geal symptoms proceed from an intrathoracic tumor the fact may be evident from a bulging of some part of the chest; if there be none such, and the tumour be small and placed near the division of the trachea the diagnosis is difficult and is for the most part of a negative kind. The want of laryngeal pain and purulent sputa points to the chest: so also the kind and degree of dysphagia it being seldom so great or prominent and consists in a feebleness and difficulty in using the muscles, while the passage is quite unobstructed, whereas in laryngeal diseases the dysphagia is obstructive so to speak, the food is apt to go the wrong way and sputter back into the mouth and nares. In aneurism the respiratory movements are more hurried and otherwise impaired than when the larynx only is affected although air passed freely into the lungs or the greater part of them. In laryngeal cases the dyspnœa arises from the want of air and depends upon the amount of narrowing of the glottis impeding the passage of air to the lungs. Auscultation indicates in laryngeal disease feeble breathing and faint respiratory murmur which are uniform if there be no tubercular deposit; in intra-thoracic tumor general rhoncus accompanying a paroxysm of dyspnœa, or if the tumor press on one bronchus more than on another the rhoncus will be greatest on that side or the sounds of breathing most feeble, as less air enters into its lung. In the present case we had no difficulty in coming to a conclusion the tubucular diathesis being well marked both in the patient's history and by physical signs, moreover her age was against the presence of aneurism—an important adjuvant—for aneurism seldom occurs before the age of thirty.

In our patient it was a question at first whether the disease was syphilitic or tubercular. But there was no history of syphilis; no symptoms and no marks of syphilis, while there could be no doubt of the existence of tubercle, as we have formerly shown. The physical signs were dulness of the upper part of the left side of the chest on percussion both in front and behind. Here the breathing, though very feeble, was distinctly tubular, and increased resonance of voice, at least so far as the sign could be depended on in a case where voice was at a minimum; on the right side over the apex of the lung were rhoncus and some crepitation.

From these data we set the case down as one of tubercular disease of the lungs, in which there was a chronic thickening of the mucous membrane of the larynx and epiglottis, and probably ulceration in or near the ventricles of the larynx, impeding the movements of the chordæ vocales. Although in laryngeal cases the precise seat of the disease can be assigned generally, we cannot always predicate its particular nature, which may sometimes be merely thickening, at others ulceration of the mucous membrane. I know of no definite sign of ulceration, but it exists in most cases connected with pulmonary phthisis, and probably always, if there be blood and pus in the sputa: tubercular ulcers appear to be formed by irritation and inflammation, consequent upon tubercular deposit in the follicles of the mucous membrane; though Louis holds they may be caused simply by irritation from the contact of the tubercular matter spat from the lungs; and this seems to be supported by a fact I have more than once noticed, that only the bronchus leading from the lung in which the tubercles were softened was ulcerated, while the opposite was healthy as long as the