is convinced of the impossibility of obtaining cartilaginous or bony union after thyrotomy, and Jackson advises against any stitching of these parts at all. Surely then, the dysphagia, the greatly increased dangers of infection, the long slow process of granulation, and most of all the incomplete and faulty approximations of these parts, speak either for recurrence or for stenosis. On the contrary all this is avoided by my technic and my patient has never had the least sign of obstruction, has a passageway that is beautifully wide, and that cannot now possibly contract to a degree anywhere near stenosis. On the other hand two of my remaining thyrotomies now suffer from a stenosis which demands the continuance of a tracheal cannula. One of these has recently submitted to a new plastic operation, and I now have great hopes of ridding him of his cannula and restoring normal breathing.

This operation and the subject generally is too recent for me to discuss at this time.

The time is quite near at hand, or to me has arrived, where we must discard our ancient methods of laryngeal work and formulate methods that are abreast of the trend of present-day surgeons. We are quite up to if not ahead of him in much of our nose, ear and pharynx work, but up to this time we have not, in a general way, changed the methods prevailing since 1861, when we believed a benign tumor of the larynx should be removed through the mouth with a mirror and forceps. I submit this to you for serious consideration.

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Pathological Tonsil. H. MILLER. *Jour. Ophth. and Oto-Laryngol.*, March, 1914, p. 79.

Miller states that since the tonsils are situated above the horizontal portion of the palato-glossus and palato-pharyngeus, these muscles force them upward and outward toward the pharyngeal opening of the Eustachian tube, partially or completely occluding it. Secretions accumulate and produce complications within the ear. When the tonsils are low down in the fossa they may rest upon the dorsum of the tongue or exert pressure upon epiglottis and upper larynx, producing a reflex cough.

ED.