the catarrhal laryngitis, had become swollen and œdematous. There were two papillomata on each cord, one in the inter-arytenoid space, and another in the anterior commissure near the lower part of the cushion of the epiglottis, but above the cords; while another was attached to the anterior wall of the trachea immediately below the cords. The papillomata gradually diminished in size until by the 1st of October, those on the cords and the one in the posterior commissure had entirely disappeared, leaving the cords red and somewhat thickened. The growth in the anterior part of the larynx had diminished in size, but had a firm, nodular appearance. As the patient was anxious to leave the hospital, the removal of the remaining portions was decided upon, and effected after considerable training of the throat. On the 10th of October the tracheal tube was removed and the wound closed; and on the 17th the child left the hospital with the tracheal wound healed.

This case is of unusual interest, as there is every evidence from the history of the hoarseness, shortness of breath on exertion, and frequent attacks of croup, that it was one of congenital papillomata, and although Mackenzie, in 1871, considered congenital papillomata as unproven, their presence is now admitted by most observers. It furthermore raises the question whether tracheotomy, producing functional rest of the larnyx, may not in some cases favor atrophy of the papillomata and their complete and permanent disappearance. Certainly in this case, although only three months have elapsed since the tracheal wound closed, there is not the slightest evidence of recurrence, and from week to week the cords become thinner and paler, and the voice improves in ratio. My somewhat limited experience with the treatment of laryngeal papillomata in children by thyrotomy has given much less favorable results, as the frequent recurrence of the growth required the operation to be performed two or more times on each case, and left the voice much impaired.

The next case, represented in Fig. 2, is one of sarcoma of the epiglottis, and, I believe, is the largest one reported in the literature of laryngeal neoplasms as originating in this situation. The location is not an unusual one for cysts, papillomata, fibromata, etc., but only two authentic cases of sarcoma of the epiglottis have been reported; one by Morrell Mackenzie in his essay on one hundred cases of laryngeal growths, and another by Dr. Burow in *Berlin. klin. Wock.*, No. 8, 1887. In Mackenzie's case, although the growth was comparatively small, it produced almost complete aphonia and extreme dyspnœa. Burow's patient, and the one now presented, although having much larger growths than Mackenzie's patient, gave little evidence in their voices of the