

PAPILLOMATA OF THE LARYNX.

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F. L., Male, aged 3 1-2 years, entered the Hospital for Sick Children in December, 1905, for examination under an anesthetic, because of hoarseness and suffocative attacks, from which he had been suffering for some weeks. Upon admission, the boy was thin, poorly nourished, anxious in expression, and coughing frequently. Examination revealed, in addition to enlarged tonsils, numerous warty growths about the rima glottidis. A few of these were removed by means of a small sponge attached to a laryngeal probe, and an intubation tube inserted. The respiration being improved, he was discharged and kept under observation. In about four weeks he was re-admitted, as the breathing had become more labored, the temperature elevated, and bronchitic rales were abundant. Intubation gave immediate relief, and a few days later, when the general symptoms had improved, a tracheotomy tube was inserted in order to place the larynx at rest, with the expectation that this measure would result in a shrinking of the papillomatous outgrowths. Marked improvement followed for three weeks, after which the lung symptoms again caused uneasiness, and it was not until two months later (May, 1906) that removal of the tonsils became possible. Although, during the next four months, in addition to as complete voice rest as could be obtained, thorough tonic treatment of every variety, and residence at the Island Home were employed, repeated examinations of the larynx revealed no change in the size of the growths, the chest sounds remained unsatisfactory, and bloody mucus was intermittently expelled from the tube. There was improvement, however, in the general physical conditions.

Thyrotomy was now determined upon, and on the 10th of December, accordingly, the larynx was opened in the middle line. The growths were found projecting from the length of both chords, and massed up against the base of the epiglottis in the anterior commissure. These were carefully removed, the latter masses being pushed into view by the pressure of the finger applied through the mouth, and the basal tissue seared with pure chromic acid. At the same time a few granulation