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THE LOCAL TREATMENT OF
LARYNGEAL PHTHISIS.

THE local treatment of laryngeal tuberculosis is a subject upon which a large and continuous amount of labour has been bestowed with somewhat varied results. Therapeutic attempts may be limited to subduing the inflammation, and mitigating the pain which accompany the disease, or they may run in the direction of finding a specific remedy for it. If a drug were known which could eradicate the disease, discussion of the subject would be no longer necessary. Unhappily, however, an impartial critic must admit that such a remedy does not exist, for the enthusiasm with which each successive remedy has been presented by its discoverer has been but the harbinger of declarations of failure by other workers.

In this respect, laryngeal tuberculosis is not different from many other diseases, for most remedies have short lives. So far as laryngeal phthisis is concerned, we can with confidence say that, whilst a specific remedy is non-existent, we can do now much more in the way of local treatment than we could a few years ago. The cicatrization of tubercular ulcers is not only proven by many recorded cases, but every one who is well acquainted with the laryngoscope must have observed instances of spontaneous cicatrization of such ulcers when situated in the larynx.

This fact is in complete accord with the pathology of the disease. It is well known that tubercles are disposed in superficial layers, and that the necrobiotic process or stage can end with the total elimination of the morbid product. When this takes place in the larynx, it is exceedingly interesting to determine whether the recovery, as evidenced by the presence of cicatrization, is of a local nature, or whether it also means cure of a general tuberculosis. On this point it is probable that the great majority of the profession will be inclined to concur with the writer when he asserts that, not-

withstanding the healing of the local (laryngeal) lesions, a patient does not become free from tuberculosis. This, however, ought not to prevent us making judicious use of local treatment, with this prevision that every honest physician will be careful to explain to his patient that a local cure may not necessarily affect the general disease.

It is not the intention of the writer to enumerate all that has been done in regard to the local treatment of laryngeal phthisis since the invention of the laryngoscope. We now award a merely secondary place to the use of antiseptic sprays and inhalers, at one time very much in vogue. The local application of nitrate of silver, iodine, opium, and the mineral astringents, is now supplanted by other and more efficacious remedies and methods ; of these it is necessary to write in some detail in order to determine, if possible, which remedy or method of treatment is to be preferred. .

In 1880, it was proposed by Moritz Schmidt, of Frankfort, to treat laryngeal tuberculosis by free scarification with scissors, under complete asepsis. To many it must have been difficult to recognize how, or by what *modus operandi*, a cure of tubercular disease could in this manner be effected. The method found few supporters, and the most that can be said about it is, that it has now sunk into well-deserved oblivion. Schmidt,¹ with whom I concur, recommends inhalations of balsam of Peru as having a remarkably effective sedative action. Cauterization, with the view of protecting the tissues from the contact of food and drink, has now been largely displaced by remedies with more radical indications, and opium, morphia, belladonna, and similar drugs have found in cocain a serious competitor, whose place as a local anæsthetic neither menthol nor caffen have affected. Unfortunately, whilst the effects of cocain are astonishing, they are but transitory in nature, and the drug is consequently of a merely symptomatic value.

Amongst the oldest and most widely-used drugs in the treatment of this disease stands iodoform. Literature does not enlighten us in regard to the individual who first employed iodoform in the local treatment of laryngeal phthisis. The writer was taught to use it by Elsberg, in 1880, and with him prefers the ethereal solution to the powder, in the strength of 1 in 3. Since using iodoform in this way, the writer has had marked beneficial results in his practice, but he

¹ Schmidt recommends steam inhalations containing 20-30 drops of the following mixture to a pint of hot water :—

Balsam of Peru	...	...	...	...	10 grms.
Alcohol	...	...	...	..	5 ..

