slight strumous changes. The tumors had a characteristic cylindrical form with broad base. The dyspnœa was a gradually increasing one. The differential diagnosis concerns only benign growths situated below the glottis. There are infrequently papillomata or fibromata. The former are cauliflower in appearance and often multiple; the latter are small and sessile.

Adenomata have only been observed twice, and in both cases multiple. Enchondromata are somewhat more frequent. In all of the cases of Bruns the tumors were removed by extralaryngeal interference (tracheotomy). The intralaryngeal methods are useless here. The dangers are hemorrhage into the trachea. This may be obviated by the Trendelenburg tamponade. In incomplete narcosis the manipulation of the mucous membrane causes a disagreeable tendency to cough. This may be obviated by painting the surface of the trachea with a 2% solution of cocaine. The galvano-caustic apparatus was used in two cases, the scissors in one. In all cases the recovery was most satisfactory and complete.—*Beitrage zur klin. Chir. von P. Bruns, Tuebingen*, 1887.

H. Koplik (New York).

EXTREMITIES.

I. **The Peroneal Type of Progressive Muscular Atrophy.** By Howard H. Tooth, M.D. (London). Under this heading, the author examines those cases of progressive muscular atrophy which commence in the lower extremities of children (not infants) and adolescents, and which frequently cause talipes varus or even valgus to appear at that period of life. Hence, its surgical importance. His acquaintance with the literature of the subject is evidently very extensive, and there is appended an admirable bibliography. The conclusions arrived at are as follows:

1. There is a form of progressive muscular atrophy, which commences in the lower extremities, most often in the peroneal muscles, but sometimes also in the tibialis anticus, extensor longus digitorum, or gastrocnemius.

2. The hand and forearm muscles are (apt to be) attacked at an early period.

3. The disease is one of childhood.

4. Heredity is a marked feature.

5. The disease shows a slight preference for the male sex.

6. Fibrillar or fascicular tremors are frequently, but not always, present.

7. Degenerative electrical changes are often an early phenomenon.

8. From the records of autopsies, as well as from the symptomatology, it may be inferred that the disease is an affection of the *peripheral nerves.*

A table of 20 recorded cases is given. This number will strike many readers as a small one, considering that the disease is not rare. But, until recently, neither pathologists nor clinicians have paid much attention to it. *Thesis for the degree of M.D. London: H. K. Lewis*, 1886.

C. B. KEETLEY (London).

II. Osteoplastic Amputation of the Thigh According to Gritti. By Dr. E. RIED (Munich). The author discusses the value of Gritti's amputation, and attempts a finding of the proper indication for its application. Ten cases operated upon, according to the modification by the older Ried of Gritti's operation, in the Jena clinic, 1865-1884, are also reported. The originator of the operation intended to bring the cicatrix of the stump outside the point where it would be subjected to pressure, to shape the bottom of the stump of a tissue accustomed to pressure, and finally to eliminate the subsequent conicity of the stump after the healing processes were completed. The modification of Ried is as follows: The extremity is held in the extended position. The anterior flap is formed by an incision passing from the middle of the external condyle of the femur (on the right side) or the internal condyle (on the left) to within 2 or 3 finger breadths below the border of the patella; the incision is carried from the other condyle downward and forward, meeting the first at the tuberosity of the tibia. The skin is retracted and the ligaments divided.