THE
JOURNAL OF LARYNGOLOGY,
RHINOLOGY, AND OTOTOLOGY.

Original Articles are accepted by the Editors of this Journal on the condition that they have not previously been published elsewhere.

Twenty-five reprints are allowed each author. If more are required it is requested that this be stated when the article is first forwarded to this Journal. Such extra reprints will be charged to the author.

The Editors are not responsible for opinions expressed in original Articles or Abstracts in this Journal.

Editorial Communications are to be addressed to "Editors of JOURNAL OF LARYNGOLOGY, care of Rebman Publishing Company, Limited, 11, Adam Street, Strand, London, W.C."

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-pharyngæ, 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 ary-epiglotticæ 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 Wissenschaften," 1878, No. 2), who first described cases of this kind. He found the pharynx almost unaffected, and without laryngoscopy a correct diagnosis could not be made. He described six cases, two associated with swelling of the ary-epiglottic folds, one with hoarseness due to swelling of a vocal cord, and two complicated with angina Ludovici, the inflammation having passed to the subcutaneous tissues.

When not detected early the life of the patient is in great danger, owing to the possible extension of the process. In the "Nederlandsch Tydschrift voor Geneeskunde," 1878, p. 462, Pel calls attention to this remarkable condition, describes briefly Michel's cases, and finally pleads for a laryngeal examination in every case in which the patient complains of sore throat when nothing to account for this is discovered in the pharynx.

Moritz Schmidt ("Die Krankheiten der oberen Luftwege," S. 153) describes this disease as often associated with, or preceded by, angina acuta simplex. He thinks that it is always caused by an injury or inflammation of the lingual tonsils (S. 232). In my case the illness may have been ushered in by angina, as the patient suffered from such attacks several times a year; it is remarkable, however, that on no previous occasion were signs observed of the epiglottis being involved.