

median incision and then shortening the round ligaments by Alexander's method ; after which the abdomen should be closed. This could be done without adding more than  $\frac{1}{2}$  of 1 per cent. to the mortality, which in Alexander's operation is nil.

## CLINICAL LECTURE ON BILATERAL ABDUCTOR LARYNGEAL PARALYSIS.

Delivered to the students attending clinic at Throat and Nose Department, Western Hospital, Montreal

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GENTLEMEN :—The nervous system is almost entirely inaccessible to direct observation, with trifling exceptions ; the state of this system, therefore, can be ascertained only by the manner in which its work is done, and morbid states in the system reveal their presence by the derangement of function which they cause. The larynx is no exception to this fact, and disordered function here is our only guide to diagnosis. Remember in examining the larynx that only a few unimportant affections of this organ are independent of systemic disease or of disease in contiguous organs. Since then the interpretation of doubtful cases will always depend largely upon examination of neighboring parts of the air passages, especially the fauces, the alimentary canal, and even the entire body, it is wise in the absence of very large experience to make a careful general examination in order to check even such local findings as seem to be perfectly clear and easy to explain, for not infrequently a preconceived opinion concerning the primary cause of the disease is in this way shown to be erroneous. Your examination cannot be too thorough ; in no other organ of the body is disease so dependent on the general condition as in the larynx, and conversely, the finding of certain conditions in the larynx often throws light on latent or obscure processes in the entire organism. The importance of these remarks is well illustrated by the case we have before us for study to-day. This patient, a married man, aged 50, gives the following history :— he complained of hoarseness about beginning of the year 1897, and says it has con-