in whom the upper part of the humerus showed a voluminous tumor. The radiograph indicated that the head of the humerus was intact, and the anatomical neck deformed by a large tumor. When brought before the Society, the majority of the members, including Poncet, were in favour of a sarcoma, and advised immediate intervention. Kirmisson, Jalaguier and Broca thought is was an exuberant callus. The child was not operated upon; shortly afterward a typical fracture presented itself in the lower part of the tumor, and this fracture healed quickly with complete rest. The tumor has since largely diminished in size. Poncet's observation treats of a tumor located in the lower extremity of the radius. It was operated upon with success, without a relapse, and the microscopic examination enabled one to state that it was a myeloplax tumor. Berger, Broca, Kirmisson and Monod confirm Delbet's point of view, that myeloplax tumors are most likely inflammatory neoplasms, in which local intervention is justifiable.

2. *External œsophagotomy performed on a child.* (Communication by P. Sebileau).

External œsophagotomy is an operation but seldom performed on a child. Sebileau gives us 4 cases. They all concern the accidental deglutition of a coin, which has always been found to stick on a level with the first stricture of the œsophagus, that is to say, at the beginning of its thoracic part, as is generally reported in published cases. In fact the utmost enlargement that the œsophagus of a child can reach transversely, cannot exceed 25 millimeters.

The coins directed by deglutition always appear with the flat surface antero-posteriorly. The result is that the lesions of the œsophagus are located on each side. Sebileau does not believe in the inflammation or the ulceration of the mucous membrane, with subsequent development of an abscess which may open into the medias tinum.

In one of his cases, he was able to determine the existence of very strong adhesions between the œsophagus and the neighbouring structures, particularly the carotid, which he was unable to completely isolate. Near these adhesions the œsophageal wall had become very thin, being even reduced to the mucous membrane only and was so intimately joined to the surrounding cellular tissue, that sometimes the œsophagus was very difficult to distinguish during the course of the operation. This process of inflammatory reaction without suppuration of the periœsophageal cellular tissue, which has for final result, the adhesion, then the fusion of the œsophagus with the neighbouring tissues, particularly the carotid, demonstrates the advisability and success of the external œsophagotomy, even when performed at