hyoid and sterno-thyroid muscles are identified. Separating these muscles with the handle of the scalpel and avoiding any veins that may appear, the trahcea, covered with fascia, is reached, the isthmus of the thyroid is displaced downwards, and the trachea, having been steadied by a hook introduced into the cricoid cartilage, is incised with a knife, held with the cutting part towards the patient's chin, and inserted about three rings below the cricoid cartilage so as to cut upwards. The margin of the wound in the trachea is held open with a pair of forceps and the tracheotomy tube introduced. Should the isthmus be in the way, while operating on children, it may be safely divided, as it is very small in these patients.

Laryngotomy may occasionally be performed as a substitute for tracheotomy, but should not be undertaken in children under thirteen, as, in them, the crico-thyroid space, through which the incision is made, is very narrow, since, even in the adult, the height of the space is only about half an inch. An incision is made in the median line over the lower part of the thyroid cartilage, over the crico-thyroid space and the cricoid cartilage; the interval between the muscles is identified and these structures separated, the crico-thyroid space exposed and the membrane divided just above the cricoid cartilage, so as to avoid the crico-thyroid artery that runs across, immediately below the thyroid cartilage.

Diseases of the region of the Neck.—*Burns.*—When a burn is deep enough to affect the platysma, considerable deformity, as a rule, results from its subsequent contraction, because of the extensive surface presented by this muscle and its connection with the muscles of the lower part of the face. *Abscess.*—An abscess, situated outside of the deep fascia, may spread externally, without any special direction being imparted to it, by any arrangement