my hands proved rather disappointing, and it seems, to fail most often in advanced cases in which one was hoping the most from it.

Cocainization of the spheno-palatine ganglion, as in the Sluder operation for ethmoidal disease, is said to abolish the reflex pain in the ear, but the effects are naturally only transitory.

Cough, which may be due to the local laryngeal condition, is often most satisfactorily relieved by the intratracheal injection of oily solutions. A large variety of drugs have naturally been employed, but a 3 per cent. solution of creosote in olive oil will be found to be as effective as any in relieving the irritation that seems to produce the cough.

There is one oily solution for local application that has within recent years been strongly advocated in America, but of which my experience is so limited that I cannot speak with any degree of first-hand knowledge. I refer to chaulmoogra oil. This appears to have a definitely beneficial effect not only as regards the diminishing of the irritable cough, but it is said also to allay the painful dysphagia very considerably, besides promoting the healing of ulceration in the larynx. The oil is rather a viscous one, and I have had it made up with two parts of almond oil so that it can be readily dropped into the larynx from a laryngeal syringe. If even a part of the benefits that are claimed for it can be substantiated after an extended trial it should certainly prove a most valuable addition to the medical side of our treatment.

It is in the later stages of the disease that the symptoms are so distressing, and anything that can give even temporary relief is well worthy of a trial. It is to be hoped that this discussion may reveal methods that are helpful and so carry us on the way to the attainment of our object.

TUBERCULOSIS OF THE LARYNX.*

BY

SIR STCLAIR THOMSON, M.D.,
F.R.C.P., F.R.C.S.

On a rough average one out of every three patients with active pulmonary tuberculosis suffers from the complication of a laryngeal lesion. In England to-day there are 55,000 individuals who require our knowledge and care to relieve and, if possible, cure them of this condition. Tuberculosis is not the most killing of the diseases we have to combat. Heart disease still heads the list. Pneumonia and bronchitis, together, hurry more people to the grave than does tuberculosis. But when we remember that tuberculosis attacks mankind chiefly when in the prime of life, that a third of all deaths between 15 and 40 are due to it, and when we recall the long and weary and expensive passage to the grave it may entail, we must congratulate the officers of these two Sections on taking this opportunity for focusing attention on what is the most serious complication of tuberculosis, next to meningitis.

Much encouragement lies in the well-established proof that tuberculosis is becoming both less frequent and less virulent. My own impression—which I hope to verify—is that the lessened virulence of the disease is shown by a diminution in the frequency with which the larynx is involved.

Five years ago I published the results of ten years spent in observing 477 cases of laryngeal disease discovered in 2,541 tuberculous patients, all of whom I had examined.¹ With your permission I will use these published figures for a few observations, as more extended experience has only served to confirm the conclusions I have already published as regards sex distribution, incidence of the disease, principles of treatment, prospect of cure, and so forth.

(These various points were then elucidated by a lantern demonstration.)

* Read at a joint meeting of the Sections of Oto-Rhino-Laryngology and Tuberculosis at the Annual Meeting of the British Medical Association, Manchester, 1929.

The principal conclusions are as follows:

1. Tuberculosis is found in about 18 per cent. of the patients admitted to a sanatorium.
2. It only occurs in 4.8 per cent. of patients in the early stage of pulmonary tuberculosis (Group 1 of the Turban-Gerhardt classification). Hence—
3. The great importance of early diagnosis.
4. The post-mortem room shows that in advanced cases the larynx may be affected in half the patients who die of pulmonary tuberculosis.
5. The presence of a laryngeal complication darkens the prognosis at all stages. If we study their after-history, 60 per cent. of patients who left the sanatorium with a healthy larynx are alive when only 30 per cent. of those with a diseased larynx are still surviving after the same lapse of time. In other words, amidst laryngeal cases two are dead out of every three when, amidst larynx-free cases, only one has died.

6. No laryngeal case can be looked on as "slight." Its import is always serious, both as regards length of treatment required and ultimate recovery.

7. Seventy per cent. of only fairly favourable cases are dead.

8. In only too many cases which come under observation the prospect of recovery is so slight that it may be unjustifiable to submit the sufferer to any trying, dangerous, or expensive treatment.

9. On the other hand, a complete repair of the larynx has been obtained in no less than 25 per cent. of patients with tuberculous laryngitis.

10. Amongst 477 cases 119 cures have been obtained by sanatorium treatment, combined with silence, whispers, and the galvano-cautery. To secure both results—and to forestall the development of this serious complication—we only require earlier diagnosis and more prompt sanatorium treatment.

11. When we recall that Morell Mackenzie wrote that "it is not certain that any cases ever recover," we may derive much encouragement from the results.

Hippocrates said that no head injury was so slight that it should be neglected, and none so grave but that it might recover. No laryngeal lesion in tuberculosis is so slight as to be neglected; some serious ones may recover; but the majority of advanced cases are hopeless.

In such a kaleidoscopic disease as tuberculosis it is rash to commit oneself to too definite conclusions. In formulating these opinions time has prevented me from inserting many saving clauses and from dwelling on the relation of the laryngeal lesion and the primary focus to the general infection and to the local and general resistance.

REFERENCE.

¹ Tuberculosis of the Larynx: "Ten Years' Experience in a Sanatorium," Medical Research Council, 1924.

PELLAGRA AMONG THE MAIZE-EATING NATIVES OF THE UNION OF SOUTH AFRICA.

BY

F. H. CLIVER, M.A., M.D., D.P.H.,

ASSISTANT HEALTH OFFICER FOR THE UNION OF SOUTH AFRICA.

IN spite of the fact that maize, or mealies, forms the chief article of diet of the Bantu population of the Union, often to the exclusion of all else, pellagra outbreaks have been of relatively infrequent occurrence. Only three outbreaks of any importance are known to have occurred—one in 1906, when some 150 pellagrins were found among Zulu rebel prisoners; another in 1912-13, in the Pretoria Mental Institution, affecting about 60 native inmates; and the recent outbreak in the Durban prison command, in which a total of 64 cases have been reported to date among the non-European prisoners. In addition to these outbreaks sporadic cases have been reported, amounting to about 50, mainly from Natal (including Zululand) and the Transkeian native territory of the Cape Province. Only six of these patients were Europeans, the remainder being Euraficans, Indians, or Bantus, the last-named greatly preponderating.