ing been the first to invent the laryngoscope, for he was fully aware—as, indeed, he states in his work—that Mr. Liston had contrived something of the kind in 1840, and more lately M. Garcia (1855). He was not acquainted with Mr. Avery's intrument, which has been known to the profession, as I am informed, for many years. But he has perfected the instrument in every way, and has shown its application in the most satisfactory manner to both physiological and pathological researches. There are many instruments in London which are called Czermak's; some of these were shown to him, and he informed me that they were not his invention, and were widely different in their construction from his own. It is of importance to state this, because any one anxious to use the proper laryngoscope can obtain it from Weiss, in the Strand.

It consists of a circular mirror, perforated by a round hole in the centre, (indeed like that of the ophthalmoscope, only that its diameter is greater;) and a small looking-glass reflector, on a stem and handle for introduction into the pharynx. The light employed may be either that of the sun, or of a good moderator lamp in a dark room; the latter is always at command. Clear daylight will answer. With a good light, the whole of the pharynx can be illuminated by the aid of the mirror, when the next step is to introduce the small reflector, previously warmed, into the pharynx, gently pressing it against the anterior part of the velum palati and uvula. This proceeding was carried out by M. Czermak in his own throat; and he regulated his movements by the aid of a second reflector, by means of which he himself saw what was being exhibited to the spectator. On his first introducing the small reflector, he repeated the ejaculations "Ah ah!" "Eh, eh!" continuously, which permitted the epiglottis to be elevated during the expiratory efforts, and a good view of the interior of the glottis, with its vocal cords to be obtained. The lips of the glottis would occasionally close and expand like a fan, the pivot being situated anteriorly; this, to my mind, is one of the most remarkable and striking features connected with the larynx in its healthy state. This movement was effected by the utterance of the sounds mentioned, and the rapidity with which it was accomplished was truly interesting and remarkable, and affords an idea of what this part of the vocal apparatus undergoes during speaking and singing. He showed me all the different parts of the larynx in a quiescent and active condition, and concluded this part of his demonstration in closing the glottis, by bringing the lateral surfaces of the cords together, and then gliding the arytenoid cartilages forwards into apposition with the base of the epiglottis. This last feature as he assured me, was one of considerable difficulty to accomplish and I could perceive that it cost him an effort to do it. It is represented in fig. 10 of the second plate of his work on the Laryngoscope published this year in Paris.

Having rested himself for a few minutes, and partaking of a glass of sherry—an example which we all followed, as our own throats were shortly to be inspected,—he reintroduced the reflector, and altered the position of his neck and throat so as to permit of a view down the larynx. With some little arrangement a good posture was gained for the passage of the light downwards, and I saw clearly the rings of the trachea, and afterwards, lower down, the right and left bronchi, with the intermediate septum of a yellowish-white colour, presenting a distinct light object between two apparently circular dark spaces. This is also engraved in his book—fig. 7 of plate 2. I must confess that, familar as I had been with the idea of the actual passage of a probang so far down by Dr. Horace Green of New York—a feat which I knew was quite possible in such experienced hands,—I little dreamt of the possibility of actually being able to *see* thus far down the larynx. There was no disbelieving the evidence of one's senses, but it was sometime before I could certainly realize in my mind the fact of having seen, from the mouth, the bifurcation of the trachea in a living and healthy person. Whilst observing all these, I was fascinated with the intense interest of this novel subject, and was only afraid that I was taxing the good nature of the Professor.

He now showed me the posterior nares and Eustachian tubes, and all the parts in con-