

of the technique of the operations in the larynx must not be looked for, since the works of Fauvel, Mackenzie, Störk, Oertel, and many others fill that gap. Not so, however, for the treatment of malignant tumours; laryngotomy, complete or partial extirpation of the larynx, must be considered.

All wishing to make a special study of these questions should not fail to read attentively the chapters devoted to them. They as well as we will find that a real gap is filled in French literature.

Dr. Schwartz's conclusion deserves to be quoted:—"Notwithstanding the apparent chances of success, cancer of the larynx being the one remaining the longest localized, notwithstanding the progress of the operative art, therapeutic results have not crowned the efforts made. Palliative treatment, viz., symptomatic tracheotomy, will always be the rule so long as we do not know perfectly the nature and origin of malignant tumours, and that diagnosis does not allow us to discover them at their earliest stage." CAPART.

NOTES.

The International Medical Congress.—This year's Congress may have presented many unfortunate shortcomings compared with previous meetings. Several papers of great interest, however, were read, and the section in Laryngology was by no means one of the least busy. The English branch of the specialty was prominently represented by Mr. Lennox Browne; and our English readers will be pleased to note that British laryngology was cordially welcomed in his person. Mr. Lennox Browne was hospitably entertained by the leading laryngologists of New York and Philadelphia.

As we desire to present authenticated reports of the papers read in the Laryngological Section of the International Medical Congress, we beg that authors of papers will be good enough to forward us abstracts of the same for publication as soon as possible.

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