A Case of Tracheal Ozena with Tendency to Asphyxia.—G.

DUPOND (Bordeaux)—*Rev. Heb. de Laryngol. D'Otol. et de Rhin.*, Sept. 26, 1903.

The crusts collected in the trachea in such quantities that they formed the appearance of a large tumor. Apparently, a sort of tolerance was gradually set up in the mucous membrane of the trachea, so that the accumulated crust caused no great irritation until a tendency to asphyxia developed.

Treatment consisted in syringing mentholated oils directly into the trachea, the internal administration of expectorants, and improving the function of nasal respiration. This was done by injecting paraffin into the shrunken turbinals, and careful syringing of the nasal passages.

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Two Cases of Foreign Bodies in Young Infants—Mm. BOULAY

ET GASNE—*Ann. d. mal. de l'oreille, du larynx, du nez et du pharynx*, Paris, Sept., 1903, No. 9.

The first case reported was a child of 18 months which had been tracheotomized 15 days before being seen by the author. It had swallowed a piece of a cork stopper. When an attempt was made to remove the canula, violent dyspnoea developed, making it almost impossible to remove the canula. An examination was made with the canula and sound devised by Boulay but nothing was found except some granulation tissue which was curetted several times. On one occasion, while the catheter was being inserted, there appeared at the opening of the canula a bloody mass which blocked it completely. It was a piece of cork 7 mm. long and 5 mm. in width and thickness. Bronchial pneumonia developed, but was followed by a rapid cure. The canula was removed a month later without difficulty.

The second case was a child 23 months old, which had swallowed a large mouthful of fish. Immediate dyspnoea followed accompanied by cough and vomiting. The next day about six o'clock in the morning, marked cyanosis developed, the voice becoming extinct. A median tracheotomy was at once done. Eight days afterwards, an attempt was made to remove the canula, but was found to be impossible. Three weeks later the case was first seen by Dr. Boulay. He inserted the canula, applied his sound, and succeeded in removing on the first attempt, a vertebra of fish, six to seven mm. in diameter.

The diagnosis of a foreign body in the respiratory passage of young children is not easy. It is first necessary to decide whether the larynx or trachea is involved and what is the nature of the obstruction. In very young children laryngoscopy is useless. Radioscopy or radiography is of use only when the foreign body is metallic. Tracheoscopy is also doubtful. With the Boulay canula and sound, we can arrive at a certain diagnosis. The fenestred canula moreover makes it possible to remove the foreign body by means of forceps.

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