tures through the anterior and posterior pillars, and tied them firmly together, with the effect of immediately checking the bleeding. No distress followed.

This is an old method of treatment, and one that has been practiced successfully at the City Hospital of Cologne for twenty years or more.

Direct Endoscopy of the Upper Air-Passages and Esophagus; Its Diagnostic and Therapeutic Value in the Search for and Removal of Foreign Bodies.—GUSTAVE KILLIAN (*Jour. Lar.-Rhin. and Otol.*, September, 1902).

Professor Killian, of the University of Freiburg, demonstrates in this paper the advantages of a wider application of Kirstein's Autoscope, by which a direct vision of the air passages and esophagus may be obtained in a straight line, without damage to these organs.

According to this writer, neither the esophageal probe with olive shaped tip nor the skiagraph can always be depended upon in diagnosis. The olive passes along the posterior wall of the esophagus, and if a foreign body is imported in the anterior wall, it may slip past it without coming in contact. In using the Roentgen-ray the shadow of the foreign body may in some cases be hidden by the shadow of the vertebræ or of the heart, while some foreign bodies give no shadow at all.

Hence direct esophagoscopy is the only absolutely reliable method of examining the gullet from end to end; and although a new method, it is claimed that it can be employed in most patients by practised hands. Local anesthesia by cocaine will do in many cases. In children and nervous subjects generally, anesthesia may be required. By this means the exact form and location of the foreign body within the esophagus may be ascertained, and also the condition of the canal itself. This knowledge and direct vision will enable the operator to select the instrument suitable to the case, and also to remove the foreign body *per vias naturales*.

The most suitable instruments for extraction are in the form of long slender forceps.

In order to obtain direct vision, the head is thrown backward and the tongue and epiglottis drawn forward by a Kirstein spatula, the parts being illuminated by the head-light. In children it is better to administer an anesthetic and have the head drawn over the end of a table.

In removing foreign bodies from the trachea, Killian much prefers, after placing the patient in position, to use a straight tube of length and width sufficient to enter the prima glottidis. He is thus independent of reflex action of the pharynx or