is only able to recall one case in which complete recovery ensued. Iodoform has of late been to some extent displaced by lactic acid. As a result of repeated trials of the latter, the writer is of opinion that, notwithstanding the warm recommendations of this remedy by Krause, Schrötter, Jelinek, and Hering, it is far inferior to iodoform as a local therapeutic agent, and in this opinion he is certain the mass of the profession will concur. He has now, in fact, completely discarded lactic acid, and has returned to iodoform. The writer may say that he has not tried the sub-mucous injection of lactic acid (about 1 grm. of a 20-30 per cent. solution with Hering's syringe as modified by Krause), but of this he feels certain that, applied in this way, neither can the pain be less nor the effects different than when the more common methods of application are employed. The sub-mucous method is not exempt from practical difficulties which all the more detract from its applicability, as the treatment of laryngeal phthisis should be one which every practitioner of medicine ought to be able to employ. The application of iodol in powder has, in the writer's experience, been productive of better results than lactic acid, but not better than iodoform. The results obtained have agreed with those of Lublinski, who, in careful and unexaggerated language (very different in this respect from most discoverers of new remedies), first described its effects. On the whole, however, the writer is inclined to prefer iodoform to iodol.

The probably parasitic nature of tubercular disease has suggested to the writer the prophylactic use of mercurial sublimate, of the strength of 1 in 2,000. The indication is so rational, the practice so simple, the tolerance so complete, and the effects so satisfactory, that he now universally adopts it in practice.

The writer has not had experience of warm air, recommended by Fournier, as an anti-microbiotic and prophylactic agent, and as favouring the formation of crusts or scabs on the ulcerated surfaces. This necessarily implies somewhat continuous treatment, to which patients might occasionally object.

In all cases, the difficulty of diagnosis in primary tubercular laryngitis is great, and is experienced all the more in the contemplation of another remedy, of an essentially radical nature, namely, extirpation of the larynx. The history of many successful cases of extirpation of glands, kidneys, ovaries, and other organs for tubercular disease warrants us in entertaining the idea that, were early diagnosis of primary laryngeal phthisis possible, extirpation of the larynx in such instances would come within the pale of justifiable surgery, and take its place as the most efficacious of all remedies.

The writer's views may be shortly summarized as follows :—

- (1) We are still in want of some remedy, or remedies, to effect the cure of laryngeal phthisis.
- (2) Notwithstanding this want, the local (palliative) treatment of the disease is incumbent upon every physician.
- (3) Many of the cases quoted by various writers are of an extremely hypothetical nature, inasmuch as they have not been a sufficient time under observation.
- (4) Cocain, iodoform, iodol, and sublimate are perhaps the best of all local remedies. Lactic acid, even by submucous injection, does not appear to have led to favourable results.¹ J. M. (Naples).

INSTRUMENTS AND THERAPEUTICS.

MANDEVILLE, F. A. (Rochester, N.Y.).—**A New Reversible Amygdalotome.** *New York Med. Journal*, March 5, 1887.

THIS is an improvement of Mackenzie's well-known instrument, the handle being attached to the knife so as to allow of its revolving round it, a spring-bolt fixing it at the desired spot, which is controlled by the thumb of the operator drawing a slide placed in the shank of the handle. The instrument can thus be very quickly reversed.

KRAUSE (Berlin).—**Instruments.** *Monats. für Ohrenheilk.*, No. 3, 1887.

1. A palate hook which can be fixed on the upper lip.
2. Curved trocar for opening the antrum of Highmore.
A trocar, *à double courant*, for the same purpose.
3. A nasal saw.

MICHAEL.

¹ Tracheotomy and intubation of the larynx are valuable resources in laryngeal phthisis. The writer has not mentioned them in the above communication, as they are universally accepted under appropriate circumstances. Forced alimentation is another important therapeutic adjuvant. Rectal injections of sulphur with carbonic acid gas have been proposed by Bergeon, of Lyons, in phthisis, and special reference has been made to its applicability in the laryngeal variety of the disease (*vide Progrès Medical*, No. 3, 1887, p. 51). As in this communication no laryngoscopic observations are recorded, and as the method is still on trial, the writer contents himself with merely making reference to this certainly ingenious and original method of treatment. Inhalations of *bacterium termo*, as proposed by Prof. Cautani, appear to have no influence whatever either in pulmonary or laryngeal phthisis.