

Service, and on the fourth of October, 1907, the following report was made: "Small fistula still present at the lower end of the neck wound, through which air escapes on coughing, etc.: no papillomata seen; the left ventricular band is large and uneven, and the right is apparently normal; the vocal chords are not seen; the interarytenoid space is white and smooth; voice is a coarse whisper; general physical condition improved.

At frequent intervals during his stay in hospital, the sputum was examined, but never was it possible to isolate tubercle bacilli. The bronchitic symptoms were distributed over both lungs, but especially in the sub-clavicular and the basal spaces, where coarse, moist and dry rales were heard.

It was never possible to examine the larynx without a general anesthetic, and this was always administered with difficulty, the resultant depression being very great, while on the other hand the irritability of the respiratory tract rendered it almost impossible to proceed unless the anesthetic were pushed.

This case forcibly illustrates the great difficulty met with in dealing with laryngeal papilloma in the young. Neither prolonged rest of the larynx, by tracheotomy and voice rest, nor complete removal of the growths by thyrotomy were effective in retarding the growths, or preventing their return when removed. Possibly, if the time of wearing the tracheotomy tube after its first insertion had been prolonged to a year, instead of six months, the result of the rest treatment might have become more beneficial; but at the time it seemed best to test the value of thyrotomy. A further communication upon this case will be given.

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