

being an almost certain indication of a fatal termination. I am not quite sure whether the term tracheal was applied by the writer to this form of breathing; but in the meantime, until something more appropriate is suggested, it appears to be a convenient term to use, particularly as the term "tracheal tugging" has been applied to somewhat similar movements of the windpipe, accompanying, however, the cardiac pulsations instead of the respirations.

As you are no doubt aware, tracheal tugging is one of the diagnostic points of aneurism of the arch of the aorta, and depends upon the fact that in passing from the trachea to the lung the left bronchus lies just below the arch of the aorta, and consequently each time the aorta is distended, the aneurism (if on the under side of the arch) pushes the bronchus downwards before it, and the latter drags in turn upon the trachea, causing it to descend with each beat of the heart. To obtain this sign it is generally necessary to put the trachea on the stretch. The respiratory movements of the larynx and trachea, to which I wish to call your attention to-day, are easily perceived both by touch and sight. The range of movement varies from about a quarter of an inch up to half or possibly three-quarters of an inch. The slighter degrees of movement are, perhaps, more easily detected by touch than by sight.

In the literature at my command I am able to find very little on the subject of movements of the larynx during respiration. In "Clinical Methods," by Hutchison and Raney, p. 35, it is said that "movements of the laryngeal box are sometimes conspicuous, and may call for explanation," but nothing further is stated as to the conditions in which we may expect to find these movements.

Jakob, in his "Atlas of Internal Medicine and Clinical Diagnosis," p. 37, says: "In cases of dyspnea depending upon stenosis of the larynx this organ makes wide respiratory excursions, and the head is thrown backwards, while in cases of stenosis below the larynx this organ remains still, and the head is bent forwards."

My limited opportunities for observation have led me to form the following provisional conclusions regarding this sign:

1. While a person is in a normal condition there are no up-and-down movements of the larynx during respiration.

2. Tracheal breathing does not occur in ordinary cases of illness, nor in those diseases in which there is a certain amount of dyspnea, but where we ordinarily look for recovery—such as