

of the mucous membrane akin to that condition of the throat so apt to occur in clergymen frequently described as a relaxed condition with considerable enlargement of the mucous follicles: it is not destructive to life nor to the tissues, often connected with the lithic or gouty diathesis, also frequent in debilitated states of the system from various causes; it is sometimes associated with a peculiar state of the nervous system, a form of Hypochondriasis.

I shall illustrate to-day Phthisis Laryngea and the affection last referred to.

A delicate girl of 18, whose mother and sister both died of phthisis, was admitted with phthisis laryngea, a disease which is badly named, as I believe it never occurs without the presence of tubercles in the lungs and is not limited to the larynx as you might suppose. In some cases the laryngeal symptoms are the first to show themselves, and which from being slight, a hoarseness and cough, maybe referred to exposure to changes of temperature. In other cases the symptoms of phthisis precede the laryngeal; in the present instance the laryngeal appeared first, and at an early period might have been viewed as simple laryngitis. She said that some months previously, soon after exposure to cold and wet, she had a feeling of soreness about the throat, followed by hoarseness and loss of voice, accompanied with dry suffocating cough and severe pain in the larynx.

Pain referred to the larynx is so constant a symptom as to be seldom entirely absent; usually it causes great distress. The affection of the voice depends upon the seat of the disease, it is trifling, probably, if the epiglottis and adjacent folds of membrane only are involved and most severe the farther down the inflammation extends, varying in severity according to the extent to which the ventricles of the larynx, or the vocal cords are involved.

She soon became subject to difficulty of deglutition—she was unable to swallow any solid food, even the passage of liquids caused much pain, with a choking sensation and the food was often forcibly ejected from the mouth in the effort of deglutition and much of it passed through the posterior nostrils. Dysphagia is to be regarded in a serious light, for when it occurs from disease of the larynx, the epiglottis or the aryteno-epiglottidean folds of mucous membrane, but especially the former, are affected, and it is greatest when the epiglottis is so swollen or irritable that the actions necessary for deglutition are impeded through a mechanical obstacle, or through extreme sensibility of the surface of the mucous membrane, preventing perfect opposition of the root of the tongue to the glottis, on which perfect closure of the glottis, and consequently perfect deglutition depends. The importance of this perfect apposition is shewn by Magendie's experiments, when after removal of the epiglottis, deglutition was not interfered with. The nature of the dysphagia is peculiar; it is not often extremely painful, nor is the actual effort difficult, but it is of an inverted kind; when the epiglottis is swollen and rigid, the attempt to swallow is followed by great irritation of the glottis, and by a powerful expiratory effort by which the food or fluid is ejected upwards partly through the mouth, and partly and most painfully through the posterior nares—when this kind of dysphagia occurs with other signs of laryngeal disease it is always an indication of a diseased state of the epiglottis and points directly to the larynx as the seat of disease.