the larynx from below. One of these died of pneumonia. In the last seven cases no preliminary tracheotomy was done and the mass was removed from below upwards. I consider this a much better method of operating than by operating after preliminary tracheotomy. In all cases operation was done with the patient in an exaggerated Trendelenburg position and the patients were kept with the foot of the bed elevated for days after operation. The intention here was to allow of the excretions gravitating upwards rather than gravitating downwards into the trachea and infecting the lungs. I am of the opinion that this attention to posture is important. In all cases the pharynx was closed and no attempt was made to prepare the patient for an artificial larynx.

In all the cases which survived, a satisfactory amount of whispering speech was developed. Case I. lived several years and died of recurrence in the lung. Case II, also lived several years and died of apoplexy. Case III. lived seven years and seven months and died of recurrence in the glands of the neck, about the base of the skull. Case VI, as already stated, died on the 58th day from recurrence in the glands of the neck. Case IX, was operated upon March last and the tenth and eleventh cases, are those which I present to you to-night.