

with tartar and foul; gums unhealthy and irritated round roots of teeth. The velum is granular, while the pharynx is covered with a glutinous muco-pus exudation; breath tainted. In the larynx, we find a general chronic irritation over epiglottis, ary-epiglottic folds and arytenoids; no erosion or destruction of the parts in the inter-arytenoid space or elsewhere; the vocal cords are a light brownish red color, partially overlapped by the ventricular bands, and anteriorly their mobility is lost for one half their length, leaving the anterior commissure open during attempted phonation. In the posterior half abduction and adduction are normal. There is no special loss of sensation. The appearance here is like that found when head or falsetto notes are produced, the glottis being more tightly closed behind, but gaping wide apart in front. The plate shown gives illustration of it. This posterior closure reaches its highest degree in so-called abdominal notes or ventriloquist's voice, in which convulsive contraction of the adductors may even result in overlapping of the true cords in their posterior half, at the same time the arytenoid cartilages are pressed tightly together. Those of you who have heard a ventriloquist may notice that this patient can forcibly produce notes bearing such a similarity, although without effort he is almost voiceless. His heart and lungs are normal. On testing for tabetic symptoms the signs are negative.

Laryngeal muscles may be paralyzed singly or in pairs, or several muscles may be affected simultaneously. The paralysis may be unilateral or bi-lateral, affecting only one side or both. Anæsthesia of the laryngeal mucous membrane may exist as a complication. The paralysis may be of central origin, the disease being located in that part of the brain where the laryngeal nerves have their origin, or it may be due to disease in the course of the nerve trunk. On the other hand, the lesion may be of a local character, the muscles being affected by some systemic disease.

In cases of disease where there is an organic lesion of the nervous system, the object of the physician is not merely to give a name to the disease, but to make an exact anatomical and pathological diagnosis. Both of these points are