Surgical Treatment of Laryngeal Tuberculosis.

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Surgical treatment of laryngeal tuberculosis proper, viz.: curettment with single or double curettes, has not received the attention, and has not as many followers in the United States as it has in Europe. Preference is largely given to milder methods of treatment; and, although the advocates of surgical measures meet with due consideration and appreciation of their work, curettment has not yet gained a firm foothold among the laryngologists abroad. I shall not venture to enter at length into the reasons for this seeming indifference or aversion, but the disinclination does certainly not arise from the want of recognition of the excellent work done by others; nor is it due to tardiness to adopt advances made in science on this side of the ocean, proofs of which are not wanting. It is also not timidity on the part of the operator, a statement which I do not think necessary to substantiate in the face of the brilliant achievements surgery has accomplished in the United States. But I may briefly mention two reasons,

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which, although given only as my personal opinion, I heard stated in conversation with my colleagues: A great number of the latter are averse to harsh measures, and dislike to inflict pain and discomfort on their patients; others again, with better claims, point to the small percentage of patients cured by curettment. To the former class of our colleagues we cannot deny the right to treat their patients with milder means as long as they can prove that the remedies used improve or cure a certain number of patients. To the latter we must endeavor to show that curettment in properly selected cases will yield better results than other methods of treatment.

Curettment is so important a measure—is a proceeding so opposite to views hitherto held—that it is not surprising that when once adopted by an operator he is carried away by enthusiasm and is tempted to extend the field of his operations to cases which had fared better with another method of treatment. By this remark I do not wish to insinuate that a careful selection of patients had not been made by the advocates of curettment; but it is my belief that the operation will win more adherents among the profession when we exclude all unsuitable cases; further, when we bestow the most painstaking attention to the after-treatment; and, last, when we give full consideration and care to general hygienic and dietetic treatment of the patients.

Laryngeal tuberculosis being a disease of the gravest order, and the indications for curettment being limited, it necessarily follows that the number of cures resulting from it will remain small for some time to come. We often hear of the excellency of some new

remedy for tuberculosis and of the cures effected by it, but I have yet to read a plain statement, in figures, of how many patients of the number treated have remained well after a reasonable length of time. In a recent discussion on this subject I remarked that not only statistics of cures of laryngeal but also of pulmonary tuberculosis are difficult to find in the literature. A few physicians and a few health resorts have published the results of treatment of their pulmonary patients. The references of laryngeal tuberculosis are still less satisfactory. My illustrious colleague, Dr. Heryng, had the courage to publish the records of his results by curettment, and has by his figures given a weapon into the hands of the opponents of this treatment, who are inclined to believe that the number of cases is too small to merit any serious consideration. As stated before, no publication of the results by other methods has come under my notice; and, as long as such reports are not forthcoming, comparisons of the value of the different measures adopted will be misleading. But, if statements of the condition of patients after a lapse of several years should be published later on, I am convinced that the results of curettment will not need to fear a comparative test, and will prove at least equal if not superior to other methods of treatment.

Although curettment, as the most modern and radical treatment of laryngeal tuberculosis, deserves our greatest attention, surgical treatment of this affection comprises several other procedures, which must be mentioned when reviewing this subject. Endolaryngeal measures are, 1st, incisions; 2d, curettment; 3d, submucous injections; 4th, electrolysis; 5th, galvano-

cautery. Extralaryngeal operations are laryngotomy, extirpation of the larynx, and tracheotomy. Finally, also, intubation has been performed in laryngeal tuberculosis.

I have collected, for another occasion, the literature on these different subjects, as far as it was accessible to me; and, as I thought it might be of interest to some Fellows of the Association, I brought a copy of the references with me. You will see that it was an Englishman, Wm. Marcet, who made the first attempt at surgical treatment by puncturing tuberculous infiltrations as early as 1869, but who did not persist in his experiments. I found, further, that a Scotchman, P. H. Watson, of Edinburgh, made the first extirpation of the larynx for syphilitic stenosis. The first tracheotomy on account of laryngeal tuberculosis was made by the Frenchman, Valleix, in 1834. Extirpations of the larynx for tuberculosis were made fifteen times—eight total, seven partial ones; among them three for supposed carcinoma, two for lupus.

