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THE RAPID FATALITY OF TUBERCULOSIS WHEN INVOLVING THE PHARYNX.

BY THOMAS AMORY DE BLOIS, M.D.

It would be a waste of words to speak of the usually fatal termination of Tuberculosis in general. No case of undoubted Laryngeal Tuberculosis has ever been known to recover, but when the tubercle implants itself in the mouth or pharynx, the fatal termination is as noticeable from the rapidity with which it supervenes as for its inevitability.

In proof of this I would bring to your notice the following cases:

CASE I. William M., a messenger, employed at the City Hospital, about nineteen years of age, was

frequently treated by me during the spring of 1884, at the City Hospital Out-Patient Department for catarrh of the pharynx and larynx. There did not seem to be the usual small amount of improvement which follows the treatment of these cases. There was a good deal of cough, but although I never examined the lungs, I understood that they were supposed to be somewhat affected. He soon after left the hospital, as I believed, to seek improved health in the West. He went, however, to New Hampshire, and after his return came to the Throat Clinic at the City Hospital, where I saw him the last of February.

On examination I found three deep ulcerations of the posterior wall of the pharynx and the bottom and ragged edges of these were studded with small yellowish spots which were apparently tubercle in different stages, some broken down and some not. The larynx, although greatly swollen, did not show any ulcerations or tuberculous nodules.

From the records of Dr. F. W. Draper's ward, in which this patient was, I quote the following notes of the case:

"February 19th. William M., aged twenty, single, born in Boston. Father, mother and two sisters died of consumption. Does not drink, except a little beer. No venereal history; always well up to a year ago, then began to cough and have pain in the right lung. Eight years ago raised a tablespoonful of blood, bright red in color, not clotted, and it came up without coughing. Patient has had night sweats for about a year, cough has grown worse for about three months, has lost twenty-eight pounds in the past year, complains of sore throat and catarrh. Temperature 101, pulse 90, respiration 28. Urine normal. Lungs showed physical signs of incipient phthisis in both upper thirds, more marked in left than in right. Patient was put on oil malt, cough mixture, atrophy, etc.

"February 28th. Examination of throat by Dr. De Blois shows it to be Pharyngeal Tuberculosis. Epiglottis and aryepiglottic folds swollen, but very little ulceration.

"March 15th. Application of four per cent. solution of cocaine gives temporary relief.

"March 20th. Examination by Dr. J. Orne Greene showed chronic purulent inflammation of right tympanum, and was syringed out with one to eighty carbolic acid solution.

"March 29th. Slow retrogression, growing weaker.

"April 7th. Amphoric respiration and tympanitic resonance in cardiac area, failing fast. April 7th. Discharged, dead, no autopsy."

As to the local treatment of this case, which I saw from day to day whenever the patient was able to come to the Out-Patient Department, it consisted mainly in the careful cleansing of the pharyngeal ulcerations, and whenever possible, the insufflation of iodoform, under which treatment they somewhat diminished in size, but in this case, as in a case of laryngeal tuberculosis which I treated, iodoform appeared to distress the patient.

I cannot speak too highly of the action of a ten per cent. solution of cocaine which I used; it so relieved the dysphagia that deglutition became possible, and the patient came to have his pharynx painted immediately before his dinner so as to be sure of having one good meal during the day.

Shortly before his death, which it will be observed occurred within two months after the appearance of

the pharyngeal ulcerations, there were some small ulcerations on and around the larynx.

CASE II. Mrs. Rosa B., aged twenty-nine, consulted me at the Boston Dispensary on July 8th of this year. She said that she had been suffering for some time past with a sore throat. Upon examination I found the entire soft palate studded with small canary-colored points about as large as the head of a good-sized pin, and many of them larger. Some had pushed their way to the surface of the mucous membrane, in fact protruded above it, so that when the patient's head was slightly moved, it was easily seen that they were projections. As they approached the lower border of the velum, they were in most cases broken down, and discharged a thin, watery secretion. The uvula presented a surface covered with ulceration.

These masses of tubercle covered the anterior pillars of the fauces and the edges of the tongue at their junction with it. The walls of the pharynx seemed to be free from the disease.

On examining the larynx, the epiglottis showed three or four spots at its upper border and the aryepiglottic folds contained two or three, but these were in a far less advanced condition than those on the velum.

