the last two years at this hospital, no constitutional symptoms have in any instance showed themselves, with the two exceptions above mentioned; and that in these the symptoms were completely arrested by acupressure upon the vein, so as to close its canal above the seat of the operation.

Original Communications.

CASE OF EPIGLOTTITIS, OR ACUTE INFLAMMATION AND ENLARGEMENT OF THE EPIGLOTTIS: WITH REMARKS.

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[*Read before the Manchester Medical Society, November 4th*, 1863.]

I HAVE been induced to present a report of this case to the Society, partly from the rarity of the affection, the great suffering and even danger to life which it involves, and partly on account of the satisfactory result of the treatment which was adopted.

On August 21st, 1863, I was requested early in the morning to visit Thomas Shanley, aged about 35, a warp-sizer by trade. He complained of very great difficulty of deglutition, or rather of a total inability of effecting it. He had very little cough, but occasionally hawked up a little mucous secretion. He had not much feverishness, either as to temperature, thirst, or quickened pulse, the last being 88 in a minute. On inspecting the internal fauces, there was not much appearance of inflammation. The tonsils were only slightly enlarged; but, on passing my finger to ascertain the state of the epiglottis, it was felt to be much enlarged, in the form of a roundish solid ball, apparently filling up the passage from the pharynx to the œsophagus. There was no particular fulness about the external fauces, which had been rubbed with a stimulating liniment, and afterwards poulticed. He had used a gargle of sage-tea and vinegar, and his bowels had been purged by medicine. He had first felt the difficulty of swallowing about two days previously, but had attended to his occupation up to the preceding evening. He could ascribe no cause for his complaint, except, perhaps, taking cold after working amongst steam. I prescribed for him three grains of calomel to be placed upon his tongue every three hours.

He was seen again in the forenoon, and appeared to be much in the same state. This continuing in the afternoon, I then punctured the swollen epiglottis in two or three places with a long needle, broad and flattened towards the extremity, guiding it with one hand, whilst a finger of the other was placed on the part affected. This needle, I may remark, was one which I had used some years previously for passing a seton through an immense bronchocele; and on both occasions it answered the purpose well. I repeated the puncturing late in the evening; and the subsequent bleeding each time, although to no great extent, somewhat relieved him, at least for a time.

August 22nd. He had passed a sleepless night. His power of deglutition was little if any better. In other respects, he was about the same as yesterday. The tumid epiglottis, which presented to the finger, as above remarked, the sensation of a hard smooth ball, was again freely punctured, and bled moderately.

In the evening, he was rather better; had slept awhile during the day; and had been able to swallow a very small quantity of beef-tea. He had now taken five of the calomel powders. The pulse was 88 in the minute; bowels regular; urine scanty, but clear, and not very high coloured; respiration not noisy, nor difficult; and no particular sounds could be heard in the chest.

August 23rd. He passed a tolerably good night, hawking up occasionally some discoloured bloody mucus. He could now speak rather better; his speech previously having been an almost inaudible kind of whisper. He had been able this morning to swallow about half a cupful of tea. The swelling of the epiglottis being still considerable, I punctured it again, which was followed, as before, by some bloody hawking. He still continued to take the calomel powders.

In the evening, I found him down stairs. He had been able during the day to swallow a little egg-milk, some beef-tea, and common tea.

August 24th. He passed a rather restless night, principally from headache. The tongue was covered with a whitish fur; his breath exhaled a fœtid odour; and his gums were a little tender. The bowels were regular, but he had no appetite. Deglutition was still painful and difficult. He frequently hawked up some discoloured mucus. The swelling of the epiglottis being still considerable, I again punctured it, which was followed, as usual, by some bloody discharge and sensible relief. He was ordered to omit the calomel powders, and to take every two or three hours one tablespoonful of a simple saline mixture.

August 25th. He passed a rather uneasy night; but was not worse, although his swallowing was still much obstructed by the enlarged epiglottis. Pulse about 88; bowels regular; tongue less furred; and breath less fœtid. The breathing was easy; the percussion-sound over the chest and the respiratory murmur were natural. At his own request, the puncturing was repeated. The saline mixture was continued.

August 26th. He was in much the same state as he was yesterday. He was prescribed an acidulated weak solution of sulphate of magnesia.

