

the patient finally consented. The operation was performed, April 30th, 1851, in the following manner:—"The patient was seated before a window in a low arm-chair, with the head thrown back, and the front legs of the chair raised about three inches upon blocks. The neck being short and fleshy, the notch of the thyroid cartilage could only be obscurely distinguished by the touch. From this point an incision of four inches in length was made, along the median line downwards, dividing the skin and subjacent tissues, till the cartilages of the larynx and the three upper rings of the trachea were laid bare—the latter being effected partly by lacerating, and partly by pushing downwards the isthmus of the thyroid body with the handle of the scalpel. After the hemorrhage had entirely ceased, the crico-thyroid membrane was incised, and the incision continued upwards in the mesian line with the utmost precision through the whole extent of the thyroid cartilage; at the moment of penetrating the larynx, air rushed in with a whizzing sound, and the voice became extinct. The thyroid cartilage being ossified, the division was made with strong scissors, curved edgewise. The section was then continued downwards through the cricoid cartilage, and the exposed rings of the trachea. The sides of the larynx were stretched apart with retractors, and brought into view its cavity, lined by growths attached to its lateral walls.

"On the left side, two or three granules, half the size of grains of rice, hung pendulous from thread-like stalks. The remainder of the tumour was attached by a broad base, partly concealing the ventricle, and extending higher up upon the wall of the laryngeal cavity. The entire extent of the growth could not be traced, owing to the deep situation of the larynx, and the limited extent to which the sides could be separated from each other. Several portions of the tumour were snipped away, and, in cutting them, their substance appeared to be of a firm consistence, not unlike condylomata.

"The hemorrhage from these incisions was of short duration, and was mostly prevented from flowing into the trachea by stuffing pieces of sponge, held by the forceps, into the open larynx, and keeping them there for a short time. A good deal of time was necessarily consumed in accomplishing this partial removal of the tumours, and the patient was much fatigued by the coughing excited by the flow of blood into the trachea. The flattened form of the tumours, and the breadth of their attachment, together with the depth of their situations, and the narrowness of the space within which the manipulations had to be performed, proved to be insurmountable difficulties, rendering the entire removal of the disease impracticable. It was therefore decided to suspend farther attempts for the present. A portion of the two upper rings of the trachea