

normal. On the patient closing his eyes he can't maintain his equilibrium or walk without staggering. Examination of the other organs and systems of his body, excepting the larynx, gives negative results. The laryngeal examination shows a catarrhal laryngitis. Epiglottis normal in color and size. Ventricular bands are hyperæmic overlapping the vocal cords partially. The breadth of vocal cords in sight is not more than 2 m. m., and their margins are thickened and reddish. Glairy mucus covers the aryepiglottic folds and fills the pyriform sinuses. The true cords are permanently adducted so that only a very narrow chink allows entrance of air. The inspiratory effort instead of causing abduction forces the cords closer together by the resulting suction, and in consequence much noisy stridor is produced, while the expiratory effort mechanically forces the cords apart. This noise is much increased on patient falling asleep, so that the necessity for intubation or tracheotomy has been threatening for a time. This tonic spasm of the cords is permanent, although less severe in waking hours. The head is occasionally tossed back to assist inspiration, but the patient seemed to get enough oxygen because cyanosis has not appeared. Temperature and pulse are normal.

In all cases of disease in which 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 the anatomical and pathological diagnoses are of importance, not merely from a scientific point of view, but for the practical purposes of prognosis and treatment. The object of the anatomical diagnosis is to determine the exact part of the nervous apparatus which is directly implicated by the lesion. In spite of the attention which has been paid to the functions of the larynx by means of physiological experiments, and clinical and pathological observations, knowledge of the innervation of this apparatus is still imperfect. To help understand the curious and fascinating phenomenon with which we have to deal, I first would remind you that the motor nerve *par excellence* of the larynx is the recurrent laryngeal nerve. With the only exception of the tensor of the vocal cords, the crico-thyroid muscle (this