

size of the neoplasms. Burow describes the voice of his patient as being peculiar in tone. The voice of my patient was flat, and although the lips and tongue made the movements for vocalization, they seemed devoid of sound, the voice apparently coming from a distance. The difference in character of the vocal tones was doubtless due to the positions of the neoplasms, which in one case infiltrated the cushion of the epiglottis, and was just large enough to insinuate itself between the cords and prevent their coaptation, and at the same time diminished the area of the respiratory tract in its most important part. The large size of the other neoplasms and their higher attachment kept them well above the vocal bands, and interfered but little with their functions.



FIG. 2.  
Sarcoma of the Epiglottis.

Case 2. Bridget O'R. Aged 32 years. Came to the throat department of the hospital July 23, 1894, complaining of choking sensation in the throat. Family history negative.

*Personal History.*—Always well until four years ago, when she had nervous prostration. About a year later she noticed that her voice was rather flat, and it required a little effort to produce a clear sound. Eighteen months from the first appearance of the vocal change, she experienced some difficulty in swallowing, and the solid particles of food seemed to lodge near the root of the tongue.

*Present Condition.*—Patient looks pale, emaciated, and somewhat cyanotic, and coughs incessantly. Respiration about normal, while the patient is quiet, but slight exertion makes it rapid and labored. No pain had been experienced and the performance of ordinary duties produced so little discomfort that she had never before consulted a physician.