CASE OF ACUTE LARYNGITIS, WITH OBSERVATIONS.

By GEORGE NORMAN, Esq., F.R.C.S., Senior Surgeon to the Bath United Hospital.

(Read at the Quarterly Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, September 28, 1848.)

A gentleman, aged 48, had common sore-throat, with swollen tonsils, for five or six days previous to the 22nd of August, from which he had in a great measure recovered, when on the afternoon of that day he was attacked with the symptoms of acute laryngitis, which rapidly increased, and in the night Dr. Everitt, of Devizes, was called in to see him, by Mr. Anstie, who had previously attended him. At that time he had difficulty of breathing, hoarseness, cough, a copious expectoration of viscid mucus, and pain and tenderness in the region of the larynx. There was but little heat of skin; the pulse 90, and of moderate force, but there was great depression of the general strength, and much restlessness. Tartar emetic was ordered at short intervals, till full vomiting was produced, and afterwards in sufficient quantities to keep up a state of nausea. He was seen early in the following morning (the 23rd,) by Dr. Everitt and Mr. Anstie. There was no relief of the symptoms, and there was more fever. He was bled at the arm till slight syncope took place, and twelve leeches were afterwards applied over the larynx, which bled freely. He was ordered calomel and tartar emetic every hour. At noon he expressed himself confidently as feeling better, and he appeared so in many respects, but the improvement was not such as was desirable in a case of so much danger, and as there did not appear much scope for further treatment, it was thought that the time was arrived to consider the question of tracheotomy, and with that view I was sent for. Dr. Everitt saw him between two and three in the afternoon, when he was much the same. There was no discolouration of the face, nor any decided symptoms of the near approach of a state of asphyxia; between four and five, however, he died somewhat suddenly, some time before I got to Devizes. The only alteration that preceded his death was, that of great increase of restlessness, so that he could not be kept in bed.

The throat, larynx, and trachea, were examined a few hours after death. There was great redness of the fauces, but little swelling of the tonsils; the epiglottis thickened and greatly enlarged, projected above the basis of the tongue, and looked like an extraneous substance occupying the whole space of the pharynx; its edges were thickened, everted, and puckered up, so as to form a narrow serpentine canal, terminating in the rima glottidis, the aperture of which was diminished to the smallest size by the thickened and inflamed state of the lining membrane of the larynx. The inner surface of the trachea was red, but less so than that of the larynx. Spread over its surface was a thin layer of lymph, which could be stripped off like a membrane. All appearance of inflammation in the inner surface of the trachea ceased abruptly about two

inches below the larynx. Further examination of the body was not admissible.

Cases of acute laryngitis in the adult are rare, but I believe are generally, if not always, fatal; they differ from the croup of infants, in the absence of the sonorous metallic respiration, and of any appearance of suffocation, and also in the suddenness of the death, without the previous laboured and frequent breathing which belongs to the last stage of croup, and to bronchitis,—the symptoms being those of general distress and restlessness; great depression; an occasional gasping effort of inspiration, but without hurried breathing; a constant desire to change the position, and a leaden sunken hue of the countenance, but not the swollen or dark-coloured appearance of the features, as in suffocation. Such has been the case in all the instances of the disease which I have seen.

One of these occurred in a gentleman of about fifty, whom I saw two years ago. He was seized suddenly with difficulty of swallowing at his dinner, and thought some portion of his food had lodged in the throat. Soon after he had a hoarse cough, with painful, rather than difficult, breathing. He was bled, and was to have had leeches applied in a few hours after, with calomel and opium every hour, but he was so much relieved before the time for applying the leeches arrived, that they were omitted, and he appeared so much recovered, that all alarm had ceased on his part and that of the persons about him, but in the evening of the following day the symptoms again returned. He had the same restlessness and gasping inspiration that marked the case now related, and he died suddenly, having been just before walking about the room. The *post-mortem* appearances were the same as in the case just related.

I think it probable, from the suddenness of death in these cases, without any previous laborious breathing, that death is occasioned by the impediment to the escape of carbonic acid from the lungs, from the contracted state of the larynx, that there comes a point when the blood is so deteriorated, that it is no longer compatible with life, and that death ensues as suddenly, as if the person, from accident, had inhaled carbonic acid gas, instead of atmospheric air.

A great practical question in such cases is the propriety of tracheotomy, and seeing the inefficacy of other remedial means, and the suddenness of the fatal termination, I am inclined to think it affords the most probable chance of saving the patient; but then it should be employed in the early stage of the disease,—that is to say, as soon as the true nature of the case can be made out with confidence. The inflammation being confined to the larynx, and suddenly terminating at the upper part of the trachea, as in both these cases it did, would go to show that an opening into the trachea would be effectual, if performed early, and it might be very safely. No one would hesitate to have recourse to this operation, if an extraneous substance had accidentally got into the larynx or trachea; and no ill consequences have arisen when it has been done, nor do wounds made into the trachea, in attempted

suicide, add much to the danger, or afford any great impediment to recovery. I am therefore disposed to agree with the opinion of Dr. Everitt, that the early employment of tracheotomy in a similar case, would not only be justifiable, but would afford the most probable means of averting the fatal termination. In Dr. Everitt's case the operation would have been somewhat difficult, for the neck was very short and thick, the trachea lying very deep, and the space for cutting down on it being very limited, but on a thinner subject with a long neck, the trachea lies sufficiently superficial to be very easily and safely opened.

