THE PROGRESS OF LARYNGOLOGY.*

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It is with much pleasure that I welcome you to this, the first meeting of nose, throat, and ear specialists in the South. Although the branch of medicine, whose consideration is the object of this Society, is still comparatively young—in fact, the first man, Garcia, who examined the larynx with the mirror being still among the living—it has made such rapid strides that it now holds a prominent position among the older branches of medicine. Although scarce twenty years have passed since the treatment of such important diseases as those of the nose, throat, and ear was relegated to quacks and charlatans, still this subject has been taken hold of by earnest men—men striving hard to arrive at truth, and seeking the advancement of this subject—so that at present there are many workers in this field in all portions of the civilized globe.

Although the nose has such an important function in preparing for respiration the air—the *sine qua non* of human existence—it is comparatively recent that its physiological functions were well understood. We can all remember the time when a student would pass his course at a medical college without ever having seen the interior of the nostrils or inspected the larynx or the ear, and this subject is even now a *terra incognita* to a large majority of practitioners of the present day. This is largely attributable to the fact that the medical colleges have heretofore given so little attention to this subject. But a few years ago, the number of colleges in whose curriculum the subject of diseases of the nose, throat, and ear was considered was comparatively few; and where instructions were given on this subject, it was usually done in such a manner as to indicate that it was of secondary importance to other branches of medicine.

This state of affairs, however, has undergone a change, and the majority of prominent colleges now not only give earnest attention to the consideration of diseases of the nose, throat, and ear, but have established chairs for special instruction in these diseases; and the time is not far distant when the college which does not give proper attention to this branch of medicine must be relegated to those whose methods and advantages have fallen behind the modern standard.

In order to obtain the benefits of the co-operative study of this subject, societies for its advancement have been established in England,

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in Germany, in France, and in America, and the majority of advanced nations have now their societies representative of this branch of medicine. The discussion of the many subjects of interest in our specialty cannot but tend to advance our knowledge of this subject, and the comparison of our individual experiences and the analysis of the results obtained will continuously advance our knowledge, and we shall be the better prepared to relieve the sufferings of our patients.

During the past year, two important additions have been made to the methods of our specialty, viz.: the *X-rays* of Roentgen, and the *direct laryngoscope* or *autoscope* of Kirstein. In spite of the very conservative statements of the discoverer of the X-rays, the sanguine enthusiasm of the masses has over-rated the value of their application in medicine and surgery, and it is only natural that the return swing of the pendulum should create a certain amount of discouragement; but a careful analysis of the work that has been accomplished, and the scientific investigations that are still being made, give us reason to hope that the X-rays will not only be of marked benefit to surgery generally, but also in our particular specialty. Foreign bodies in the œsophagus have been easily and accurately located by this method. We had hoped that the X-rays would throw new light on the diagnosis of the disease of the accessory sinuses; but thus far, however, the results obtained in this direction have not been very encouraging, this being due principally to the fact that pathological conditions of these sinuses are usually limited to the soft tissues, which are transparent to the X-rays, and that they are surrounded by an osseous wall which offers a much higher resistance to the passage of the rays. It is to be hoped, however, that this method, when more perfected, will materially assist us in making a rapid and unequivocal diagnosis of these cases.

The subject of direct laryngoscopy is also of great interest; and while, unfortunately, it cannot be applied to the examination of all cases, in fact, not even to a large proportion of them, still it is certain that where it can be applied it offers the greatest advantage, and it is certainly a valuable addition to our methods. It is of special importance in the application of surgery to the larynx; and in a method of treatment of laryngeal tuberculosis, which I shall have the privilege of bringing to your attention at this meeting, it has been of the greatest service in facilitating the treatment in those cases in which it could be applied.

In concluding these remarks, I would express my sincere appreciation to the Reception Committees, who have spared no efforts to contribute to the enjoyment of our visiting members. I would also express to the members of the society my sincere thanks for their hearty

co-operation in organizing this meeting. I sincerely trust that this will be the first of a long series of such meetings, which will be held in the South, which will tend not only to the advancement of our knowledge, but also to increasing the friendly relations of its members.

TUBERCULOSIS WITH SYPHILIS OF THE LARYNX.

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When there is a doubt of the correct diagnosis of a case, such as cancer, tuberculosis, and other kindred affections, the microscope is called into play, a section examined, and the diagnosis made certain.

The microscope is a great aid to a diagnosis; but it is often misleading, when we have to deal with a mixed sore of the larynx, such as a tubercular ulcer and a syphilitic ulcer side by side, which case is liable to occur quite frequently.

The diagnosis is given of a tubercular sore, and the presence of a syphilitic infection passed over and undiagnosed, and treated only as a tubercular ulcer.

It is in these cases that the well-trained eye is called into play to diagnose the affection.

Syphilis of the larynx is again and again mistaken for tuberculosis, and the diagnosis seemingly confirmed by the microscope, because the patient has some tubercular disease of the lung, and the sputum examination gives this alone.

Syphilis grafted upon a constitution that is prone to tuberculosis, renders the patient more susceptible to the development of consumption, if the syphilis be not quickly brought under proper treatment and the treatment conscientiously pushed.

Syphilis in conjunction with tuberculosis, if the syphilis be treated and the tubercular affection also treated, renders the tubercular disease less virulent, and prolongs the life of the patient.

These are clinical facts that I have observed again and again, where I have been called upon to treat these lesions of the upper air tract.

A case of tubercular ulcer of the larynx, pure and simple, will generally prove fatal in the first six or ten months, or even in a shorter time. A case of tuberculosis of the larynx with syphilis of the larynx may pull through for one to three years, if the presence of the