

following five patients are selected, as being the most unusual and interesting cases of laryngeal neoplasms, which were treated in my service in the throat department of the hospital during the year :

Case 1. Nora Ring, aged five years, came to the hospital March 19th, 1894. Her mother said the child had been somewhat hoarse since birth, and suffered from frequent attacks of croup, especially during the winter months. For the past six months her breathing had been labored and was accompanied by choking and suffocative attacks at night. Three weeks before her visit to the hospital she contracted measles, and during the attack there was considerable irritation of the upper respiratory tract. Her condition on visiting the hospital was one of great discomfort—face pale and anxious, with bluish lips and *alæ nasi* much distended at each inspiration ; the latter was difficult and labored, calling into action the accessory muscles during each inspiratory effort.

On the evening of March 20th, the respiration became so labored that my assistant, Dr. Frank K. Roarke, was called. He introduced an O'Dwyer tube, but owing to the thick, tenacious character of the mucus in the larynx and trachea, air would not pass readily through the tube. Respiration being more embarrassed by its introduction, it was removed, a high tracheotomy performed, and a small tracheal tube introduced.

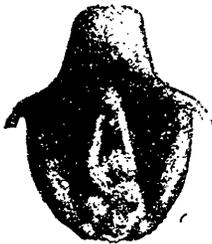


FIG. 1.

Congenital Papillomata.

Recovery from the tracheotomy was uneventful, and on the 7<sup>th</sup> of April the patient was able to walk about the ward. Prior to this time no air had passed through the larynx when the tube was removed, but some respiration was now possible. The catarrhal symptoms of the trachea and upper bronchial tubes having greatly diminished, a laryngoscopic examination was made. The rima glottidis was found to be packed with irregular, red papillomatous masses of various sizes and shapes. Shreds of yellow mucus occupied the spaces between the growths. Alkaline sprays were employed daily in the larynx for some weeks, and a laryngoscopic examination made from time to time. About the middle of June, the papillomatous masses had lost their œdematous appearance and diminished so much in size that their individual characters could be observed and their attachments well determined. Prior to this observation, the laryngeal obstruction seemed to result from large, fleshy, fringed masses, as already described, but from a sketch taken in June and represented in Fig. 1, it will be seen that there were really seven distinct papillomata, which, owing to