

1879

The Throat and The Voice: Part 1, Chapter 6: Acute Laryngitis

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Recommended Citation

Solis Cohen, Jacob, "The Throat and The Voice: Part 1, Chapter 6: Acute Laryngitis" (1879). *The Throat and the Voice*, by J. Solis Cohen, M.D. 1879. 8.

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air to the lungs when there is uncontrollable occlusion above it. In the two diseases, the great points promising success, are a disposition to cough and a desire for food ; and everything should be subservient to encouraging these conditions. It is highly necessary that skilled assistance be continuously at hand for at least the first twenty-four hours after the windpipe has been opened, as the life of the child may be imperilled by sudden occlusion of the artificial passage, demanding instantaneous attention to avert immediate death. The chances of saving life by timely tracheotomy in true croup are infinitely greater than they are in diphtheria, because there is no blood-poison at work, and the main indication is fulfilled if the mechanical obstruction to respiration is overcome. The foreign matters are to be viewed in the light of foreign bodies accidentally inhaled into the air-passages and threatening suffocation from mechanical obstruction to the access of air to the lungs. If the accumulations in croup plug up the smaller air-passages, or even the windpipe below the point at which an opening can be made, the chances of success from the operation are diminished. To be successful, the operation must not be delayed too long ; for if carbonic acid accumulates in the blood from prolonged want of due oxygenation, the patient may die, poisoned from this cause, even several days after a tracheotomy successful so far as procuring freedom of respiration is concerned.

CHAPTER VI.

ACUTE LARYNGITIS.

LARYNGITIS is the name employed to designate inflammation of the larynx. Acute laryngitis is a severe inflammation of the larynx, very apt to be confounded with croup, when it occurs in children, and with various other affections in both children and adults. It is exceedingly dangerous to life because a moderate amount of swelling, inseparable from severe inflammation, which would be of much less immediate importance in any other part of the body, is liable here to close up the narrow air-passage to such a degree as to interfere with breathing, and thus lead to death by choking or suffocation. A violent form of laryngitis, due to accidental swallowing or inspiration of acrid and caustic substances, has already been alluded to (page 30).

The special affection to which attention is here directed, however, is an inflammation of the lining membrane of the larynx, due usually to sudden exposure to cold, in a person subject to severe sore throat, or convalescing from some disease in which

the throat has been affected. It also occurs, under similar circumstances, during the chronic sore throat that attends many cases of consumption of the lungs. Sometimes it is due to prolonged or violent screaming, or other excessive use of the voice; sometimes to inhaling some noxious matters in the air; sometimes to extension from some local disease in the mouth or jaw, as an inflamed gum during teething, and the like. Sometimes it is the result of the poisonous action of certain drugs, when given in excess or injudiciously, especially those containing mercury, antimony, and iodine.

In some cases the inflammatory action is confined to the larynx; in others, it is associated with similar disease in the windpipe, or in the upper part of the throat. The great danger in this disease is the formation of a dropsy of the tissues, which become filled with watery fluid which has oozed out of the blood-vessels, and thus flap like loose bags upon the top of the windpipe at each inspiration, and so prevent due access of air to the lungs.

The disease usually begins with a chill, soon followed by fever, and before long by sore throat. The patient complains first of pain in the larynx, which is increased by talking, coughing, or access of cold air to the parts; and there is after awhile a sense of constriction, as if something had gotten into the top of the air-passage, or something were squeezing it from the outside. Sometimes there is spasmodic catching

of the breath. These signs are soon followed by actual difficulty of breathing, and with difficulty in swallowing. The voice is hoarse, and its exercise often painful. The sounds of breathing become harsh, like in croup. There is a similar sort of cough, too, usually accompanied by expectoration of phlegm or mucus, which gives relief for the time-being.

Mild cases usually get well in from five to eight days or more; but they are liable to become severe suddenly. There is no way of absolutely determining the condition of the parts without examining them by means of a mirror placed in the back part of the throat so as to reflect the light down (*laryngoscopy*); but the general symptoms and history of the attack are usually sufficient to indicate its nature.

The treatment requires the assiduous care of the intelligent physician, and valuable time may be irreparably lost by attempting home treatment. Pending the arrival of a physician, the patient should be put to bed, with iced cloths around the throat, and bits of broken ice should be at hand for almost constant use in the mouth; while a smart purge of half an ounce or an ounce of Epsom-salts, for the adult, should be promptly administered, so as to produce one or more full watery evacuations from the bowels.

After recovery from an attack of acute laryngitis, great care should be exercised, for some weeks, in avoiding everything which might be liable to induce sore throat.