August 27th. He had passed a tolerable night, and seemed decidedly better. Pulse 84. His tongue was cleaner, and the fœtor of the breath was scarcely perceived. The bowels were regular. He could now swallow at once a middle-sized cupful of liquid; but he had no appetite for food. He still hawked up frequently some mucus or muco-purulent fluid; and in the night he expectorated a semi-solid substance (probably inspissated mucus), of about the bulk of the last joint of his forefinger. He now articulated audibly, instead of as heretofore, in a sort of whisper. I thought it best to puncture once more the still somewhat enlarged epiglottis, as he had always felt relieved by the bloody discharge following it. The acidulated cathartic mixture was repeated.

August 28th. He was now down stairs dressed, having passed a tolerably good night, only disturbed now and then by the expectoration. His deglutition was better; and, on examining the epiglottis with my finger, I found that its bulk was diminished, and that it was somewhat resuming its flattened form. A little bloody hawking followed this slight digital examination.

August 29th. He was going on favourably, but had no appetite for solid food, living so far chiefly on tea, broth, and egg-milk. I prescribed him the following mixture:—Iodide of potassium, gr. xxv; tincture of orange-peel, tincture of calumba, of each ʒij; water, ʒviiss. Two tablespoonfuls to be taken three times a day.

August 30th. The epiglottis was still more reduced

in bulk, and was flattening, being restored to nearly its natural size and form. He had a rather free discharge from his throat, of a muco-sanguineous fluid. He could now swallow some bread and milk.

September 7th. For the last few days he had gradually improved, both as to the local affection and his general health. He had still a little expectoration, or rather hawking up of secretion; but that was not now discolored or offensive. He still felt a slight impediment to deglutition, but he could take bread and a little animal food. The mixture was continued.

September 15th. He was still going on well. His appetite was now tolerably good, and his deglutition easy, although a slight roughness or inequality could be felt on the right half of the epiglottis. In other respects, this organ appeared restored to its natural state, both as to form and size. He had no cough nor expectoration; he walked out; and had partly resumed his occupation.

September 27th. He continued free from complaint.

REMARKS. Although I have detailed perhaps too minutely the history of the above case, I wish to make a few additional remarks on the subject.

As to the treatment adopted—which, indeed, has been my chief motive in drawing up this report—I think it may be justly admitted that, although some beneficial effect may perhaps be ascribed to the agency of the mercurial prescribed in the first instance, and which was discontinued as soon as the gums had become sensibly affected, yet that the principal agent in combating and ultimately subduing the morbid process was the repeated scarification of the affected part. This mode of attempting to relieve the great swelling and congestion of the epiglottis, with its attendant inability of deglutition, was resorted to on the first day of my attendance; and appearing to afford some relief, although only a limited one in the first instance, it was regularly repeated for some days; and each time the patient expressed his assent to it, and his opinion that it had a good effect. It was, therefore, continued until the tumefaction was decidedly diminished, and his ability to swallow satisfactorily restored; from which time there was no interruption to his gradual convalescence.

Whilst I was attending this case, I did not remember to have attended a quite similar one, although some two or three cases of slighter enlargement of the epiglottis have occurred to me; but they were of a more chronic character, and did not present so formidable an obstacle to deglutition. Acute inflammation of the epiglottis seems to be of comparatively rare occurrence. Since the above case came under my observation, I have referred to a considerable number of standard works, both English and French, without finding any description of it. My son, Thomas Windsor, who has zealously cultivated medical literature, has since directed my attention to some few articles on the subject, which I may now refer to.

In the *Medical Gazette* for May 22nd, 1830, a paper is referred to as read before the College of Physicians on May 17th, on Acute Inflammation of the Epiglottis. Dr. Burne, the author of the paper, remarked that acute inflammation affecting the epiglottis, without extending to the contiguous parts, was so rare a disease that but few examples of it were to be found on record. Dr. Burne, however, had met with two cases, which he relates in his paper. The first patient recovered, but the second perished at the end of four days. In both, the most remarkable symptom consisted, as in my case, in the extreme difficulty or impossibility of swallowing, while the throat did not exhibit any appearance of tumefaction. In the first case, occurring in a journeyman aged about 50, and which seems to have been extremely similar to mine, before Dr. Burne saw him, he had been bled to syncope; leeches had been applied to the throat; and he had been purged. The leeches were repeated; tartar emetic was given in pills; and mercurial ointment was rubbed in. On the fourth day, the fever (which had not been considerable) and the inflammation had subsided; but the epiglottis continued so much swollen as to render the introduction of nourishment extremely difficult. Next day, however, he was able to swallow fluids, and ultimately did well. The second case occurred in a lady far advanced in pregnancy. The symptoms were very similar to those in the former case. Bleeding, both general and local, was had recourse to; but the issue was unfavourable. On a *post mortem* examination, the epiglottis was found stiff and thickened, with traces of pus. The surrounding parts of the larynx were sound; the lungs infiltrated with serous effusion. Dr. Cholmeley and Mr. Stanley also attended the second case; and the former, it seems, suggested scarification of the epiglottis; thus proposing a measure which was actually, though unaware of his suggestion, adopted in my case.

