

see at that time that an examination could be made so easily with the head flat. The speaker was so interested that he went down to Baltimore to see Dr. Johnston apply this method and he was glad to see a personal demonstration which was worth more than any amount of talking about the method. He has done bronchoscopies since that time with the patient's head flat on the table. He recalled an interesting case at the Brooklyn Hospital where the patient had inhaled the crown of a tooth and the first stage of the bronchoscopy was made with the head flat on the table and later the head was slightly extended over the table. The danger in these cases occurs when the foreign object is being drawn out of the larynx, because that is the time when the object is most easily dropped back. The speaker has in every case an assistant ready to grasp the object with a slender pair of forceps as it leaves the larynx. He is confident that in this case at the Brooklyn Hospital this manipulation saved a lot of trouble. He believes that the position is excellent in case of foreign objects in the esophagus. It is the peculiarity of objects in the esophagus that instrument after instrument is passed without seeing the object. Dr. Wilson will recall the tooth plate that slipped down. We made a number of examinations and could not find it. This was due to faulty position. An external operation was more successful. It is true that to Dr. Kilian belongs the credit of the bronchoscopic method, but when the whole history of bronchoscopy is written the names of Drs. Chevalier Jackson and Richard H. Johnston will not be forgotten for their share in the practical development of this life saving method.

Dr. JOHNSTON said there was not much to add. He had started on this method by accident. He tried to operate on a child in the extended method and he thought he would try it with the head flexed and extended. To his astonishment, bronchoscopy with the head flexed was easier than with the head extended. Then he developed the method and it has worked well ever since.

Early Diagnosis of Gas-Phlegmons by X-ray. LUDWIG FINCKH,
Deut. med. Woch., May 1, 1915.

In a series of cases in the present European war, Finckh became convinced that in the milder type of the disease where there is abscess formation about a foreign body with subsequent gas formation, without, however, any symptoms or physical signs pointing to the nature of the condition, the x-ray may be the earliest guide in the detection of gas formation (a well-defined zone of air bubbles).

P. F.