in joining up afterwards. He did not know whether it would be possible to get one cord covered with epithelium, by skin-grafting, or otherwise. Sir William Milligan told him he had a tube which he used successfully in such cases.

Mr. E. D. D. Davis suggested that this patient should be examined by suspension laryngoscopy or by Haslinger's directoscope and the web excised. Excision could be repeated if necessary, but if an intubation tube were to be left in the larynx ulceration and stenosis would be liable to occur. Children were more easily examined by suspension laryngoscopy than adults.

Mr. Harold Barwell said he had had children patients of three and four years of age who had done very well with treatment by prolonged intubation.

Mr. J. F. O'Malley said he had had a case in which a toy-gun bullet went across the larynx in a child. Acting on advice, he made an incision, and he had an anxious time with it. After settling down the adhesion appeared again.

Sir James Dundas-Grant said it was important to foster the growth of the larynx; he therefore suggested breathing exercises, and encouraging the child to shout, in the hope that when the larynx enlarged as a whole, the web would not increase with it. There was enough mobile cord to produce a voice. He would avoid operative interference unless it were called for by difficulty in breathing.

Mr. Franklin (in reply) said that he agreed with Mr. E. D. D. Davis that if anything was to be done, suspension laryngoscopy was the right method, though he did not agree with that gentleman regarding after-treatment by intubation. He had had considerable experience of intubation in children, even under a year old, and he did not observe any trauma or subsequent scarring after the use of an intubation tube. He would incise the web.

**Case of Thyroglossal Cyst.**

By F. J. Cleminson, M.Ch.

A. W., 28, married woman. Shown at February meeting, 1924. Cystic swelling in thyrohyoid region mainly to left of mid-line and very slight swelling of left ventricular band, of bluish colour, traceable outwards under left aryepiglottic fold.

March 29: Cystic tumour dissected out. Found to have no connexion with the tumour of larynx. Hyoid bone divided. Stalk running downwards divided and ligatured.

Section: Thyroglossal cyst.

**Present Condition.**—Left ventricular band bluish-purple swelling, somewhat larger than on last occasion when patient was shown.

Dr. Irwin Moore said he considered that this was a typical diffuse angioma or telangiectatic tumour.

**Case of Papilloma of Larynx.**

By F. J. Cleminson, M.Ch.

W. T., 72, male, retired police officer.

**History.**—Shown by Mr. O'Malley here on May 5, 1922. Had been hoarse some months. Irregular elevation inner part anterior half right vocal cord, spreading to anterior part left cord. Opinion then was that it might be malignant, and that thyro-fissure should be done.

June 20, 1922, Middlesex Hospital: Portion of growth removed by indirect method, simple papilloma.

Since then growth gradually increased in size, extends now over anterior two-thirds of right cord and anterior one-third of left cord, and is more prominent. No limitation in movement; pinkish colour, surface granular.