

Schech, and others, believe that the larynx may be primarily affected, we have Türk, Louis, Ziemssen, Mackenzie, and others, holding the opposite opinion.

The difficulty in the way of settling the dispute, is the impossibility of proving at a very early stage, by a physical examination, the existence of small deposits of tubercle centrally located in the lung, and, therefore, although we may be able to recognize tuberculous ulceration in the larynx, when, at the same time, we cannot by the stethoscope, or by any other means at our disposal, detect its presence in the lung, we also are unable to prove its absence. Such a case occurred in my practice last January, and is of interest in this connection. I give a brief history: the patient, a man, aged 33 years, presented himself to me complaining of hoarseness. He first noticed this symptom in July of last year, when he was in otherwise perfectly good health. He was in New York at the time, and between July and November was examined by Prof. Loomis, Dr. DeLafield, and others in that city. He informed me that these physicians told him that he had slight ulceration of the larynx, but that he had not consumption. He said they seemed to be quite certain on that point; that the lungs were free from disease. When I examined him in January, I found ulceration of both true vocal cords, and also of the inter-arytænoid mucous membrane. There was no increase in size of the arytænoid cartilages, nor was the epiglottis changed from its normal appearance. I examined the lungs very carefully, but could detect no signs of consolidation. The patient did not complain either of shortness of breath, or of weakness, and he was only six pounds less than his heaviest weight; his appetite and digestion also were good. Further, his family history showed no hereditary tendency, and there was no account of syphilis. I was suspicious, however, about the appearance of the vocal cords, and decided to employ that other aid to diagnosis, the microscope. With this object, I passed a dry sterilized camel's hair brush over the ulcerated cords, and the secretion brought away with it was stained and placed under the microscope for me, through the kindness of Dr. W. H. B. Aikins, and was thus

shown to contain an abundance of tubercle bacilli. This I considered was positive proof of the nature of the ulceration. I treated this patient for a few weeks with daily local applications of lactic acid and iodoform, and although there was certainly some improvement in the case, I did not continue it longer, because, wishing to avoid the unfavorable weather of March and April, I recommended a change of residence to southern California. I also taught him to use a spray very successfully himself, and advised inhalations of *ol. pini sylvestris* and balsam of Peru. It is true I am unable to say positively that the lungs were free from tuberculous deposits at this time, but I think there is every reason to believe the disease existed first in the larynx. *However, be that as it may the point I would impress upon you in this case is, that a correct diagnosis of this patient's disease could be made by an examination of his larynx earlier than by any physical examination of his lungs.*

Such cases as the above occur not unfrequently. Dr. Neidert, of Baden Baden, has reported a most interesting case of a similar nature, and which was, in his opinion, clearly one of primary tuberculous laryngitis.

It has been contended, however, that the question whether the larynx affection may precede that in the lung, can be decided only by autopsy; and as death does not occur from phthisis of the larynx alone, it is only when by chance death has been caused by some other disease or by accident, and the *post-mortem* examination reveals a tuberculous larynx, the lungs at the same time remaining free, that we really have positive proof. With this fact in view, it was with considerable pleasure that I had the opportunity of examining a larynx, and hearing the report of an autopsy made by Dr. Aikins in the Toronto General Hospital last winter. The examination was made last February on the body of a patient aged 27 years, who had died the day before in the hospital. In the history of the case there was no special reference to throat trouble, beyond the statement that there had been hoarseness for some time before death. The cause of death was shown clearly to be chronic Bright's disease, from which the patient had suffered for a long