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THE DIAGNOSIS AND LOCAL TREATMENT OF TUBERCLE OR SO-CALLED PHTHISIS OF THE LARYNX.

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Mr. President and Gentlemen,—I do not intend to go fully into the diagnosis of tubercular laryngitis, as that may be found in any of the works on the throat; but allow me to make some remarks on its character, on primary tuberculosis of the larynx, and on the early recognition of tuberculous laryngitis.

In diagnosis the microscope is of great value; but I believe there are some cases, where even perhaps before this would declare anything, the throat may show signs, which would lead us to place the patient under the most favorable circumstances in order that he might be able to resist the inroads or growth of the tubercle bacillus, such as some cases of obstinate laryngeal catarrhs, waxy anæmia of fauces and larynx, anomalies of sensation (paræsthesia), paresis and paralysis of the laryngeal muscles (especially the adductors).

Mr. Lennox Browne says: "That evidence of the tubercular diathesis influences a local laryngeal inflammation in a manner eminently characteristic, and at a period long prior to the discovery of equally well-marked symptoms in the lungs, is a fact which the daily observation of those engaged in laryngeal practice establishes as incontrovertible."

Whether or not there be tubercle actually developed in the larynx, or what indeed is the nature of tubercle wherever developed, the author does not presume, and indeed does not care to decide. Seeing, however, that tuberculosis is a disease primarily manifesting itself more especially in the respiratory organs, seeing that catarrh is one of the most frequent excitations to that disease, and that many catarrhal inflammations of the lungs commence in the larynx; it is at least fair to infer that in those cases in which the eye reveals what has come to be recognized as tuberculous laryngitis before the ear detects the presence of tubercle in the lungs, the disease has primarily attacked the former organ."

Although I believe that primary tuberculosis of that organ is rare, there is no doubt that the larynx in many instances is affected, when the pulmonary lesion is slight, or even before physical examination will give any clue to its existence, as cheesy or consolidated nodules, when situated deep in the substance of the lung may long escape diagnosis.

Tubercular growths in the larynx are not rare, and they may be symptoms of primary laryngeal tuberculosis, as in syphilis, typhus, etc.; stenosis may result from tubercular disease.

We sometimes see cases with a combination of syphilis and tuberculosis of the larynx. Schmitzler considers these forms even relatively frequent. He is of opinion that syphilitic ulcers form a very suitable ground for Koch's bacilli, and pass into tubercular. Frenkel coincides in this belief.

Heinze, Guttmann and Brown each estimate that tuberculous manifestations of the larynx occur in from 25 to 30 per cent. of all cases; and that those exposed to catarrhal influences are more liable to have the larynx primarily attacked.

The curability of laryngeal tuberculosis has hitherto been looked upon with scepticism; but we know that this disease affecting other parts, such as the lymph glands of the neck, individual bones or joints, the skin, the ear, and even the lung, may run a chronic and rather harmless course, and that recovery frequently follows.

I hold that we can alleviate the symptoms in all, and in some cases cure, at least for a time.

Cases have been cited in which spontaneous recovery has taken place. Dr. Sockolowski mentions six from his own private practice. In two of these the cicatrization of ulcers had lasted four years with no change.

Heryng described eleven cured cases in ten years. Still spontaneous recovery is rare.

The disease may become chronic and lie dormant. Solis Cohen reports several such cases. Under treatment very many recoveries are recorded.

*Read before the Ontario Med. Association, July 1890.