both orifices, so as in fact to give the spectator the idea of two pouches or stomachs. The contracted portion was about an inch in length, and possessed great firmness.

September 5, 1821.

Case of Syphilitic Ulceration of the Larynx. By WALTER CHANNING, Junr. M. D.

[Communicated for the New-England Journal of Medicine, &c.]

A. B. aged 30, had primary symptoms of syphilis, September, 1819. Some local applications were made, and a mercurial course pursued. Under these means the symptoms disappeared in two or three weeks. In November of the same year, he was attacked with darting deep seated pains in the extremities, and night sweats. The pains at times amounted to spasms. Soon after an ulcer appeared on the forehead, and another on the leg. Under the use of mercury the first healed kindly, and firmly cicatrized. In February, as the ulcer continued on the leg, the mercury, which had been given up, on the healing of the ulcer in the forehead, was again employed. Under this course the leg got well, and every symptom of disease disappeared. In July, being at sea, an eruption appeared on his right arm, and proceeded rapidly to ulceration. The pains in the limbs returned with increased violence. Mercury was again employed, but without effect, and was laid aside. In September he went into the country, here he took mercury again, and his mouth became affected. The ulceration of the arm now soon healed; the pains of the bones went off, and his health was so far restored that he returned to his ordinary business. He continued free from complaint till the return of cold weather, severe pain now recurred in the extremities, and a tumour of considerable size appeared on the ulna of the left fore-arm. This manifested no disposition to ulcerate, and continued of its original size when I first saw him. About the same time ulceration occurred in the back part of the nose and fauces, and this went on to increase. The ulcers were small. In the progress of the ulceration of the nose, portions of bone had been discharged through it, and from the mouth. A profuse and extremely offensive discharge attended this process, and continued at the time I first saw him, September 9th, 1821. Beside the affection of the nose and fauces, he suffered at this date, severe chills, and great pain in the extremities at night; was much emaciated, feeble, and troubled with diarrhœa, pass-

ing at times into dysentery. He was put upon the use of the decoction of sarsaparilla, and nutritious diet.

September 17th.—Symptoms have continued with little diminution. The discharge from the nose has varied in quantity, and there was removed from the nose this day a portion of bone three quarters of an inch in length. He has begun with the tincture of the muriate of mercury.

October 9th.—Discharge from nose very slight,—smell less offensive; pain in the limbs diminished; some stiffness remains.

October 10th.—A portion of bone larger than any former one was removed to day, some pus preceded and followed its removal.

From the 9th to the 24th of the month the symptoms underwent very little change. There were some days in which some increase was manifested, but this was temporary. On this day the patient removed from the nose, a large mass of inspissated mucus, which appeared to have gradually accumulated over the ulcerated surface, and had become hard by remaining in the part. The surface which had been in contact with the ulcer was covered by a sanious purulent matter.*

October 31st.—The symptoms have latterly been less urgent. The discharge has lessened, the pains declined, and the whole situation of the patient been more comfortable. On this day a large mass of an irregular shape was removed from the nose. It exactly resembled that described above.

November 5th.—An increase of symptoms has occurred. The discharge has its former fetid smell; pain in the head; some pain in the limbs, a large mass of inspissated mucus discharged.

From the above date to December, the symptoms underwent little change. Tumours occurred on the extremities, particularly the upper. The forearm and fingers suffered most. These tumours were very painful. The sufferings of the patient were enhanced by increased pain in the knees, and his sleep much disturbed. The nose which for a long time has been tender, is now the seat of pain and soreness.

December 7th.—Up to this date the general health had not been very greatly disturbed. At this time he has more pain, and is febrile; is losing the flesh he has gained in the intervals of severe symptoms; his left hand is the seat of the greatest pain; a scaly eruption has existed for some time on his thigh with

* In a case somewhat resembling the above, similar masses were frequently discharged. Some of these were of considerable size, and had the shape, and nearly the dimensions of the cavity in which they were formed. These masses are the secretions of the lining membrane of the nose, increased and perhaps altered somewhat from health by the morbid processes going on in the part.

inflammation; ulceration has taken place on the thigh; ulcer is covered with a scab.

December 13th.—The scab has separated from the ulcer on the thigh; edges of the ulcer square; surface presents irregular granulations; surrounding inflammation abated.

January 9th, 1822.—From last date symptoms have been less severe, and upon the whole the patient has been gaining. On this day a portion of bone was removed from the nose. There has been some pain in the head, with swelling on left side of the nose and at times increased soreness. Swelling soon after occurred on the right side, and here the soreness was so great, and apparently so superficial that the patient believed ulceration would occur externally. These symptoms gradually declined.