PRACTICAL OBSERVATIONS ON CHOLERA.

By JOHN ALLAN, Esq., Surgeon, R.N., Epsom.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I trust that you will concur in opinion with me, that the following narrative of facts, relating to the successful treatment of cholera, well deserves a place in the *Provincial Journal*.

Having witnessed, with extreme pain, the ill success attending the treatment of this fell disease on its visit to England in 1832, I have been most anxious, since its threatened return, to gain practical information relating to it, from such of my professional friends as had enjoyed extensive opportunities of observing and treating it. Among these, Mr. Robert Stedman, of Great Bookham, Surrey, has kindly furnished a narrative of his experience, which is most interesting; since the treatment which he adopted, first in his own person, and afterwards in a large number of cases, was attended with unfailling, and, inasmuch as he did not lose a single patient, I may say, unequalled success. With Mr. Stedman's permission, I submit to the profession the substance of his narrative.

Mr. Stedman arrived off Calcutta in the early part of October, 1817, a few weeks after the cholera first broke out at Jessore. The ship, on board of which he was the appointed surgeon, was eleven days kedging up the Hoogly River, and, as each day's progress lessened the distance to the capital, so it increased the horrors of the spectacle presented by the numerous dead bodies floating, up and down, with the flux and reflux of the tides. Mr. Stedman was the first person in the ship who was attacked by the cholera, probably, as was strongly impressed on his mind at the time, because, as a professional man, he took more interest, than any other individual on board, in noticing the numbers, forms, colours, &c., of the dead bodies, and, particularly looking on, when any native was performing his duty, as police, in moving such of them as happened to get entangled, when the ship was at anchor, at the bows, by the cable, or otherwise. The Bengal papers of that period stated, that between two and three thousand dead were cast into the river in a week. Hence Mr. Stedman's exposure to a sufficient source of putrefying

animal effluvia to account for his being the first individual in the ship seized by the disease.

His plan of treatment was simple and bold, but most unequivocally successful, since he lost not one of the crew, amounting to forty-eight, all of whom, with only one single exception, had the disease, whilst other ships in the river lost many of their men. A Bristol ship, moored about two cable lengths higher up the stream, lost thirteen of her crew in the first fortnight after her arrival.

Mr. Stedman's sheet anchor and sole reliance was calomel. Having commenced dosing himself, and having repeated it to a successful issue, he followed the same plan in all the other cases as they occurred. He was, as it were, knocked down by the first seizure, and instantly rendered unable to go the medicine chest. He requested the chief officer to go and weigh twenty grains of calomel for him. He replied that he would bring the calomel and the scales, but that he was not going to give such a dose as that. By the time he returned into the cabin, Mr. Stedman had incessant vomiting, but no power. He begged the officer to weigh twenty grains, and then to slip it off the scale upon his tongue. This done, the vomiting ceased for a short time, but not the cramps in the abdomen and limbs. On the recurrence of the retching, Mr. Stedman again, in less than ten minutes, requested to have twenty grains more. This checked all further vomiting, and, in one hour afterwards, still having spasmodic pains and drawings of the abdominal muscles, with heavings to vomit, he asked for twenty grains more. This, the first officer refused to have anything to do with, but the second officer and others standing around over-ruled the objection, and a third dose of twenty grains was given. Shortly after this Mr. Stedman was so far relieved as to be able to sit upright in the chair, and then they made him sip brandy and water. This warmed his stomach, and brought on re-action of the heart, and, although very feeble, with frequent cold sweats, for several days, he might be said to have been well next day, as he was able to walk about, and attend to his duty.

The second case occurred on the third day after Mr. Stedman's attack; and very rapidly all on board, with the single exception, already mentioned, of the chief officer, (who entirely escaped,) were seized. The captain, who had gone ashore, and remained there the whole time, also escaped.

To some of the men Mr. Stedman found it necessary to give to the extent of five doses, and, to one individual, six doses, of twenty grains each. In two instances he began with half-drachm doses. In all the cases this simple plan proved successful. The only adjuncts were brandy and water, and, as soon as the appetite could take it, solid food well spiced. What seems still more remarkable, when one considers the habits and mode of living of the natives, is, that the same treatment proved equally successful with them. The native boat, called "The Dingy," employed to convey messages, persons, &c., to and from the shore to the ship, frequently brought alongside, friends or relations of the boatmen, for the doctor's advice and medicines. To these