

manœuvres. This rest has been more frequent in cases arytenoidectomized than in those simply curetted, in order to destroy pachydermic masses of the posterior surface of the larynx.

The arytenoidectomies, almost always double, have been about fifty-eight. The treatment with residence of the patients in the wards has been forty-seven. The patients treated at the clinic and returning each evening have been eleven. The number of those who affirmed themselves cured was twenty-five. Those who were improved amounted to thirty.

I find even among my notes five cases in which improvement is maintained, and the patients have returned to see us at the end of a year. Among those in whom the improvement has varied we have had some deaths in consequence of the progress of the pulmonary tuberculosis. All our arytenoidectomized patients have had pulmonary lesions in the second degree, sometimes more advanced. The pachydermias which we have treated by means of the simple curette were twenty-seven during the years 1892 and 1893. Of this number thirteen have been treated as out-patients and fourteen in the wards. Among seven the voice returned in a very clear manner, and in ten improvement was very noticeable. In the others we could not see any change, and some succumbed to the progress of the pulmonary tuberculosis. All the pachydermias which we operated upon had serious pulmonary lesions.

EXAMINATION of the CICATRIX from a TUBERCULAR ARYTENOIDITIS.

By Dr. MICHEL DANSAC.

The cicatricial tissue is composed of adult connective tissue fibres, mixed with very rare normal fasciculi, without hypertrophy and without tendency to proliferation. We do not find any fibrous nodules of *concentric* fibres, and nothing which would lead one to diagnose a cured tubercular lesion, if we made only one examination of several sections. The glands are destroyed, although in their place we can observe very small regenerated acini, forming groups elongated and parallel to the direction of the fibres.

None of the nervous filaments present lesions, either of perineuritis or of segmentary neuritis; the pathological fibres of Remak, so numerous and clear in sections of pseudo-neuroma, are, on the contrary, absent in all sections.

On the REFLEXES originating from the NOSE, PHARYNX, and LARYNX.

By Dr. ROQUER Y CASADESUS (Barcelona).

Functional disturbances met with in certain organs, or rather the various symptoms produced in certain apparatuses when the more or less