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MASSEI, Professor F. (Naples).—*Concerning a Case of Laryngeal Lupus.* (“Archivi Italiani di Laringologia,” January, 1899.)

About three years ago a girl aged nine years was sent to me by an eminent syphilographer. On account of some preceding lesions of the pinnae and of the upper lip, the diagnosis of ulcerating tubercular syphiloderma had been made. Laryngoscopy revealed signs of considerable infiltration of the epiglottis and of other parts of the larynx, so that, in view of what I observed, and of the reputation of the colleague from whom the little patient came, I thought, with good reason, that the laryngeal lesions were likewise syphilitic. I advised him to insist on energetic local and general specific treatment. It was more than a year later when I saw the child again, and learned that numerous injections of sublimate had been assiduously administered, and that the iodides had been used with a free hand, but without any real improvement in the cutaneous or laryngeal symptoms. The former, indeed, had remained on the whole stationary, but as regards the larynx, not only was the epiglottis still infiltrated and of a pale rose-colour with serrated margin, but the arytenoids also were involved to such an extent that there was difficult abduction of the cords, hoarseness, and latterly dyspnoea.

These data convinced me that I had to do with a case of lupus, and on this occasion, the diagnosis was supported by several members of the Dermo-syphilopathic Institute of Naples, who described the lesions as those of an ulcerating tubercular lupus. I observed, moreover, signs of the disease on the uvula and the faucial pillars, but auscultation and percussion of the thorax excluded all participation of the lungs.

The bacteriological examination of the sputum and of the secretion removed directly from the larynx was negative as regards the bacillus of Koch; wherefore I added to the customary general treatment local applications of resorcin, and commenced to curette the more infiltrated portions of the epiglottis. During one of these procedures laryngeal spasm took place so severely that I should have lost the little patient if I had not immediately performed intubation, which in the subsequent treatment succeeded splendidly in relieving the laryngeal stenosis; so that at the end of a certain time all dyspnoic symptoms completely disappeared, and the voice became clear, notwithstanding that a notable degree of infiltration of the epiglottis and of the arytenoids persisted.

Inoculation experiments were made with the material removed by the curette, but without positive result; but the histological examination confirmed the tubercular nature of the lesion. The presence of the giant cells and the disposition of the epithelial cells within them was significant enough, and this was the opinion of eminent histologists who controlled the preparations.

I may be permitted to record, in reference to this, that for some time I have made use of this mode of examination in those cases of tubercular lesions of the larynx of doubtful aspect, in which repeated negative bacteriological examinations would have led me far from the true nature of the evil.

Unfortunately for my little patient, at the present time a progressive cachexia, very marked pulmonary symptoms, and many bacilli in the expectoration confirm the diagnosis made a year ago.

From the facts above described we can draw the following not unimportant conclusions for practical purposes:

(1) The difficulty in making a differential diagnosis between lupous and syphilitic lesions in certain cases, both in the beginning and also when lesions of the skin are accompanied by those of the mucosæ.

(2) The good service which intubation can render in the stenosis of laryngeal lupus.

(3) The valuable aids furnished by the histological examination of removed tissue, especially when the bacteriological examination and inoculation of animals have given a negative result.

But I must confess that I should not have allowed myself to call attention to these well-known matters if I had not another purpose in view.

A year ago Dr. St. Clair Thomson, at the Laryngological Society of London, showed a patient with *laryngeal lupus* and *pulmonary tuberculosis* for the purpose of discussing the association of the two lesions. The bacteriological results were positive as regards the presence of the bacillus of Koch in the expectoration, the pulmonary lesions were bilateral, and were in sequel to lupous manifestations in the nose. In the discussion, in spite of what we have learned from Friedlander, Chaudeloux, Vidal, Leloir (1871-72) to Pfeiffer, Dontrelepon, Demme, Schuchardt, Krause, Koch, and from these to Max Schüller, Martin, Lingard, and Cataloni concerning the presence of giant cells and of tubercular follicles in skin affected by lupus; in spite of the impressions regarding the presence of Koch's bacillus and of the positive results of inoculation in animals, Stewart gave it as his opinion that this was a case of

laryngeal tuberculosis, and not of *lupus*; while Lack and Bond stated that they had observed cases of *lupus of the upper air passages* which after some years terminated in phthisis. St. Clair Thomson says the relation between *lupus of the skin* and phthisis is only too well known; and Bosworth has affirmed, not later than in 1896 (in his excellent papers), that he has known only one case (that of Thoma) in which *lupus of the throat* was coincident with tubercular deposits elsewhere.