In the *Medical Gazette* for 1849, p. 761, Mr. W. B. Kesteven published a short paper on Epiglottitis, and expressed his surprise that writers on systematic medicine should have passed it over in silence. He is, however, perhaps in error himself in stating that it only occurs as the result of inflammation of the larynx, tonsils, or fauces; thus making it only a secondary, whereas mine and some other cases seem to indicate that it is, occasionally at least, a primary affection. Mr. Kesteven relates two cases. In the first, ten days elapsed before the patient was able to swallow; nutrient injections being, in the meantime, employed in order to support the strength. In the second case, early relief seems to have been afforded by the application of a strong solution of argenti nitras. Both his cases seem to have been more of the complicated than of the simple form, into which two forms I would class this affection; for in some cases the epiglottis is primarily and solely, or nearly so, in others, I believe, secondarily, affected.

In the thirteenth volume of the *Dublin Medical Journal*, there is a paper by Dr., afterwards Sir Henry Marsh, read before the College of Physicians, entitled "Cases of Acute Inflammation confined to the Epiglottis". He relates three cases as having occurred to him, all attended with great suffering and danger, but all ultimately recovering, after the use of bleeding, mercurials, etc., and, in one of the cases, the application of argenti nitras in solution. Sir Henry Marsh well remarks, that the loose attachment of the mucous membrane to the anterior (or superior) surface of the epiglottis explains the great extent of the tumefaction, the distension being thus situated on the lingual rather than on the laryngeal aspect of the organ; and hence the somewhat rugose state of the membrane, as was felt in my patient, when the enlargement produced by the inflammation had subsided.

Sir Henry Marsh refers to some recorded cases of the affection. Thus, in the first volume of *Medical Facts and Observations* for the year 1791, Mr. Mainwaring related a case of it occurring in a gentleman 40 years of age, who recovered.

In the third volume of the *Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge* (1808), Sir E. Home relates three cases of the affection; and all, I believe, recovered. They appear to have been of the uncomplicated form. Sir E. Home remarks, that this affection of the epiglottis was so rare, that none of his medical friends had met with it.

Lastly, Sir H. Marsh alludes to a case of what he calls acute œdema of the lingual surface of the epi-

glottis, apparently not quite uncomplicated. The patient recovered. The particulars of this case were communicated to him by Dr. Fleming.

Abroad, and somewhat recently, this affection has attracted some notice. In Schmidt's *Jahrbücher* for 1852, there is a notice of it by Professor Larsen, at p. 315. He states that he had had an opportunity of treating three cases of acute and one of chronic epiglottitis. In two of the former, the inflammation of the epiglottis was primary; in the other, it commenced as tonsillitis, and involved the epiglottis afterwards in a few days. In two of the cases, he says that the enlargement of the epiglottis was confined to the left half of it, as far as the middle line. The case of chronic epiglottitis he refers to as of syphilitic origin, and the symptoms were of a less urgent character. The epiglottis in this case formed a very indurated roundish lump; it was deeply furrowed at its centre, and was sensitive to the touch. A cure was effected by the use of calomel until it produced ptyalism. In two of the acute cases, besides general and local bleeding, with antiphlogistic treatment, he had recourse to repeated scarification, as was employed so satisfactorily in my patient; and it was followed, he says, by great relief. The scarification in his case was effected by a sharp-pointed bistoury covered with lint to near its point.

In Wunderlich's *Handbuch der Pathologie und Therapie* for 1856, p. 110, the subject of epiglottitis is noticed shortly, and chiefly as described by English authorities, without any additional personal observations.

In conclusion, I believe we are warranted in stating that epiglottitis occasionally occurs as a primary affection, and may be recognised both by the eye on depressing the tongue, and by passing a finger to examine its bulk and form. As to its treatment, I am not aware of having omitted anything essential in the case recorded above.

