

## LARYNX.

**Zia, Noury** (Constantinople).—*A Rare Case of Foreign Body in Larynx.*  
 "Archives Inter. de Laryngologie, d'Otologie," etc., May—June,  
 1905.

A child aged six, whilst taking some soup, was suddenly seized with symptoms of suffocation, which gradually passed, leaving the voice hoarse. For some days slight attacks of suffocation persisted, with intervals of quiet respiration and no difficulty in swallowing.

On laryngeal examination, the ventricular bands were seen to be swollen, obscuring the vocal cords, but no foreign body could be detected.

Radiography revealed no foreign body, but on the twelfth day it was found necessary to perform tracheotomy. After four days the dyspnoea reappeared, necessitating laryngo-fissure, and on wiping the wound three pieces of egg-shell were found adhering to the gauze tampons. The larynx was immediately closed and the tracheotomy tube removed on the fourth day; all laryngeal symptoms disappeared, the voice remaining slightly hoarse.

*Anthony McCall.*

**Koplik, H.** (New York).—*Congenital Laryngeal Stridor; a Contribution to the Pathology of the Affection, with Report of an Autopsy on a Case.* "Arch. of Pediat.," December, 1905.

The author's case occurred in a male child, aged one year. Stridor noticed since age of three weeks; became worse at five months. Ten weeks before consultation the infant was attacked with "convulsions," followed by fever and left otorrhœa. On admission, the child showed slight rachitis, but was not cyanotic, nor did it show any suprasternal retraction. There was great retraction of the diaphragmatic groove. The thoracic physical signs revealed acute broncho-pneumonia, and the child died of heart failure twenty-four hours after admission.

*Autopsy.*—Extensive broncho-pneumonia. Thymus 25 grammes. Epiglottis curved backwards, and lying over superior laryngeal opening. Lateral borders of epiglottis in contact, leaving a slit of from  $\frac{1}{2}$  mm. in its greatest extent from the lip of the epiglottis to  $1\frac{1}{2}$  mm. at the arytenoids. Aryepiglottic folds almost in contact, thin and membranous. The opening of the larynx was narrower than normal, not admitting the smallest size one-year intubation tube. The interior of the larynx revealed nothing pathological.

*Macleod Yearsley.*

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 OESOPHAGUS.

**Capart.**—*Diverticulum of the Entrance of the Œsophagus—Operation—Cure.* "La Presse Oto-Laryngologique Belge," January, 1905.

The author thinks that this condition is less rare than is usually supposed; it is, however, very difficult to diagnose. The first symptom observed by his patient, a man aged fifty-seven, was a peculiar noise in swallowing. This was followed after some months by bloody expectoration, and then by unpleasant sensations and undue moisture in the throat. At night the mouth became full of saliva and the patient woke half choked. The expectoration varied according to the food he had taken.