patient to breathe, when neither tracheal canula nor flexible tube could be introduced. In this case he resected a portion of a rib in the back of the chest, cutting and stitching the pleura to the opening thus made. The portion of lung that prolapsed was then removed; and through this improvised trachea, the patient was enabled to breathe and oxygenate his blood.

Subglottic Sarcoma Removed Endo-laryngeally with Galvano-Cautery Snare

J. W. Gleitsmann (*Med. Record*, July, 1902) reported the case. It occurred in a man aged 52 years. Four months before the writer saw him, the patient had an attack of hoarseness. It came on suddenly and continued, accompanied by laryngeal cough. During the period mentioned he had lost twenty-five pounds in weight. On examination a growth was found below the vocal cords, filling the greater part of the tracheal space, and seemingly attached to the anterior surface just below the larynx.

After applying cocaine and adrenalin, the tumor was removed by means of the author's iridoplatinum wire with Schenk's handle and canula. No ill effect followed the operation, and the patient's voice soon began to improve. One month later the stump was removed and the base cauterized. Five months later there had been no return. The pathologist's report corroborated the writer's diagnosis.

(*Note.*—One year subsequent to the reading of the paper, Dr. Gleitsmann reported to the Laryngological Association at Washington that there had been a slight re-formation of the growth, which he yet hoped to be able to remove.—*Abstractor.*)

Eight Cases of Pressure Pouch of the Esophagus Removed by Operation.

H. T. Butler (*British Medical Journal*, July 11th, 1903) gives the following as the symptoms of this distressing condition:

1. Return of fragments of undigested food, hours, or even days after it has been taken. 2. Gurgling of gas from the throat, more especially when pressure is made low down upon the left side of the neck. 3. The arrest of a bougie nine inches from the teeth. In some cases, especially when the pouch has attained a large size, wasting may be a marked symptom. Cough may also be noted as occasioned by pressure.

The operation favored is the one recommended by Prof. Bergmann. In order to ascertain that there is no esophageal stricture below the site of the pouch, a bougie should be passed into the stomach at the time of operation. During healing of this wound, a soft tube should be kept *in situ*, from