large and numerous growths does not make them less dangerous, as an attack of indigestion, cold, fear, excitement, etc., may result in an attack of suffocation which may prove fatal before medical aid can be obtained. The favorable result obtained by the tracheotomy performed in Case 1 was most gratifying, and in cases of congenital papillomata, attacked with membranous or catarrhal laryngitis, this method gives immediate and permanent benefit.

In laryngeal papillomata in children, if the symptoms are not urgent, considerable success may be expected from endo-laryngeal treatment. The chief difficulty arises from the violent struggles of the child and the quantity of mucus in the throat. I have adopted a method in three children, aged respectively two years, three years and three and a half years, which has enabled me to remove the papillomatous masses with comparatively little trouble. The day before the operation, belladonna is given in small doses and increased until dilatation of the pupils and dryness of the throat are produced. An hour before the operation some preparation of opium, such as paregoric or Dover's powder, is administered until the patient is well under its influence. The resulting condition is more satisfactory for these operations than ether or chloroform anæsthesia, as complete muscular relaxation is not produced, but just sufficient resistance remains to make it an easy matter to hold the child in the upright position. This is done by one assistant, who places the child in O'Dwyer's position for intubation, and holds out the tongue. A second assistant steadies the head and holds the gag. An application of 2 per cent. solution of cocaine is then made, and the child is ready for the introduction of the laryngeal mirror and forceps. There is little difficulty in obtaining a good view of the larynx, as the child is quite passive, and owing to the dryness produced by the belladonna the view will not be obstructed by mucus. The papillomata may readily be grasped and removed in the usual way. Recurrence of papillomata after treatment by the endolaryngeal method is also frequent, as it is after their treatment by thyrotomy, and occasionally after tracheotomy. If once removed, the papillomata are usually several months in recurring, and the older the child, the easier it is to carry out the endolaryngeal treatment. If tracheotomy is performed, months pass before a favorable termination is reached, and, moreover, it is not always successful. Added to this, there is an element of danger in opening the wind-pipe, and the disfigurement of the neck is also of great moment in some cases. All things considered, it seems that every effort should be made to employ the endolaryngeal method for children; it is safer, the voice is always left in better condition, and it does not disfigure.