omentum, in fact throughout all of the viscera except the lungs; the larynx was perfectly sound.

With such instances before us I think it is safe to assume that we may yet have more clearly demonstrated to us that we may, and do have *primary* laryngeal phthisis with no pulmonic lesion. The larynx is the common seat of catarrh, especially in variable climates. If catarrhal changes were developed underneath the mucous membrane—in the mucosa and submucosa of the larynx, we have, as far as the larynx is concerned, a condition in which tubercles are more readily deposited. May there not then under such predisposing conditions, be a tendency to an early deposit of tubercle in the larynx, while the lung remains intact? I would urge my belief, that in certain cases phthisical lesions *can* be detected in the larynx before there is any evidence of their existence in the lungs; these lesions are due to a peculiar infiltration of cells; and this obtained in the case which I have taken up your time to report, not so much to insist that it was a case of primary tuberculosis of the larynx, as to elicit the opinion and expression of others, and, perhaps, draw out a full discussion of the subject.

The following discussion took place after the reading of the paper:

Dr. Graham dissented from the idea of the existence of tubercle in the larynx apart from the lungs. It was possible to have disseminated tubercle existing in the lungs without being discovered by physical examination.

Dr. McDonald, of Hamilton, said that he had had cases, and *post mortems*, in which with very doubtful physical signs of chest affection, but with those of tubercular laryngitis very prominent, the lungs were found greatly diseased. Some of those who examined the patients pronounced against the existence of tubercle in the lungs, and yet they were found full of tubercles. No one could be certain of the absence of tubercle of the lungs till he had made a *post mortem* examination.

Dr. Bowlby, of Berlin, said that he had a case under his care at present, that he believed was exactly similar to the case reported by Dr. Palmer, but he did not know how he could satisfy gentlemen holding opinions such as those expressed by the last speaker, except an ante-mortem examination could be held in each case.

Dr. Sloan regretted that the writer of the paper had not alluded to the means of diagnosis furnished by the thermometer. He believed that in every case during the deposition of tubercle, there was a continuous and persistent rise of temperature of one to two degrees. The great value of this appeared in doubtful cases, where the thermometer furnished almost absolute proof of the correctness of the diagnosis arrived at by the physical signs brought before them.

Dr. Hamilton, Port Hope, said that the case reported was one of the rapid cases. Tubercular phthisis may run its course in three months or may last as long as four years. It could be best studied in the slow cases. He had just had a fatal case of three years' duration, in which, with a consumptive family history, there were decided laryngeal symptoms six months before there was any cough at all. There was aphonia for a year, and for some weeks extreme difficulty in swallowing, owing to ulcerative destruction of the epiglottis. He was quite prepared to accede that the disease might be manifested primarily in the larynx, so far as symptoms could be gathered *ante-mortem*. Tuberculosis is a constitutional disease, however. If we find an ulcer of the larynx, we should suspect its tubercular character if we find marked cushiony swelling in the neighborhood of the arytænoid cartilages conjoined with a paleness of the laryngeal mucous membrane which could best be described as a dirty doughy white. Syphilitic ulcers, malignant ulcers, and catarrhal ulcers, being rationally excluded and our suspicions aroused, the only early lung symptoms worth relying on were increased vocal resonance and increased vocal fremitus in the apices of the lungs. This was caused by consolidation which may not yet have caused bronchitis and necessary cough, and could not be as certainly known by percussion and other auscultatory signs. Twenty years ago we were taught that the vast majority of phthisical lung lesions