

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

syphilitic ulcer be diagnosed and treated at the start, and the patient conscientiously follows out the prescribed directions.

These clinical facts were drawn to my notice by the case of a male, whom I treated some years ago at the Bellevue Clinic.

This patient lived in the lower part of the city, on the east side of town, about three miles from the hospital; he walked this distance back and forth, in all kinds of weather, twice a week to have his throat treated at the clinic. The patient was in abject poverty, and with difficulty obtained the necessary amount of food to exist. His principal diet was tea and bread. Meat was a luxury, and only obtainable at times. I mention these facts to show that the case under observation was at the start handicapped by insufficient food and poor hygiene—two strong factors that are required to bring any case of tuberculosis or syphilis to a satisfactory ending. The patient, male, æt. 36, complained upon his first visit of a huskiness of the voice, a severe cough and slight pain in eating. He had first noticed the cough about six months before he applied for treatment. He had lost about fifteen pounds in weight, and was worried by night sweats. An examination of the lungs showed consolidation and the presence of the sub-crepitant rale.

An examination of his larynx showed a tumefaction of the arytenoid cartilages. The left cartilage was covered with a gray deposit. The right cartilage in conjunction with the swelling had a small ulcer about the size of a bean.

The epiglottis was swollen and infiltrated. The entire membrane of the larynx was bathed in a profuse discharge of mucous.

A history of syphilitic infection of five years previous was acknowledged. The diagnosis was made of tubercular and syphilitic ulceration of the larynx, and the patient placed upon a combination of the iodide of potash and mercury.

The ulceration of the larynx yielded to the syphilitic treatment; but again developed if medicine was stopped for any length of time. The grayish deposit in the larynx at no time ulcerated, but remained stationary for the three years that the case was under observation. After having this condition of the larynx for over three years, the patient eventually died of a pneumonia. His sputum was examined and the tubercle bacilli found. If this diagnosis alone had been accepted and the syphilitic ulcer of the larynx overlooked, the patient would have died in three months from his first visit, not of a tubercular ulcer alone, but from a progressive syphilitic ulcer, which would have destroyed the larynx, and the patient would have died from inanition, with the erroneous diagnosis of consumption.

The importance of the presence of these two ulcers in the larynx at the same time cannot be overlooked, and the point borne in mind that a patient suffering from syphilis and tuberculosis of the larynx at the same time, the diagnosis of phthisis alone will be returned if the sputum be microscopically examined and this alone relied upon.

Another interesting point in this case was that the tubercular deposit in the larynx remained non-progressive for three years under the treatment for syphilis.

CASE II. Male, æt. 45; average weight in health was about 240 pounds; had contracted syphilis when twenty years old, and had been treated off and on since that time. This patient would consume some days, according to his own account, over thirty whiskies and as many cigarettes as he could smoke.

He applied at the clinic, complaining of a sore throat and night sweats. His weight was reduced to one hundred and sixty-four pounds; he complained of a hard cough and pain in eating.

An examination of his larynx showed a grayish deposit over both arytenoid cartilages, which were slightly edematous; his right arytenoid had a small ulcer that was covered with a purulent discharge. His sputum was examined and tubercle bacilli were found.

Mucous patches were present on the tonsil. Patient was placed upon a syphilitic treatment, also creosote and morphine for his phthisis. In a month the ulcer in his larynx had healed; but the tubercular deposit remained unchanged, but was not progressive.

The treatment in this case was varied, and it was found that the patient improved much more under the syphilitic treatment than when he was put upon the tubercular treatment alone.

I report these cases, but I can augment my assertions by over fifty of these cases that I have studied during the past year, and they sustain the clinical facts that:

1. Tubercular and syphilitic ulcerations are found side by side in the larynx.
2. That the presence of a syphilitic ulcer by the side of a tubercular ulcer in the anatomy exercises a moderating influence upon the tubercular deposit, if the syphilis be treated, and prolongs the life of the patient.
3. Do not rely upon the report of the microscope in all these cases, as the tubercle bacilli will be found if there be a phthisis, but the syphilitic element, if present, is overlooked.
4. In the case of a mixed sore, the syphilitic ulcer will generally progress quicker than the tubercular, but can be easily controlled if the right diagnosis is rendered.

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