

He observed, however, the tendency of these growths to increased development on the removal of the tube.

In August last these growths had so far disappeared, that the vocal and respiratory power were almost normal. An acute cold, however, ushered in with fever, so far aggravated matters, that recourse to the tube was again necessary. The tendency to recurrence of these growths was probably due to some constitutional peculiarity aided by a local hyperæmia favoring their development.

In June of the same year a lady aged 45, who had suffered from aphonia for six years, and who gave the history of a laryngitis the result of cold, sought his advice. On listening to her breathing the inspiratory current was not interfered with, while obstruction to respiratory breathing was noticeable; this difficulty was increased on phonation.

Laryngoscopic examination showed on phonation a growth about the size of a wild raspberry, attached to the under surface of the right vocal band, and extending beyond the anterior commissure. The patient objected to an intralaryngeal operation. On the following day he attempted to remove the growth by an operation through the crico-thyroid membrane, but found it necessary to divide the cricoid cartilage in addition.

The growth was removed piece by piece, the origin scraped and a probe armed with lunar caustic applied.

Fearing more or less swelling, a tracheotomy tube was introduced, chloroform was badly borne, and it was with difficulty the patient was carried through the narcosis with safety.

Either as the result of the caustic application or of the forcible distention of the cricoid cartilage, perichondrial inflammation set in; this in a few weeks subsided, and a satisfactory result obtained. On the 26th June, 1882, no recurrence had taken place, and the patient was in the enjoyment of good voice and health.

On Sept. 30th, 1880, J. T. H. was referred to him for aphonia and an irritating cough, had suffered from pneumonia the year before. On examination minute feathery growths were observed on posterior walls of larynx. Pear-shaped swelling of the aryternoids, laryngeal surface pale and bathed with moisture. The growths were removed with forceps, affording relief to the cough.

Two weeks later, high temperature ushered

general tuberculosis, marked head symptoms and fatal result within four (4) weeks. Post-mortem examination confirmed the diagnosis.

A great variety of opinion exists as to whether these growths may be looked upon as a special indication of phthisis, or merely as an accidental occurrence, the result of the continued presence of moisture. The writer attached some importance to their presence as an aid to diagnosis. Whatever might be their immediate cause, in his experience he could not call to mind a single instance where these fine thread-like developments had existed on the posterior wall of the larynx or interaryternoid space in which grave fears of tuberculosis did not exist.

He did not mean to say that they were met within every case of tubercular disease of the larynx, but where he found general pallor of surrounding parts, great moisture, and these growths, he at least regarded them with suspicion.

He remarked the great tendency of papillomatous growths to recur, and also referred to the opinion held by some that continued irritation of them by forceps would lead to malignancy. In this opinion he did not share, as he thought it more than likely that cases afterward discovered to be malignant were of that character from the first.

Warts in the larynx were of the same pathological nature as warts elsewhere, subject to the same changes, making all due allowance for locality. They were subject to spontaneous and unaccountable disappearance, and before operating all due allowance must be made for this tendency.

He referred to the different means of removing them, and laid great stress on the necessity for after-treatment.

He suggested that in all cases where it became necessary to divide the cricoid cartilage (a procedure that should never be resorted to unless in cases of necessity, for the reason that the cricoid forms the immovable base of the larynx, and any change in its position must materially affect the movements of the superimposed parts, to say nothing of the very low vitality of this cartilage, and the great tendency of its posterior plate, to undergo necrosis), more especially where a tube was required to be worn for any time; it would be well to remove a small section from each side of the cut surface, and thus lessen the pressure exerted by the tube, and the strain on the posterior plate. By this means he thought an operation, that