

LARYNGEAL CONGESTION OF NASAL ORIGIN.—M. Joal writes that the above cases may depend upon the following etiological conditions: (1) More or less complete obstruction of the nose. (2) Propagation of vasomotor attacks beginning in the nose. (3) Reflex action consecutive to erection of the cavernous tissue. (4) Reduction of the respiratory capacity by nasal influence. (5) Functional incapacity of the nasal resonator. Nasal stenosis acts especially in childhood in subjects who sleep with the mouth open, and gives rise to laryngitis stridulus. Congestions by extension manifest themselves in arthritic subjects, and are preceded by a nasal fluxion as in beginning coryza. Of patients having congestive attacks of the larynx the author cites five cases in which the nasal origin was established. The hoarseness, the cough and hyperæmia of the larynx supervened some minutes after the nasal symptoms. In some cases he was

able to produce experimentally laryngeal fluxion by acting upon the terminations of the trigeminal and olfactory nerves. Finally, cocaine applied to the nose arrests the progress of the laryngeal symptoms. The nasal troubles may come either from direct irritation or an exterior and distant focus. Hypertrophic rhinitis favors the development of these reflex manifestations, but they may be occasioned by any gross alteration of the mucous membrane. Nasal obstructions diminish the respiratory capacity and obscure the vesicular murmur. Excessive muscular action is demanded, and the larynx is strained. Congestive attacks are produced, and these at length constitute a chronic catarrhal condition, with alteration of the voice and serious impairment of the singing voice. The second variety includes congestive attacks associated with an insufficiency of the nasal and nasopharyngeal cavities, considered as

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