brane and give relief; when there is marked recession of the sternum and chest walls, and the asphyxia alarming and continuous, tracheotomy is imperatively called for, and we have the most favorable conditions for a successful operation. Do not wait till the last stage of the disease has arrived and secondary complications have arisen from the too long delay, remembering that 90 out of every hundred cases of pseudo-membranous croup will die without the operation, but with it we may hope for from 30 to 50 per cent. of recoveries.

Gentlemen, I look upon tracheotomy in membranous croup as an imperative duty dictated by the dreaded mortality of the disease, by clinical experience, by science, by the weight of authority, and by sympathy for the suffering victims.

LARGE MYXOMA IN LARYNX.

EDMUND E. KING, M. D., L. R. C. P., LOND.

The following case of laryngeal tumor is given in detail on account of the rarity of the affection and the similarity of the symptoms in this case to those of spasmodic croup.

July 21. I was called about 1:30 a. m., to see the patient, John C——, aged 21, employed as a packer in a cigar factory. He had been working in a damp cellar during the day. No previous history of throat trouble. I found him breathing very heavily—catchy—croupy—vomited some, which appeared to give him ease. I looked into throat, and saw the pharynx inflamed and dry (pharyngitis sicca), the pulse was bounding, 130; temp., 102; skin, hot and dry. Ordered cold compresses for throat, and gave tincture of aconite ℥v. repeated in half hour, after that ℥iij. until I called again. 11.30 a.m.; patient feeling and looking better, temp. 90, pulse, 78 and good; breathing, croupy; throat, looking the same.

23rd. Called in morning, found him feeling well, told him to come to my office and I would examine his throat. His father called instead and said that whenever the patient assumed the perpendicular position he nearly choked. I went to see him, but did not detect anything on looking into the throat.

24th. Patient came to the office, and I tried to examine the throat, but he could not stand the mirror, and as things looked fair—breathing improved—told him he could go to work on Monday, 26th.

27th, 2:45 a. m. Called in great haste. Found patient cyanotic; breathing labored and heavy, profuse perspiration. Found he had been in damp cellar all day again. Gave emetic of ipecac and ℥i. tincture of aconite every twenty minutes.

28th. Gave the same preparation of iron again, but the breathing was greatly labored.

29th. Came to my office, when I examined the neck to see if there was any tumor causing pressure. Noticed a fremitus when the fingers were over the larynx, and this suggested tumor in that region. I sent him to Dr. G. R. McDonagh, specialist, who sent back word that there was a large polypoid tumor growing in the larynx and advised its immediate removal, which we accomplished the same day.

The tumor had the appearance of a somewhat tense cyst, (the surface being regular and rounded,) and consisted of two distinct parts, the one which represented the base and from which the other grew was situated exactly in the interarytenoid fold, and about the size of a split bean, somewhat irregular and of a dark reddish color. The other was of a pearly gray color, pear-shaped and about the size of a small walnut and occupied nearly the whole space of the glottis. It was attached to the other part of the growth by its smaller end, which appeared like a pedicle and allowed of considerable freedom of movement, so that on deep inspiration the tumor passed beneath the true cords, and similarly above them on deep expiration. Phonation was interfered with to a considerable extent, the patient being very hoarse, but not aphonic. After complete anæsthesia had been produced in the larynx by 12 per cent. solution of hydrochlorate of cocaine, the operation was done by