# 100 YEARS AGO

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*As we approach the Millennium I thought it would be interesting to see what our forebears were writing about 100 years ago. The Journal of Laryngology, Rhinology and Otology was then published by Rebman Publishing Company, Limited, 11 Adam Street, Strand, London, W.C.—Editor*

## ANGINA EPIGLOTTIDEA ANTERIOR.

By Dr. W. P. MEYJES, M.D. (Amsterdam).

As but very few cases of angina epiglottidea anterior have been published hitherto, I think the following case may be of interest to the readers of this journal.

Mr. S., aged forty-one years, consulted me on November 5th, 1896, complaining of sore throat, painful deglutition, and choking when he attempted to swallow milk or soup. The pain darted to the right ear. He became feverish, especially in the afternoon. Altogether he felt very weak and miserable. His illness had begun with a slight cold some weeks before, which had not prevented him from attending to his business. His appetite, however, was quite gone, and his head ached very much. His voice remained clear, and although he had suffered for many years, from time to time, with acute inflammation of the throat, during none of these attacks had he ever felt so wretched. He had never contracted syphilis, and there was no question of tuberculosis. The general impression the patient gave me was that his condition was very grave. He looked haggard, feverish, and leaned back in his chair.

On examining his pharynx nothing of importance was seen excepting slight redness of the plicæ palato-pharyngeæ, especially on the right side. As soon as I employed the laryngoscope, however, I saw the cause of his trouble. The anterior surface of the epiglottis was very red and extraordinarily swollen, almost completely hiding the fossæ glosso-epiglotticæ. Movements of the tongue caused great pain. The circumference of the epiglottis was increased, while both the ligamenta aryepiglotticæ were swollen. The posterior surface of the epiglottis was slightly red, also the chordæ vocales veræ. I was not astonished that the patient choked, for the action of the epiglottis in closing the introitus laryngis during deglutition was impeded by the swelling of its anterior surface.

I ordered absolute rest, aqua laxativa, ice internally and externally, and, last but not least, the use of an iced spray of one-third per cent, watery solution of ichthyol every quarter of an hour. I am acquainted with no drug that diminishes redness and swelling so quickly. I have used it during the last six years in all cases of acute inflammation. It is free from the slightest irritation, and, although the smell is not agreeable, patients soon get accustomed to it if prescribed for the first few days not stronger than one-fourth to one-third per cent.

On the following day the patient was already much better; the pain had lessened, and the fever abated. On examining the larynx I found the epiglottis less swollen and the redness diminished. Scarification—which I intended to perform had the symptoms continued or increased—was now unnecessary, and in about a week only slight infiltration remained at the base of the epiglottis. The patient was told to continue the ichthyol spray (one-half per cent.), but without the addition of ice. Since then the last sign of inflammation has passed off.

This form of œdema laryngis, strictly limited to the epiglottis, especially its anterior surface, has been termed *angina epiglottidea anterior* by Michel,of Cologne ("Centralblatt für Medicinische Wissenschafte," 1878, No. 2), who first described cases of this kind.