

eral times in the course of the next few days, and the next size larger could not be introduced without force and therefore greater danger of detachment of portions of the growths. On Feb. 9th, the tube was expelled, and as there was no dyspnoea nor recession of the soft parts of the thorax, it was not replaced. Slight attacks of nocturnal laryngeal spasm, with



dyspnoea occurred, easily relieved by steam inhalations. He was seen frequently and was comfortable and the breathing free. If there was any return of the stenosis, tracheotomy was to be performed. On the night of Feb. 11th, a sense of laryngeal spasm occurred and before a tube could be inserted he stopped breathing. When a tube was introduced