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LARYNGEAL AND TRACHEAL TUBERCULOSIS.—THE IMPORTANCE OF THEIR EARLY RECOGNITION AND TREATMENT.

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It has been truly said that just in proportion as the diagnosis is made early, in any form of tubercular disease, just so much greater are the chances for recovery. We must all be more or less familiar with the arrest of pulmonary tuberculosis in its primary stages under favorable climatic influences and suitable medicinal treatment. Tubercular joint and glandular affections are also successfully treated in the early stages of their invasion. Our ever-increasing knowledge of the ætiology and methods of dealing with this field of medicine and surgery, stimulates observers to combat the affection in every situation and in all its various stages. The importance of the more hopeful spirit, now entertained, regarding the prognosis of tubercular affections, will be more fully realized when we appreciate that one of our greatest authorities wrote, that, in his opinion, a cure of laryngeal tuberculosis would never be made. This would indeed be a gloomy prospect, as no case of pulmonary tuberculosis, with a laryngeal invasion, can possibly hope for improvement, unless the laryngeal symptoms can be arrested. The object of this paper is not to deal with the various theories regarding laryngeal and tracheal tuberculosis, but to draw attention to some of the early symptoms, especially those which may be easily recognized without the skill or experience of a

specialist. The percentage of laryngeal to pulmonary tuberculosis cannot be readily estimated, excepting in sanatoria and hospitals, in which this class of cases receives special attention. An examination of the reports of some of the institutions on the Continent, place the percentage as high as thirty.

Dr. Irwin H. Hance, of the Adirondack Cottage Sanitarium, says: "In replying to your question, 'Do you consider that 30 per cent. of tubercular patients develop laryngeal tuberculosis?' I would state, that such has not been my experience. In looking over my notes for the past five years, I should say that 20 per cent. would more nearly represent the percentage among the patients whom I see. This embraces all cases, those who are doing well, and those who are practically hopeless; inasmuch as all cases seen in this part of the mountains are under the best climatic influence, this may account for the low percentage, and I can well understand how, under less favorable surroundings, the number may be considerably increased."

While it is not definitely stated in text books that there are two forms of laryngeal tuberculosis, a more or less acute, and also a chronic, form of tuberculosis of the larynx is recognized by most observers. Instances of the first class are considered by some to receive their bacillary infection through the mucous membrane of the larynx, while it is undergoing some pathological change, or from a general tubercular invasion. The symptoms of these patients are active and pronounced from the first, and give every evidence of a virulent infection which usually proves fatal in from six weeks to six months. The so-called chronic form of laryngeal tuberculosis, in all probability, receives the infection through the lymph channels, and frequently accompanies a systemic invasion, evidenced in some of the visceral organs. These deposits are insidious in their onset and develop slowly, with no marked symptoms until the affection has made considerable progress.

Diagnosis of Laryngeal Tuberculosis.—The means at our command for making a diagnosis are subjective and objective. The former are, of course, only contributory to the latter, and their chief value is in calling attention to the necessity of a laryngoscopic examination.

Subjective symptoms are, odynphagin, dyspha-