luminated pharyngoscope over the epiglottis I was able to locate the point of the instrument in the aditus laryngis, by looking through the pharyngoscope. I could then easily follow every movement of the instrument and was greatly pleased to get close to the polypi by working my way downwards and not be disturbed by the inverted picture in the laryngeal mirror. I had the tube bent laterally at its end, so as not to obstruct the view of the cutting part of the instrument. Through the holes of the vertically working forceps the polypus could be seen while in the grasp of the instrument. The patient was breathing easily, while the lower branch of the forceps elevated the polypus from beneath the vocal cord where it had dropped by its weight. The closure of the two branches cut the polypus clear off at its root. With the same ease the other polypus was removed, without the patient showing any concern whatsoever.

To sum up: 1. There are cases of extreme nervousness, where the mere touch of the laryngeal mirror prevents any operative interference on the larynx, even after thorough cocainization. 2. Intra-laryngeal operation under guidance of the pharyngoscope is of great value, as it combines the advantages of the direct laryngoscopic picture with comfort to the patient. 3. While this method is not destined to replace all others now in vogue, it will be valuable in selected cases like the above-mentioned one. 4. In intra-laryngeal manipulations like probing, etc., the above-method will, on account of its advantages, find a place in the technic.

Pharyngeal Parethesia as a Symptom of Tumors of the Digestive Tract. A. PUGNAT. *Rev. hebd. de Laryngol., d'Otol. et de Rhinol.*, Jan. 7, 1911

In a case of carcinoma of the intestine, stomach and rectum a feeling of a foreign body and similar manifestations appeared in the pharynx before the symptoms of the former trouble became apparent. The author supposes a connection between the symptoms.

Ed.