

Many were the trials and tribulations of this Bureau during those first days. The work was well done, and for a small fee the traveller found everything arranged for him and was saved the usual exorbitant charges.

The Bureau also took charge of all transportation problems and arranged for half-a-dozen very attractive excursions, of which the congressman, for a very moderate sum, might take his choice.

One trip penetrated the lower Carpathian mountains, visiting the summer resorts on the lakes in that region, and enabling the tourist to see Hungarian life in the interior. Another tour followed the Danube to its gates, those picturesque and massive cliffs which comparatively few tourists see. In that region Turkish influence is everywhere apparent and the towns visited are full of unique interest. Still another excursion was planned, with Constantinople as its destination, including Athens, Corfu, etc.

One longed for time and opportunity to take them all.

The Medical Convention had its headquarters in the old Polytechnic building, a vast structure, but none too large for its purpose. Each section had its own rooms, where papers were being constantly read and discussed, to the confusion of those of the members who, like myself, belonged to more than one section.

Some of the men evinced an extraordinary interest in the meetings. Gluck took the trouble to bring all the way from Berlin three cases of total extirpation of the larynx, with a nurse in charge. In one case the operation was so radical that the trachea and the œsophagus were sutured to the skin about one inch above the clavicle. The patients carried their œsophageal tubes with them and fed themselves. The artificial larynx was a complicated affair, and from my observation the patients seemed to speak as well without this apparatus.

Gluck, who had an elaborate paper in addition to these cases, was only allowed about fifteen minutes to demonstrate his pioneer work on this subject.

The conservative treatment of laryngeal and tracheal stenoses, as advocated by the American specialists in preference to the more radical methods adopted by Continental surgeons, seemed to me to be more rational. Dr. Chiari's first assistant, Dr. Kahler, has made a decided improvement upon the handle of Dr. Bruning's pan-electroscope for bronchoscopic work.

In the aural department the discussion as to whether labyrinthine deafness was primary or secondary to chronic catarrhal otitis media was most interesting. It was evident that the field of otology from the surgical point of view has materially enlarged during the past ten years; for just as the gynæcologist must be prepared to do an appendectomy