are in the hands of a few, and these in our larger cities and town, while diphtheritic laryngitis with stenosis falls to the lot of every practitioner, sooner or later. The majority, therefore, must suffer loss until better equipped. To such I offer a suggestion, both simple and effectual, which if skilfully carried out will save life that must otherwise be lost.

Stenosis here is due to two conditions. (1) Inflammatory tumefaction; (2) Exudation; both of which may combine to close the larynx, or either, predominating, may cause asphyxia and death. Tumefaction is by no means always the chief factor. Sometimes the exudation, as I have repeatedly demonstrated, is so thick and extensive as to be the sole cause of dangerous dyspnœa. Remove this and almost normal respiration is restored.

For this purpose I have made a fine brush of camel's hair upon a suitably bent platinum probe—hair pointing upward so that it may be easily introduced and furnish some resistance in its removal. Simpler than this, though I think less effective, is the same probe carefully wound with absorbent cotton.

This should be carefully introduced into the larynx secundum artem, as in using O'Dwyer's tubes. It is needless to say that all force should be religiously avoided and a thorough knowledge of the method obtained. Not more than five or six seconds should be occupied in introducing and removing this probe. The gag should always be used and the child's head and body held in the *erect* position. The membrane is more readily removed from the larynx, especially from its lower part, and the trachea than the pharynx, because of the arrangement of the mucous membrane in these parts where it has a distinct basement membrane between it and the submucous tissue, and for this reason a slight disturbance of the membrane in this region is likely to dislodge it, when it will be removed by the coughing of the patient.

Sir Morrell Mackenzie has written, "It rarely happens that the lymph is so abundant as to completely occlude the larynx." This does not accord with my experience, for I have repeatedly seen imminent death averted by the timely removal of this membrane. And, therefore, I say no physician is justified in allowing a patient to die asphyxiated by stenosis laryngis due to diphtheritic exudation, without at least resorting to this simple expedient.

ELECTROLYSIS IN PAPILLOMA OF TONGUE.

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D. B., aged two years, was a very bright and prepossessing child and a great favourite in the wards of the Hospital for Sick Children, and a lady and gentleman from a neighbouring city took such a fancy to the child that they wished to adopt her as their own. A careful examination proved the child to be quite healthy, but well back on the tongue was situated a tumour, that to their minds was a very objectionable condition.

A section of the growth was examined by Dr. Primrose, who, without hesitation, pronounced it benign, still they were not satisfied, and declined to take the child unless the tumour was removed.

The situation and nature of the growth marked it as particularly suited for removal by electrolysis, and when at the request of Dr. T. S. Covernton I saw the child, I concurred in his view, and on April 21st, 1890, operated, Drs. Cameron, Bryce, Covernton, Primrose and Scadding being present. The papilloma was situated in the median line on the dorsum of the tongue, extending well down to the root, was about an inch and a half in length, a little less than half an inch in width, and elevated above the surrounding surface to the extent of an eighth of an inch, the induration extending some distance below the surface.

The child having been placed on her back on the table, chloroform was administered by Dr. Bryce, a zinc plate electrode covered with sponge well moistened was placed under the shoulders on the back and connected with the positive pole of a portable 24-cell bichromate fluid battery. The tongue was then transfixed with a silk ligature and by it withdrawn well and steadied by Dr. Cameron. Three needles connected with the negative pole of the battery were then introduced into the growth and seven cells carefully brought into circuit, one at a time, which number was gradually increased to twelve towards the end of the operation—five to ten milliamperes.

Assisted by Dr. Covernton, the needles were inserted in different portions of the indurated tissue underlying the growth, till all had been acted upon