

sufficiently typical to enable me to diagnose it without a doubt tubercular laryngitis—the whole was overlaid with pale, pultaceous deposit.

The patient visited my office frequently and regularly without any marked improvement, though he experienced marked relief from anodyne inhalations of co. tinc. benzoin conium and local applications of boracic acid and morphia, after which deglutition was rendered less difficult. New points of ulceration continued to form, and those already existing, gradually coalesced, forming serpiginous ulcers on the epiglottis and aryepiglottic fold, this condition continued to progress, until these ulcers with one another, and with others coalesced, and on the 21st of January, I first discovered on physical exploration of the chest, dullness at the right apex with faint bronchial respiration. The left side still gave normal sounds. This diagnosis was corroborated by another medical man after a careful examination; the pulse now beat about 100, and the temp. was 101° F. This abnormal condition gradually and rapidly extended over the right lung, and soon invaded the left side. Cough also became troublesome, and other symptoms of active tuberculosis, which soon confined the patient to the house; and finding local treatment afforded him no benefit other than a measure of relief, I advised him to go to his home in the country, where I learn he died a few days since.

I regret, gentlemen, that previous to Jan. 21st, I did not have other medical men to auscultate this patient, that I might have the satisfaction of presenting an opinion corroborative of my own. But in the absence of this, we may, perhaps, assume without arrogance, that the diagnosis was correct; and if so, we have then a case of tuberculosis of the larynx, with an *apparently* normal condition of the lungs. I say *apparently*, normal, for in the present state of our knowledge on this subject, and in the absence of a *post mortem* at this particular stage of the disease, we cannot speak more positively. Every practical physician knows the difficulty, indeed the impossibility sometimes, after the most careful physical examination, of detecting small cheesy deposits

or indurated spots in the lungs, especially when they are of long standing and deeply situated. This, associated with a second difficulty, as asserted by Dr. Heinze, of diagnosing by the laryngoscope, with absolute certainty the existence of tubercle in the larynx, and these with a third, in securing a *post mortem* at a stage when the larynx is believed to be tuberculous while the lung is not, will doubtless for some time keep the question of *primary tuberculosis* of the *larynx* wrapt in the mist of uncertainty.

Therefore the faithful report of cases carefully investigated, will ever be of value in throwing light on this subject, and clearing up a large and interesting pathological question, as well as one of practical bearing.

The theory asserted by some authorities of eminence, first and foremost amongst these, Louis, of Paris, that the ulceration of the larynx is to be attributed to the corroding effect of the sputa of pulmonary phthisis, seems quite opposed by the history of this case, and cannot hold good, for the laryngeal ulceration existed when there was no sputa other than the product of the larynx, and when there was no cough, as was the case during the first two weeks he was under my observation, and as he asserted was the case prior to this.

Recent researches of such men as Wendt, Isambert, and Heinze have made such advance in the pathological study of tuberculosis, as affecting the larynx, that laryngoscopists consider it now an accepted fact that tubercle does exist, and does pass through its pathological phases in these regions, and here it takes its seat, as it does in the omentum, intestine, spleen, and other organs of the body, in a certain sense, *de novo*, if not independently of its existence elsewhere.

Dr. Seiler, of Philadelphia, has reported a case in which he was called upon to make a *post mortem*, in his capacity as pathologist to the Presbyterian Hospital in that city. The patient died with all the symptoms of typhoid fever; she was a young coloured woman of eighteen to twenty years of age. Upon examination he failed to find evidences of typhoid fever, but he found tubercular deposits all through the mesenteric glands, intestines, and