

On laryngoscopic examination, a round, somewhat lobulated white tumor about the size of a hen's egg was seen at the base of the tongue and behind the epiglottis, almost filling the oropharynx and covering the larynx. Its location and appearance is very well shown in Fig. 2. The mass was elastic and freely movable, and being attached by a rather long and narrow pedicle, it came well up into the back part of the oral cavity during deglutition.

Several large vessels coursed over its upper surface. The white, glistening appearance and feeling of fluctuation on palpitation, suggested a large cyst. A puncture was made into the centre of the mass, but resulted only in a severe hæmorrhage. The patient was admitted to the hospital on the 25th of July, and an attempt made to remove the growth, but the administration of both ether and chloroform embarrassed the respiration to such a degree that a low tracheo-

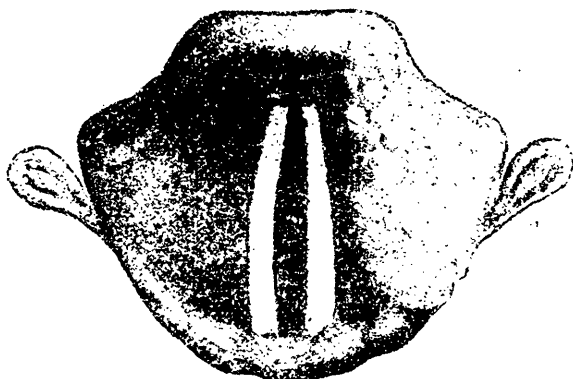


FIG. 3.

## Syphilitic Neoplasm.

tomy was performed. Convalescence from the tracheotomy was rapid and uneventful. On August 3rd, after finding that the attachment was limited to the margin of the epiglottis on the right side, an 8 per cent. solution of cocaine was applied and a loop of platinum wire thrown around the pedicle of the growth. An intermittent electric current was passed through the platinum wire and within five minutes the pedicle was divided and the mass fell out of the mouth. Very little hæmorrhage followed. The voice at once resumed its natural tone, and on examination the cords and larynx were found to be normal in appearance. Very little pain or reaction followed the use of the cautery, and on the 5th of August the tracheal tube was removed and the opening closed. On the 8th, the patient was discharged from the hospital.