

Laryngeal Phthisis.

NZMJ, 1925

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According to reports from New Zealand, especially a private communication from Dr. Jas. Hardie Neil, cases of laryngeal phthisis are not observed as frequently there as in the commercial centres of the United States. That perhaps is the reason why the writer has been so kindly invited to present a paper on this topic to his colleagues in New Zealand. Yet he cannot help venturing the opinion that such cases might be detected more frequently if the attention of the general practitioner and the specialist in phthisiotherapy were drawn more generally to the fact that a large percentage of all phthisical patients are affected by a secondary invasion of the upper air tract, and that according to my own conviction a primary invasion of the larynx is not only possible, but occurs more often than laryngologists ever dreamed of.

Having written on this and other phases of the disease on many occasions, it will be my task to discuss what therapeutic means are at our disposal to improve or even cure these cases. The ideas expressed here are the result of continuous efforts in this direction for more than thirty years. Having been in charge of the Throat Department of Montefiore Hospital in the City of New York, and the Bedford Hills Sanatorium for Consumptives during this long period, the writer formed certain ideas that, he believes, may be followed with advantage. On the other hand, disappointments are frequent and the problems still to be solved so numerous that there is work enough for all of us, and that for many years to come. Certain positive facts have been gained, however, that enable us to formulate some general suggestions for the management of such cases.

When Theodor Heryng of Warsaw, in 1887, published his book on the "Curability of Laryngeal Phthisis," shortly after Moritz Schmidt and Herman Krause had promulgated similar ideas, his work was a revelation to most laryngologists and pathologists. Not even the great Rudolf Virchow could be convinced of the possibility of cicatrization of a laryngeal ulcer. Yet Heryng had proven

unmistakably by *post mortem* findings that even extensive tuberculous ulcerations may become cicatrized. Even spontaneous healing of such a process may and does occur. I would mention here an instance in this kind in a woman, 70 years old, whose autopsy gave evidence of the absolute cure of an advanced laryngeal tuberculosis.

The progress made since Heryng's publication has been very slow, mainly because the practitioner as well as the layman never believed that anything could be done for such patients. Well do I recall the difficulties I encountered when I tried to establish a regular service for these most unfortunate people. And that occurred in one of the best hospitals in the City of New York. Things have changed. Not only are we trying to cure laryngeal phthisis, but also to prevent its occurrence. And this can be accomplished in many instances. In order to prevent a secondary involvement of the upper air tract all patients suffering from any form of tuberculosis must be examined regularly at certain intervals as to the condition of their upper air tract. This, naturally, holds good for private as well as hospital cases. It is not sufficient to examine a patient when he enters a hospital, and then in the absence of anything suspicious to wait until the tissues have broken down, or other grave conditions have set in. It is a wise policy to keep the patient under observation and to treat every manifestation, catarrhal or otherwise, as soon as the first signs appear. By all means pay attention to every nasal, pharyngeal catarrh, etc., because of its tendency to cause irritation of the larynx or bronchi. That is the safest way to prevent any deeper lesion.

Once you take charge of a patient there are three rules to be considered:—

(1) Remove every pathological condition from the upper air tract, but do it rather by medication, that is, topical applications, etc., than by operative procedures. For example, to remove tonsils in a case of advanced pulmonary phthisis is fraught with great danger. Many a fatality has occurred after such procedure. On the other hand, catarrhal conditions should be treated regularly and thoroughly. The effect is always beneficial; in other words, some relief is invariably afforded.