Pieces of bone were removed on February 3d and 7th. On the tenth a portion of unusual size having descended partially, became wedged. It could be seen in both nostrils. It excited much local irritation. Between this and the 19th the bone came away. Feet and ankles swollen, the ulcer on the thigh healing.

February 20th.—A large piece of bone extracted, with much subsequent relief. Purulent discharge has ceased. It returned early in March, but in small quantity.

March 13th.—Is to-day hoarse and complains of sore throat. In the last month, and thus far in March, he has been gaining strength and flesh. Has been out of bed much of the time, and walking freely about the house. He attributes the affection of the throat to cold taken during exercise in unpleasant weather. On the 15th the throat better; no discharge from nose on 17th. Has expectorated to day inspissated mucus, with small quantities of dark coagulated blood.

March 18th.—Is very hoarse, throat quite sore.

— 19th.—Hoarseness continues. Fauces red without swelling or ulceration. Tumour on left ulna has lately increased in size, is soft and painful.

— 20th.—Voice more clear; throat better.

— 21st.—Hoarseness continues; pain is experienced in swallowing but not in speaking; expectorates bloody matter.

— 23d.—Slept well last night, and feels better to day. Voice better, more loud and distinct, but still hoarse, with soreness of throat.

— 26th.—Symptoms have continued, a piece of bone came from the nose; throat worse; face flushed and swollen.

— 27th.—Throat very sore; on examination, back part of fauces dry, but without any appearance of ulceration.

— 30th.—Voice much improved, nearly natural, soreness of throat much diminished.

April 28th.—From the last date has suffered at times, much from pain and soreness in the abdomen. Has complained greatly of pain in the head. The ulcer on the thigh has been growing worse, and the pain of it has rendered his nights very distressing. At this date, somewhat hoarse.

— 29th.—Hoarseness continues.

— 30th.—Vomited once; voice less hoarse; slept tolerably, but sweat profusely, and complains of much weakness. Pulse full. Tongue moist. Sense of stiffness about the throat, with difficulty in swallowing and breathing. Vomits copiously a thin yellow curdy fluid. A vesicating plaster was applied to the throat.

May 1st.—Blister has risen well, but has produced no relief—has vomited twice since yesterday; his night was tolerable. Pulse as before.

— 2nd.—Vomited yesterday—alvine discharges large, with pain. Pulse 90, full. Is now vomiting from exertion he says in talking. Voice rather better, but the throat remains the same.

— 3d.—Vomited once. Pulse as yesterday. Throat excessively troublesome; says he cannot breathe with ease. Swallows with great difficulty.

— 4th.—Great soreness in the throat, but the difficulty of breathing rather diminished. Pulse 100, rather less full. Painful diarrhoea.

— 5th.—The difficulty of respiration is greatly increased: he breathes with a hissing noise. Pulse 90, firm: very little sleep. Difficulty of deglutition very great.

— 6th.—Dyspnoea is constantly increasing; respires with a loud noise, and with great labour. Pulse 144, small, feeble; sleep almost wanting. Coughs, but with trifling expectoration.

— 7th.—Respiration as yesterday; expectorates some purulent mucus. Mind clear, pulse 108. 4 P. M. Sitting erect in bed: eyes staring—mouth open; respiration exceedingly laborious; mind clear; pulse 120. At 8 in the evening the patient died.

Examination after death.—May 8th.—Great emaciation. On opening the larynx an ulcer was discovered occupying its posterior and superior portions, deepest on the left side, and extending there to the sacculus. The ulcerated parts were of a dark colour. An irregular and carious piece of bone was found lying loose in the ulcer, and floating in purulent matter. The thyroid cartilage was ossified, and in the process of caries this portion had been loosened from the rest. The pharynx exhibited traces of

inflammation on its mucous membrane. The abdominal viscera presented nothing remarkable.

Remarks.—In the above case, I have principally confined myself to a narration of those facts which relate to the disease as it showed itself in the nose, the fauces, and the larynx. The case is published principally on account of the disease of the larynx, and for the manner in which it produced death. In a disease of so long standing, and so universal in its extent, it could hardly happen but that various disturbances would occur in other organs, besides those in which the most pressing symptoms were ordinarily manifested. This was the case here. The bowels frequently suffered, and pain and diarrhoea not unfrequently occurred, and demanded the most regard in the treatment. With the exception of the earliest period of the disease at which I saw him, it was not until towards the close of the case, that the patient was much confined to his bed, or was greatly emaciated. There were times in which he gained flesh and strength, and the affection of the nose was so much diminished, that a prospect was afforded of ultimate recovery. The treatment consisted in the free use of the decoction of sarsaparilla, and in the employment of such doses of the tincture of the oxymuriate of mercury, as would maintain a moderate mercurial action. This gave place to such other means as the varied circumstances of the case demanded. His diet was nutritious, and such articles as were most readily digested, constituted his food.

