V.

ACUTE EDEMA OF THE LARYNX: REPORT OF A CASE

BY FRANK C. TODD, M. D.,

MINNEAPOLIS, MINN.

CLINICAL PROFESSOR OF OPHTHALMOLOGY AND OTOTOLOGY, UNIVERSITY OF MINNESOTA.

Acute edema of the larynx as a complication or phase of laryngitis, is a tolerably rare affection. When occurring it constitutes a very grave condition, on account of the extremely important influence that even a slight effusion may exercise on performance of the vital process of respiration. Recovery from acute edema of the larynx of primary origin is always doubtful. The issues will be influenced largely by the stage at which the condition comes under treatment, and by the amount of success attending local remedial measures correctly and vigorously adopted (Lennox Browne). All authorities agree that this condition is usually secondary to some general disease such as cardiac diseases, nephritis or phthisis, some claiming that it never occurs as a primary affection.

The following case is of interest because the disease is a rare affection, and because it is a case of primary origin, the patient being entirely free from any general disease. The prompt response to treatment and the complete recovery is also worthy of note.

Mrs. B, age 30, wife of a prominent physician in a neighboring town took a drive March 12th, 1900; the weather was raw and windy and as a result of the exposure she contracted "a cold" in her throat. Within 24 hours her voice was hoarse and within 48 hours the trouble had increased to such an extent that she had great difficulty in swallowing. From this time on the symptoms became rapidly worse. Her voice disappeared entirely, but by great effort the patient could make whispered noises, difficult to interpret. She was obliged to sit up

and lean forward to get her breath, she could not swallow because of swelling and pain. The pain was constant and aching in character, somewhat relieved by the free use of a solution of cocain sprayed into the throat, which also gave some relief to the breathing. Temperature normal.

Arriving at her home at midnight March 17th, 1900, I found her in the condition described above, cyanotic and suffering from severe dyspnea. Examination with the fingers on the outside revealed a swelling in the region of the larynx, more marked and tender upon the left side. The skin was not reddened and the swelling was not acutely tender to touch. Laryngoscopic examination at once revealed an edema of the glottis of large proportions. On the left side the swelling completely overlapped the cord, on the right side the cord could only be partially seen.

Acute Edema of the Larynx.

The swelling was pink and had the appearance of mucous membrane filled with serum, the cords were extremely pale.

Treatment:—Under cocain anesthesia, the swelling was scarified freely, resulting in the escape of a little serum, tinged with blood. While this operation was undoubtedly beneficial the improvement was not instantaneous for to counterbalance the escape of serum there was some congestion following. The patient was then propped up in the sitting posture in bed, and attempts at speaking absolutely forbidden. Ice was applied over the swelling, pilocarpine injected hypodermically. The rest of the night the patient slept for three hours, which was her first sleep for four nights. Perspiration was free. In the morning she was removed to the hospital and a saline cathartic was administered, an ice coil was substituted for the more cumbersome ice bag, the pilocarpine was continued with

strychnin as a heart tonic. Examination showed reduction of the swelling. The dyspnea was considerably relieved and the patient was able to swallow a little milk. She was given a nutritive enema in addition however as she was extremely weak from long suffering and lack of food.

Urine examination before and for several weeks showed no albumin nor sugar but a quantity of earthy phosphates.

Leaving her in the care of her husband and another local physician, I received daily reports from her husband, extracts from his letters are as follows:—

March 18th, 9 p. m. Mrs B. suffered less pain during the afternoon, was breathing easy and slept for an hour and a half, pulse 88 not weak, resting comfortably, drank four glasses of milk during the afternoon.

March 19th, 9:30 p. m. Mrs. B. very much improved, able to swallow, rested well, slept most of the night and some in the daytime. Pulse became intermittant after pilocarpine this p. m., but later of good volume and regular, 90 per minute. Laryngoscopy showed swelling right side, all gone, left much deminished.

March 20th, 9 p. m. Mrs. B. improved very much last 24 hours. Sleeps well, eats well, swallows without any difficulty nor inconvenience, no pain. Laryngoscopy shows right side normal, little swelling on left side. Pilocarpine discontinued. Patient kept quiet and the solution of extract of suprarenal capsule sprayed in larynx every three hours. (I sent the suprarenal extract immediately upon my return to the city. It could not be obtained in the town and hence we did not have an opportunity to test it before she was relieved by other means, but it occurred to me that this valuable remedy would be of service in this disease).

March 23rd, she sat up in a chair, March 30th, the doctor wrote as follows:—Mrs. B. has thoroughly recovered, feels well and is rapidly regaining strength, she has made an unventful recovery.