This examination was repeated by Drs. Leland, V. Bowditch, Bullard and others. Dr. Bowditch made an examination of the chest for me and found dulness and crumples in the left clavicular region.

The patient was at this time far advanced in pregnancy and I ventured the assertion, to her friends, that she would remain about the same until after parturition, and would not long survive that event.

Deglutition was not very painful, and the patient was moderately well nourished. She stated that the sore mouth had only been of three weeks' standing. Her family history, as regarded phthisis was very bad. There was no suspicion of syphilis. She further stated that she had been examined at the Carney Hospital, and Dr. Bullard, who saw her, has kindly furnished me the following notes.

June 22d, 1885. Rosa B. Phthisis, Follicular Pharyngitis and Uvulitis. Has sore throat; has had a cough for three months, now slight; hæmoptysis ten days ago; pain in left side; catarrh of left eustachian tube; dulness with moist râles and bronchophony in right front; bronchial respiration with dulness left apex behind; bowels regular; prescribed Hypophosphites, etc.

The subsequent history of this case was not a long one. As I had anticipated, she did pretty well until the birth of her child, about five weeks after my first examination, then the disease advanced with great rapidity, the ulceration of the tubercles rapidly increased until the mouth was filled with this suppurating mass. Nourishing the patient became next to impossible, and she died from exhaustion on September 7th, three weeks after parturition, and less than three months after the first trouble in the mouth was observed.

The treatment was about the same as in the first case, oil and opium, and iodoform and cocaine locally.

Reviewing two other cases reported by me in a paper read before the American Laryngological Association, May, 1884, and making a brief synopsis of their histories.¹

The first was that of a man of thirty, who noticed

¹ New York Medical Journal, November 8th, 1884.

a soreness of the palate in December, 1882, and died from exhaustion at the Carney Hospital on the 8th of March following, a little over four months.

The second was that of a young woman of twenty-four, who, having been under treatment for Laryngeal Tuberculosis, developed about the first of September, 1883, a tuberculous ulceration of the right tonsil. She was received at the City Hospital and there died from exhaustion on the 22d of October following, or within two months after the pharyngeal deposit.

There have been from other sources, generally European, about twenty-five cases reported, and these almost always with rapidly fatal terminations.

Whatever the results may have been from the treatment of tuberculosis of the lungs there has been but one in the variety of which I speak, death has inevitably ensued, and in the four cases which have come under my care, have, by but little exceeded three months in time. Indeed, so invariably has this been, that should a case be reported terminating in recovery, it would be sufficient ground for distrusting the diagnosis.

That this rapid fatality can be accounted for on the score of the interference with nutrition is hardly true, for severe laryngeal ulcerations certainly make deglutition much more difficult, and yet the duration of life in such cases, I have found somewhat longer.

There seems to be an amount of distress inherent to the pharyngeal ulceration which we find under no other circumstances. In both of the first cases mentioned, although the tubercles had invaded the larynx, yet the voice was not interfered with beyond a slight hoarseness, and it was not from the larynx that the pain in swallowing proceeded.

CASES OF GLYCOSURIA.

BY J. E. AYER, M.D.

I WILL venture to define glycosuria as a *symptomatic* form of saccharine diabetes where polyuria is absent, or, if present, soon disappears, which yields to treatment though subject to relapse, and does not affect unfavorably the general health.

In importance it rests between the *temporary* form of diabetes (connected with weaning, with convalescence from acute disease, etc.,) and *true* diabetes with polyuria, excessive thirst and emaciation.

A recent writer upon the subject of diabetes, Satterthwaite (*Medical Record*, April 11, 1885,) states that cases of this kind are comparatively uncommon, but *occasionally* occur among old and obese men, though sometimes in the middle period of life. I believe, however, that glycosuria is by no means rare among the middle-aged and old, and that it often exists for a long time unrecognized.

Whether the different forms of diabetes should be grouped together pathologically will be discussed later.

I will give a brief account of four cases of glycosuria seen during the past year.

CASE I. October 2, 1884, I was attending a lady sixty-five years of age for a mild attack of bronchitis. She was exceedingly nervous, at times her nervous system was with great difficulty kept under control. She was well nourished with a tendency to corpulence. When she mentioned that she was troubled with pudendal irritation I examined the urine and found a large amount of sugar, although the amount of urine did not