bronchoscopy for recovering a foreign body which plugs the bronchus, it is important to use a tube which is provided with many fenestra in its lower part; (2) that in bronchoscopy for recovering a long pointed object, such as a pin, the necessity for fenestra is less great, and their presence may cause a dangerous complication to the operation; (3) that bronchoscopy may be performed even in the presence of an acute inflammatory process in the lung without necessarily causing any ill-effects. Macleod Yearsley.

Clark, J. P., and Richardson, O.—Case of Foreign Body in the Trachea; Status Lymphaticus; Death; Autopsy. "Boston Med. and Surg. Journ.," January 26, 1911, p. 115.

A boy, aged sixteen months, who inhaled a peanut kernel. Radiographs showed neither foreign body nor enlarged thymus. Obstruction was little, if any, and there was no cyanosis. Ether was given and the body seen in the trachea, and as the child expired the forceps were closed upon the peanut, broken. Tracheotomy was performed, and respiration ceased during the operation. On its rapid completion the rest of the nut was expelled. Artificial respiration and strychnine were successful in starting breathing again, but he had a sudden violent convulsion, with twitching and opisthotonos, and died twenty minutes later, rigor mortis setting in immediately. Post-mortem, the thymus was found greatly enlarged, there was some enlargement of the bronchial, tracheal, and mesenteric glands, and of Peyer's patches, and there was a Meckel's diverticulum. Death was due to hyper-thymisation.

Macleod Yearsley.