

diminution in the size of the growth; on the contrary, it seemed much more irritable, and several alarming suffocative attacks had occurred during the night.

A small piece of the growth was removed for examination, and proved to be an epithelioma. Tracheotomy was decided upon, and a low operation performed with cocaine as an anæsthetic. He rallied well from the operation and experienced considerable relief. Twenty-four hours later the nurse noticed that there was no respiration through the tube, and an examination showed that the surrounding tissues had become so infiltrated from the traumatic inflammation following the operation, that they had gradually lifted the tube out, and in front of the trachea. Considerable difficulty was experienced in finding the original opening in the trachea, and in reintroducing the tube. This early discovery prevented the formation of the fibrinous exudation which had previously taken place, and no difficulty was experienced in finding the tracheal wound the second time. A specially long tube was now made, and after its introduction no further trouble was experienced. Liquid nourishment was taken without much discomfort, and as there was no occasion for a longer stay in the hospital, he was sent home on the 30th of November.

He has been heard from several times during the past month, and the reports are of easy respiration and deglutition, with a general condition of comparative comfort.

The next case, represented in Fig. 5, has several interesting features. The history, appearance, location, and many of the symptoms of this neoplasm bore a strong resemblance to those of a papilloma of the vocal cords, but on removal the tumor proved to be a hard, fasciculated fibroma. It is difficult to account for the pain experienced by this patient, as it was unusually severe and out of all proportion to the size of the growth.

Case 5. Lena M., aged 35, came to the hospital October 29th, complaining of severe pain in the left side of her throat, especially when she swallowed. Family history negative. Personal history good until one year ago, when after talking considerably she became hoarse. This condition gradually increased until the present time, when she is able to speak only in a hoarse whisper. Two weeks before she went to the hospital she began to have pain in the left side of the larynx, which soon became especially severe on swallowing and at night. A laryngoscopic examination showed the right cord to be normal. On the left cord, at the junction of the anterior and middle third, a small round mass was visible, seemingly growing from the free margin of the cord, and during ordinary respiration standing out