

expression was one of great anxiety. These symptoms developed between three and five o'clock in the morning. A rapidly deepening cyanosis forbade further delay, and a tracheotomy was performed in the ward by one of us (H.S.M.).

The after course was wholly satisfactory. Although the wound edges sloughed a little, there was no cellulitis. The patient could swallow easily, and soon accommodated himself to the altered method of breathing.

This was the last complication he developed. After its relief, his recovery was steady. In two weeks he could sit up in a chair. The necessary tracheal dressings kept him in the ward longer than would otherwise have been the case. He was discharged on February 26th, 116 days after admission.

He attended the laryngological out-patient department more or less regularly after his discharge. Early in April he presented this picture: the true cords were fixed in adduction, but hidden in their posterior half by a smooth, globular mass, grey in colour, apparently adherent to the left arytenoid cartilage. His voice was very hoarse, but his articulation intelligible.

In the course of six weeks this mass underwent a slow change, gradually decreasing in size and uncovering the previously hidden part of the rima.

Repeated attempts at dilatation were made under local anaesthesia. Nothing larger than a laryngeal probe could be passed.

The patient was re-admitted to the hospital on May 20th. It was his own urgent wish to be rid of the tube.

His condition at admission was as follows: Except for a small button of granulation in front of the left arytenoid, the laryngeal mucosa was clear; the vocal cords were adherent in their anterior half, but movable to a limited degree posteriorly; through the narrowed rima the subglottic portion of the larynx appeared narrowed by a symmetrical thickening of the mucosa on each side.

Exploration of the trachea, under a general anaesthetic, showed a considerable narrowing of the lumen from granulations along the track of the tracheotomy tube.

All things considered, and notwithstanding the patient's own wishes, it is felt that further operative treatment for the relief of the stenosis is not justified.

His voice is much stronger than it was two months ago, and he should be able to do light work without embarrassment. He is advised, for the present, at least, to reconcile himself to wearing the tube.