In a paper read last month before the American Laryngological Association, I endeavored to analyze and to refute the objections generally raised against curettment in laryngeal tuberculosis. I may be permitted to refer here briefly to some of the more important points stated in the aforesaid paper. It is not claimed by the operators who practice curettment that they will cure thereby a concomitant pulmonary complication, nor that they can prevent relapses—drawbacks which curettment has in common with other forms of laryngeal treatment. But it cannot well be denied that, if by curetting we improve or cure the laryngeal lesion, the patient will have a better chance

to fight his pulmonary affection than when he suffers from both combined. Curettment, further, is, in my opinion, the quickest and most effective proceeding to relieve the distressing dysphagia resulting from tubercular infiltration of the arytenoid region. The pain of the operation can almost always be entirely subdued by applications of cocaine, either by applications with the cotton-carrier or by sub-mucous injections, and the wound, as a rule, heals rapidly under appropriate after-treatment. The resulting relief from dysphagia is of the utmost importance, as the patient is then enabled to again take proper nourishment, which is one of the most essential features in the treatment.

The limitations as to suitable cases adapted for curettment are no valid reasons against its recommendation as a surgical measure. For almost all operations a line has to be drawn beyond which it is not safe to operate, but this is no argument against an operation being justifiable in appropriate cases. By curetting a torpid tubercular ulcer, by excising tubercular infiltrations in the larynx we adopt sound principles of surgery and follow the example of the surgeon who excises tubercular glands, tubercular joints, etc. The disadvantages under which the laryngologist labors—the greater inaccessibility of the parts, the greater proclivity of relapses resulting therefrom, the greater difficulty of manipulation—do not detract from the value of curettment as a proper operative measure, but only make a greater demand upon the skill, perseverance and circumspection of the operator.

I think it is not in place for me to speak of the indications and the technique of the operation, as I anticipated that Dr. Heryng would treat these two sub-

jects. I also have nothing to say in addition to that which has already appeared in print. I only beg to draw your attention once more to the propriety of a careful selection of the cases for this treatment. Although it is well-nigh apparent from the foregoing that I am a strong advocate of curettment, I have declined to operate in more than one case, sent to my office for this purpose. I remember especially one patient who returned from a health resort with the avowed intention to have surgical treatment applied to his larynx. The upper lobes of both lungs were seriously affected; he suffered from hectic fever, and the infiltration of the left arytenoid region and aryepiglottic fold was so extensive that the patient had scarcely been able to take any nourishment for several weeks past. The right arytenoid cartilage was also somewhat tumefied; there was complete aphonia, but no dyspnœa. It was impossible to remove the enormous tumor by curettment; besides, such a step seemed to be unjustifiable, considering the patient's general dilapidated condition. Submucous injections of lactic acid were made, and in the beginning with the most happy result; but, ultimately, dysphagia set in again, and ten days later the completely necrosed arycartilage with Santorinis cartilage attached to it was expectorated by the patient, who died one week thereafter.

I never experienced any special difficulty in the performance of curettment with Heryng-Krause's double curettes, but found it advantageous in some cases to employ slightly larger curettes, enabling me to remove at one stroke a greater amount of diseased tissue.

I also refrain from speaking of the results of curettment obtained by others, and shall only briefly allude

to my personal experience. In the face of the large figures given by Heryng, Gougenheim and Krause—a total of 455 patients—I feel somewhat embarrassed on account of the small number of my own cases—viz., twelve—having obtained Heryng's double curettes only about one year ago. Of these twelve patients three are dead, five are in *statu quo*, or lost the improvement previously gained, and the balance of four are without recurrence of laryngeal disease from six to ten months. One of the latter number had affection of the posterior laryngeal wall, another of the ventricular band and two of the arytenoid region.

But it is a source of satisfaction to me to be able to refer to one patient who is an analogon to Dr. Heryng's case of Mrs. Goldschall, and whom I treated and cured seven years ago with single curettes, galvanocautery and lactic acid. As the case has been mentioned in the medical press on several occasions I shall confine myself to the statement that the patient had primary tuberculosis of the pharynx and larynx, the lesion, beginning at the base of the tongue, ultimately implicated the left tonsil, the soft palate, the whole lingual surface of the epiglottis and the left aryepiglottic fold. After five months of persistent and energetic treatment the ulcers healed and cicatrized, and, with the exception of a slight relapse during the following winter, the patient has remained in excellent health to the present day.

I cannot conclude my remarks without some reference to the work done by my townsman, Dr. Chappell. The doctor has treated patients with laryngeal tuberculosis, during the last year, with creosote solutions locally, as well as with submucous injections of creosote

in an oily solution, and has devised a syringe for the latter application, which I have the pleasure to show you for inspection.

I have no personal experience with this method, having so far been satisfied with the effect of submucous injections of lactic acid; but, if the improvement reported and observed at the examination of his patients will be a lasting one, this mode of treatment will certainly deserve a more extended trial to determine definitely its merits.

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