But to proceed with the case. Since her attack she had lost much flesh and had had night sweats—experienced pain between the shoulders, and her breath has been gradually getting more and more short.—She never spat blood. As winter came on the pain increased, she lost her voice, she could only whisper, and her breathing became stridulous, a symptom directly pointing to the larynx either as primarily or secondarily diseased, it never disappeared and was so loud and peculiar as to arrest attention upon entering the ward. She also suffered from a troublesome hacking cough with expectoration of a greenish mucopurulent matter—her deglutition got worse and she swallowed even very small quantities of liquids or solids with great difficulty and pain.

The first question which proposed itself for our consideration, was whether the laryngeal symptoms arose from disease of the larynx, or from the pressure on the left recurrent nerve of some intra-thoracic tumor as an Aneurism.

The Aneurisms which usually cause such pressure are small globular dilitations of the vessel occurring about the bifurcation of the trachea.—Some years ago I met a case of this kind which exhibited all the chief symptoms of Chronic Laryngitis. There was great emaciation, stridulous breathing, dyspnœa with chronic cough, hoarseness, and pain referred to the larynx. She died soon after admission, probably from exhaustion brought on by moving her, and before thorough examination could be made. At the autopsy an aneurism was found just behind the bifurcation of the trachea, which pressed upon the left recurrent nerve so forcibly as to cause complete obliteration of the nerve tubes, hence these muscles supplied by it were completely paralysed, small, ill-nourished, and shrivelled. In another remarkable case the precise nature of which during life was doubtful, the man had symptons clearly referrible to the larynx and trachea. He had violent irritative cough, and the expectoration was bloody, but the voice was only slightly affected and the breathing was not stridulous. He died suddenly by hæmorrhage, and a little above the division of the trachea was seen a small perforating ulcer which had incidentally been made by the pressure of an aneurism of the arch of the aorta against the trachea.

How then are we to diagnose inherent disease of the larynx from that simulated by a distant lesion? Symptoms alone are not to be trusted to—these, as we have seen, are common to both, you must add to their examination, inspection with the finger which alone will often enable you to decide. With the forefinger of the right hand you will generally be able to reach the epiglottis with great ease and you may often feel its laryngeal surface and the arytoeno-epigottidean folds. When the epiglottis is much thickened, it is more or less rigid with rounded edges or so swollen as to be like a small ball between the tongue and larynx.—The mucous covering of the epiglottis when diseased feels uneven or rough, or hollowed into small pits with irregular and perhaps callous edges. Generally, when the mucous membrane of the larynx is chronically inflamed that of the fauces sympathizes, and by looking into the mouth its injected state is seen. When there are laryngeal ulcers, there is usually some purulent expectoration; if they be syphilitic, it is derived wholly from the larynx, but if they be tubercular a part of it may come from the lungs. In Phthisis, expectoration is only met with during softening of the tubercles, there being none while they are crude. If the laryn-