the margin of the lip is modelled. The broad lateral portions are drawn inwards, the narrow central portion being gathered up, and so arranged as to lie exactly in the median line, thus internally to the lower extremity of the closed fissure, which is situated on one side. A small coil-like projection, formed by the narrow bridge of margin of lip connecting the two lateral portions, now touches the lower lip exactly in the middle line. Finally, the margin of lip is sutured throughout to the upper lip in its new connection. Wolff alleges that his method possesses the following advantages: 1. A good symmetrical result, by reason of the normal arrangement of the margin of the lip, and the shifting of the scar to the meeting point of the white skin and red lip-border; 2. A good functional result, the whole circumference of the mouth being provided with closing muscular fibres; 3. Pure operative advantage, since here, as in Nélaton's operation, not a morsel of the border of the lip is removed. The difference between his operation and Nélaton's consists in the more extensive separation and sliding of the margin of the lip, together with the gathering up of the central portion.—*London Med. Record*, May 15, 1881.

Removal of Foreign Bodies from the Larynx.

In a paper published in the *Annales des Malad. de l'Oreille, du Larynx, etc.*, for Dec. 1880, Dr. KRISHABER considers the different methods of removing foreign bodies which have become lodged on a level with the glottis, describes four cases in point, and finally arrives at certain conclusions. The cases are very briefly as follows: Case 1 was that of a workman, aged 36, with a fifty-centime piece lying horizontally across the vocal cords, with its margins engaged in the ventricles of Morgagni. It was removed by forceps, under guidance of the mirror, but was accidentally swallowed immediately afterwards. Case 2. A fifty-centime piece lodged in a similar position in the larynx of a man, aged 35. Tracheotomy was performed, and the coin removed some days afterwards, in the following manner: The canula having been removed, the coin was pushed into the mouth by means of a large sound passed through the tracheal wound, whilst the patient was in the horizontal position. In case 3, a flat piece of bone, fixed in about the same situation, was removed with forceps *per vias naturales*. Case 4. A girl aged 9 years had a copper ornament (of the size and shape of a silver twenty-centime piece) lodged in the larynx on a level with the vocal cords. It was removed by the following method. The child being laid on its back across a bed with its head hanging over the edge, the surgeon knelt down in front of it, and passed his left forefinger into the larynx, whilst with the right hand he introduced a slender pair of laryngeal forceps, and extracted the foreign body. In regard to the removal of foreign bodies from this situation, the author distinguishes two varieties of substances: first, those stuck into the mucous membrane, such as pieces of bone, fish-bones, pins, etc.; and secondly, bodies which do not adhere to the laryngeal walls, as coins, nuts, etc. The former, he recommends, should be removed *per vias naturales* without previous operation; the latter also *per vias naturales*, but only after the trachea has been previously opened, and, if necessary, plugged, in order to prevent the foreign body from falling into the trachea or bronchi.—*London Med. Record*, April 15, 1881.

Local Anæsthesia of the Larynx.

Professor SCHROETTER, who has not been able to produce anæsthesia of the larynx to his satisfaction by the use of bromide of potassium, tannin, ether-spray, subcutaneous injections of morphia, carbolic acid, etc., now uses Türk's method in a modified form, which he describes in the *Allgemeine Wiener Med. Zeit.*,