It appears from the earlier history of this case, that some ulceration of the fauces had existed. This, however, entirely disappeared in the progress of the case, and at the time of the first complaint of uneasiness of the throat, a very careful examination of the part discovered no unusual appearance there. In the progress of the laryngeal disease, some redness was observed in the fauces, but neither swelling nor ulceration. The most remarkable appearance here, was a rather darker colour than natural, and an unusual dryness.

The effects on the patient as they occurred under the increasing affection of the larynx were very striking. He rapidly lost strength, appetite, and flesh. His sleep was disturbed, and the countenance exhibited anxiety and suffering in a high degree. For a short time before death, he could rest only in a sitting posture, with his body inclining a little forward, his head turned up, and his chest fixed by firm pressure with his hands on the bed. The respiration in the last days of life was extremely laborious. The difficulty of breathing is readily explained by the state of the larynx as it appeared on dissection. It began with the inflammation of this part March 13th, and increased

with it. Caries in the ossified cartilage at length took place, and soon afterwards a piece of the dead bone was separated from the rest. No very decided effort seems to have been made for the removal of the loosened bone. The natural irritability of the part was nearly destroyed in the rapid progress of inflammation, and its processes, and the patient seems to have sunk not so much from the direct effects of the foreign body in the larynx, or from suffocation, as from the more gradual effects of a diminished respiration. Very little air probably entered the lungs, and this little with great difficulty. Much power was thus wasted, and the blood which returns to the heart, for important purposes, was but very imperfectly prepared by the pulmonary circulation, for its uses in the system. In the *London Medical and Physical Journal*, the numbers for April and May, is a paper by Mr Hawkins, on *Syphilitic Ulcers of the Larynx*.

It became a question in the above case whether bronchotomy should be performed. There was no ground for the belief that the operation would answer any beneficial purpose, and it was not done.

The following extracts from Mr Hawkins' paper relate to the same subject.

'How far the operation of bronchotomy may be successful in cases of ulcerated larynx, is a question of some importance. I have only seen it performed in one case of this kind, which was a disease of the larynx following the acute sloughing ulcer of the throat. The patient was seized with a sudden fit of difficult respiration, having all the appearance of spasmodic action of the muscles of the glottis. He was evidently so nearly dead, (and in fact he died in less than five minutes after the seizure,) that I considered myself justified in opening the larynx immediately, as the only possible means of saving his life. He scarcely lived long enough, however, to breathe through the artificial opening; nor was his recovery to be expected, from the large quantity of frothy mucus with which the lungs were gorged.

'In Mr LAWRENCE'S paper on the Affections of the Larynx requiring the operation of Bronchotomy,* a number of successful cases are recorded; but almost all of them were performed for the extraction of foreign bodies, or for acute diseases of the larynx; and I do not recollect any successful case, in which ulceration of the larynx was known or suspected to exist, although there are several cases in which the patient's death was evidently retarded.

'I cannot but think that the operation is only likely to be at-

* *Medico-Chirurgical Transactions*, vol. vi. p. 240, 241, *et seq*, and 250.

tended with success in the more acute diseases of the larynx, and is not at all advisable in cases of ulceration. It is allowed on all hands, that the effects of diseases of the larynx, "are in themselves fatal after a certain time, even if the original obstruction be obviated:" hence the operation "is ineffectual, unless performed early."* There are very few cases of ulceration in which the operation is likely to be proposed till the disease has existed so long that these fatal effects have probably supervened; and I am inclined to think that all those who would get well after the operation, might be cured without it. Of the two last cases mentioned by Mr Lawrence, the first appears to me to have been evidently one of inflammation; the last was one of ulcerated larynx, mentioned also by Mr Bell, who performed the operation: the former succeeded, the latter failed.

† Mr Lawrence remarks, "The different results of Donovan's case, (the ulcerated larynx,) particularly after the favourable appearances exhibited in some parts of its progress, leads us to reflect on the causes of such a difference. Although the operation was longer delayed in the latter instance, and the artificial opening less free, yet the death of the patient must, I think, be ascribed to an original difference in the nature of her affections: a difference which, for the reasons so well pointed out by Dr Latham, cannot be recognized by the symptoms. We have already seen that different affections are discovered, after death, in patients whose symptoms, derived from the interruption of the respiratory and vocal symptoms, which is common to them all, exhibited no diagnostic differences; that in some there was a mere thickening and change of structure in the membrane, while in others the cartilages were diseased. We may be allowed to conjecture that Jones's disease was of the former kind; while we know, from dissection, that Donovan's was of the latter."† It appears, from these remarks, that Mr Lawrence would not advise the operation of bronchotomy where the cartilages of the larynx are diseased.

* *Medico-Chirurgical Transactions*, p. 248.

† *Ib.* p. 262.