

warts were removed from the lower edge of the tracheotomy wound, and chromic acid applied. The thyroid flaps were accurately coapted with chromicised gut, and the tracheotomy tube left in place. The wound showed a tendency to slough, but healing was completed in about four weeks, although granulations below the trachea wound were very troublesome. When the tube was closed with the finger, the laryngeal breathing appeared quite free; but when the tube was removed, spasm and cyanosis were marked, due apparently to extreme nervousness on the part of the patient. On October 26th, the larynx was examined under anesthesia, and a large, pedunculated mass was found above and in front of the left arytenoid. Because of the unsatisfactory chest condition and elevation of temperature, operation was postponed, and at the end of a week the larynx was again opened, a mass the size of a bean removed, and lactic acid applied. As the pulse became almost imperceptible, and complete collapse was threatened, the operation had to be hastily completed; and as the larynx had shown evidence of stenosis, an intubation tube was inserted and the tracheotomy tube omitted. The tracheal wound was entirely healed by the 20th of November, but dyspnoea again supervened, and was found to be due to the recurrence of a small growth upon the right aryteno-epiglottic fold, which fell over the mouth of the intubation canula with every inspiration, and which was removed through the mouth.

For the next few weeks the chest symptoms gave rise to great anxiety; the temperature rose as high as 104 deg., and the patient was losing flesh. On the 28th December, the intubation tube was found firmly embedded by papillomatous growths, and a tracheotomy tube was again inserted. For the ensuing three months, the temperature chart showed an average daily variation of above 1½ deg., but the physical condition improved. However, further examination on the 2nd April revealed numerous papillomata, completely filling the larynx. The general condition of the patient continued about the same during the summer, with the same variation in daily temperature; but in July the boy contracted scarlatina, and was transferred to the Isolation Hospital.

In October, the bronchoscope was used to examine the larynx and trachea, and an excellent view was obtained. The left arytenoid was visible, but warty growths obscured the other parts, and similar obstructions presented themselves on the tracheal wall below the opening for the canula. The patient was allowed to reside at home, reporting regularly at the Outdoor