Convinced as you are, like myself, that *lupus of the larynx* is at bottom like *lupus of the skin*, tuberculosis, your astonishment at hearing this is doubtless not less than mine at reading the proceedings of the meeting referred to, and you will have already perceived that, in order to protest against this dualism, there is no better way than to call *lupus of the larynx* by its true name; in other words, to definitely cancel this title and replace it by *laryngeal tuberculosis*, seeing that between *lupus* and tuberculosis of the larynx there is not, in substance, but one point of difference—i.e., the coincidence of cutaneous lesions in the former. This lamentable error, if I may say so, is the result of applying the term *lupus* to certain forms of *cutaneous tuberculosis*. I know well that, *clinically*, the various forms of *lupus vulgare* and of *lupus erythematosus* should be distinguished from warty tuberculosis of the skin as well as from the anatomical tubercle, from ulcerous tuberculosis and from *tuberculosis gummosa*; but I may be allowed to ask, To what end have so many bacteriological studies and experiments led if, after having recognised the true nature of an affection, we continue to render homage to Manardo, who for the last four hundred years has been sleeping tranquilly on his “*quasi lupus famelicus proximas sibi carnes exedit*”? It is a gratuitous insult to pathology as well as to logic—to pathology, which teaches that *lupus* in reality is cutaneous tuberculosis; to logic, which warns us against applying two distinct names to the same thing.

To the experienced the confusion is only apparent: *lupus vulgare*, with its varieties, and the erythematos form can be distinguished from cutaneous tuberculosis; it is established that the former are the expression of tuberculosis less virulent than the latter; that in direct inoculation they are usually, if not constantly, transformed into papillomatous tuberculosis, and that *lupus vulgare* is the first manifestation of tuberculosis, while tubercular ulcerations are for the most part secondary lesions, resulting from auto-inoculation. On the other hand, he who, without this special knowledge, finds himself called upon to unravel this intricate problem, ends by asking himself whether merely clinical differences

are enough to justify the perpetuation of these distinctions, while the cause is the same and the pathogenic agent identical.

And when from lupus of the skin we pass to that of the mucous surfaces, we see still more the confusion which arises and the errors provoked by this inopportune homage to the past.

However, it seems to me I hear this said : "Lupus vulgare is an attenuated tuberculosis, and as regards erythematous lupus, we have not yet any apodictical proof that it is of the same nature."

Notwithstanding these grave objections, I do not yet find the separation into two morbid forms justified merely on account of a different degree of virulence; nor am I able to understand why the localization of the bacillus at one time in the corium, at another in the papillæ, or in the sebaceous glands, gives a right to create two separate denominations. Neither does the criterion derived from the *primary* or *secondary* character of the lesion seem sufficient to me to warrant changing the name of the same thing; it would be as foreign to the principles of nomenclature if we were to distinguish the source of integumentary tuberculosis according as this was produced by direct inoculation from without, by contiguity, or by the blood stream.

The various localizations of the pathogenic agent and the multiplicity of ways by which it reaches the tissues referred to explain the polymorphism, the possible complications, and the varying gravity of the form; but they do not authorize us to dismember a category, already important enough in itself, in order to create so many others which are certainly not easy of comprehension.

And, again, is this term *attenuation* rigorously restricted to attenuation of the bacillus? or is it to the anatomical conditions in which the bacillus exists, as Lesser has already noted?

In connection with this, I must refer to some beautiful researches made by Dr. Olimpio Cozzolino in 1895 in the Institute of Hygiene of the Royal University of Naples, and under the control of Professor de Giaxa. The inoculations in the backs of rabbits of a pure culture of the *Bacillus tuberculosis* diluted in broth have demonstrated:

- (1) That the tubercular bacilli diminished in number progressively in the days succeeding the inoculations, so that an extremely small number remained after four to six months.

- (2) That they presented the characteristic and progressive alterations in what is considered the normal form.

- (3) That this artificial tuberculosis diffuses itself constantly in the internal organs, preferably the lungs.

The skin up to a certain point acts as a protective barrier against the generalization of the process, in virtue of the rigorous separation between the sanguineous and lymphatic paths; but it is a barrier which can be broken down under given conditions, and hence the possible diffusion of tuberculosis in other organs can excite no wonder. Therefore, unless I mistake, cutaneous tuberculosis is for the most part, for anatomical reasons, a tuberculosis more or less *attenuated*, according to the layer involved, and according to the mode in which it originates; but this attenuation does not save the victim of lupus from future evils, often irreparable, and always represents the doleful sword of Damocles.

In 1890 I saw a case of primary laryngeal lupus: tracheotomy was performed for grave stenosis, the child recovered as if by magic, but presented afterwards signs of *mesenteric tuberculosis*. In the clinic of De Amicis, I have been told, a cutaneous lupus was followed by *tubercular nephritis*, and how many other examples could be demonstrated I shall learn to-day from yourselves.

Darkness still surrounds erythematous lupus; but when one considers that various forms of tuberculosis may co-exist in the skin of the same person, and even in the same region, that, according to some, erythematous lupus can change itself into lupus vulgare, and that the objections made to this rest only on the doubt of the possibility of such a change (I refer to those forms of erythematous lupus which gave positive results with inoculations), it is not out of place to foresee that time will render justice also in the case of this equivocal form.

I do not conceal from myself the difficulty he meets who attempts to overthrow a custom which boasts an age of four centuries, nor can I deny that conventionalism would suffer by the innovation; however, in confronting the thunderbolts of your destructive criticism, I have in my favour the support of facts.

But if, as I have said, you also will agree that the word *lupus* is an offence to common-sense as well as to modern progress, it is only just that the alteration should be made, not by an obscure name such as mine, but with the authority of a competent body of men such as the members of the Italian Dermatological Society.

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