

**A CASE OF LARYNGEAL STENOSIS FROM PAPILOMATA.\***

By GEOFFREY BOYD, B.A., M.B.,  
Lecturer on Clinical Medicine, University of Toronto.

R. W., aet. 6½ years, admitted to the Hospital for Sick Children, Dec. 20th, 1898, with loss of voice.

Family history unimportant. Two other children subject to croup.

Personal history. Had several attacks of croup. Had measles when 4 years old ('96) and in following spring ('97) became hoarse. Since then the voice was gradually lost. At the time of admission to the hospital it was just a whisper, but the cough was dry and harsh, especially after being out of doors.

Physical examination. Respiratory, circulatory and other systems normal; white papillomatous patches on anterior part of vocal cords. Tonsils hypertrophied.

On Dec. 7th, under chloroform, the larynx was curetted by Dr. McDonagh. While under the anæsthetic the patient had a "spasm" resembling a carpopedal contraction, followed by great difficulty in breathing and cyanosis (tetany and spasm of the glottis). After operation there was a troublesome, croupy cough and much inflammation of the larynx, which gradually subsided on Dec. 21st. It was seen on examination that the left cord was free of growth. Slight growth on the right.

Dec. 28th. Vomited and complained of pain in the stomach. Cough increased, with inspiratory whoop and expectoration of yellow viscid mucus; it became more paroxysmal and assumed all the features of pertussis.

Jan. 5th, '99. Inspiratory stridor was noted with recession of the soft parts in the upper thorax, and on examination membrane was seen in the larynx. Patient was isolated, antitoxin given, and calomel fumigation was also resorted to. Klebs-Löffler Bacillus was found next day and the child was transferred to infections ward under my care. Here he remained until the 20th, passing through the laryngeal diphtheria without trouble, although there was slight stenosis. On 24th Jan. the note in the history is that there is still a paroxysmal cough and that he is to go home and return in the spring for further treatment. Owing to the absence from the city of Dr. McDonagh, the patient was again put under my care. Jan. 29th, temperature rose to 103½ with sharp pain in the throat, lasting only a few minutes, but followed by great dyspnoea. On laryngeal examination there was marked redness extending to all parts of the larynx free from growth. More growths were on the right than on the left side. This acute laryngitis was treated by steam inhalations and expectorants, but the dyspnoea continued, with evidence of increasing stenosis and occasional attacks of laryngeal spasm with cyanosis. Relief from spasm occurred after expectoration of a small amount of blackish mucus. Intubation was therefore done on Feb. 5th as a temporary measure, the tube for a 4-year old child being used. Great relief immediately followed. The tube being small was coughed out sev-

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