The affection, although primarily and principally attaching itself to the epiglottis, may, and doubtless does, sometimes extend downwards to the larynx; or, *vice versâ*, commencing primarily in the larynx, it may sometimes extend upwards to the epiglottis. If the power of deglutition be much impeded, or altogether obstructed, the epiglottis is probably the organ chiefly involved. If the respiration be materially affected, with a croupy sound and barking cough, the most active treatment for laryngitis is indicated; and, in very threatening cases, an operation may be necessary for the preservation of life.

In some cases, simple inflammation of the tonsils at the commencement may extend downwards to the epiglottis, or even further to the larynx; and, as we see daily in the membranes of the eye, the inflammation will not be likely to be long confined to one point.

Whenever the voice becomes hoarse or whispering, we may infer that the larynx is, at least in some degree, the seat of disease; but the milder forms of inflammation will doubtless be amenable generally to mild and simple treatment.

Medical Candidates for the United States Army. The Army Medical Board examined forty-two candidates. Of this number six withdrew before completion of examination. Six were non-graduates, and consequently were not eligible; three were rejected for physical disqualifications; four were found qualified, and recommended for the appointment of surgeon, have been appointed, and are now on duty. Six were found qualified for appointment as assistant-surgeons; five of whom have been appointed, and are now on duty. (*American Medical Times.*)

Progress of Medical Science.

MEDICINE.

Endemic Catalepsy. According to Dr. Vogt, catalepsy is endemic at Billingshausen, a village about four miles from Würzburg. The place lies in the neck of land formed by the northerly bending of the Maine, between Karlstadt and Marktsheidenfeld. It contains 103 families, with 356 individuals, who are in good circumstances: "there is no poverty—the poorest man in the place is the minister." The inhabitants are Protestants, although living among Catholic neighbours. Intermarriages are very frequant; and there are, with few exceptions, but five family names in the village. Goître and cretinism is rare; but Dr. Vogt found two men suffering severely from shaking palsy. In spite of their favourable social conditions, the people are small, feeble, and plain-featured; in mental powers, they are on a par with their neighbours. The system of intermarriages, Dr. Vogt remarks, may be a cause of the disease, but nothing is known as to its true mode of origin; from the symptoms, however, he is disposed to attribute it to a periodic interruption of innervation in the spinal system.

The disorder is characterised by the following phenomena. Without any premonitory symptoms, the patient suddenly falls down in the place where he happens to be. The aspect is death-like; the face is pale; the eyes are fixedly directed to one point, with their axes converging; the lips are closed and protruded; the fingers are semiflexed. A slight trembling movement may, by careful examination, be detected in the pupils and hands. Attempts to speak result only in the utterance of unintelligible short broken sounds. The muscular system alone is affected; the senses and intellect remain entire. An attack of this kind lasts from one to five minutes; it appears to commence with formication in the arms and legs, and the patients feel the rigid contraction of the muscles. There is no pain in the back nor in the limbs. The paroxysm seems to be especially favoured by exposure to cold; it attacks people who have removed their garments when at work in the fields, or in church; but it also occurs in persons engaged in their domestic occupations, or in towns. (*Würzburg. Medicin. Zeitschr.*, Band iv, Heft 3.)

Ergot in Hooping-Cough. A little boy, aged 6, while suffering from hooping-cough, was seized with symptoms of ergotism, which was then prevalent in the district. From this time, the paroxysms of cough disappeared, and replaced by simple whistling inspirations. When the ergotism was cured, the patient was found to be also relieved of his hooping-cough, which had had a much shorter duration than ordinary. M. Griepenkerl, under whose care the child was, hereupon administered ergot to five other children who had had hooping-cough, some during three or four weeks, and one even during a year. In all, recovery was perfect at the end of eight days. In 1861, during an epidemic of hooping-cough, M. Griepenkerl treated two hundred patients with ergot; nearly all with succes. The preparation which he uses is a decoction made of one *gramme* and a half or two *grammes* (or three-fourths of a *gramme* in very young children) of coarsely powdered ergot, sufficient water being added to make up thirty-two *grammes*, to which are added forty-eight *grammes* of powdered white sugar. The dose, for a child from five to seven years old, is a teaspoonful every two hours. During the treatment., all articles containing tannin should be avoided. The