

not had the attention it deserves. One must not forget that in cases of chronic lung disease with tenaceous irritating secretion there very often arises a chronic laryngeal and pharyngeal catarrh, the intensity of which is in direct proportion to the amount and consistency of the expectorated material, and to the amount of effort required to effect its expulsion—example, asthmatic, emphysematous and tuberculous with cavities. Laryngeal ulceration is seen in typhoid, croupous pneumonia and pulmonary tuberculosis and laryngeal paralysis, in central nervous disease, aneurism, apical disease of the lung, chronic induration, pleuritis and disease of the bronchial lymph glands. Then again, not only may one have paralysis of the recurrent laryngeal nerve, from pressure of an enlarged thymus, but compression of the trachea may occur in cases of mediastinal tumors.

One could hardly discuss the nose and throat in relation to general medicine without saying something regarding that common complaint—cough. It is essentially a reflex movement, necessarily associated with some irritation of the sensory fibres of the pneumogastric. The impulse created by this irritation being transmitted to the ganglia, is referred back to the trachea, bronchial tube, through the motor filament of the same nerve. Ear cough is not by any means rare,—clearing the ear of wax has cured many a chronic cough. Cough may be due to local or systemic conditions. Among the nose and throat conditions which cough may be found are granular pharyngitis, pharyngeal ulceration, lateral and central, nasal neoplasms and irregularities, enlarged tonsils, pharyngeal naso-pharyngeal, or lingual, elongated uvula, chondritis and perichondritis of the larynx, specific and tubercular granulations and ulcerations. Boys at the age of puberty have not infrequently a laryngeal congestion, which, while innocent enough, may produce considerable cough.

One author, whose name I have forgotten, speaks of a cow or goose-like cough in persons with aneurism of the arch of the aorta. This is almost a sure diagnostic sign. The so-called night cough may be due to mechanical conditions, or brought about by obstruction to nasal breathing and enforced mouth breathing. Stork's inflamed areas are blocked-up glands of mucous membrane, and the small inflamed area, acts as an exciting factor.

I do not intend entering into any discussion on the question of the nasal origin of asthma. Many writers after drawing rather hasty conclusions tell of the numerous cases of cures through some nasal operation. My own experience is decidedly against this view, and this is also the experience of the London Laryngological Society, who discussed the question at very great length, and whose conclusions were published.

*Diseases of the Circulatory System.*—Hemorrhages from the