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A CASE OF ANGINA LUDOVICI.

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THE following case occurred during the visiting service of Dr. J. W. Exline, of the medical staff of the Arapahoe County Hospital, during my residence there:

Peter F., sixty-six years old, was admitted August 10, 1893, with the symptoms of an incipient submaxillary abscess of the left side. In the afternoon of the 11th he complained of sore-throat during my absence and was given tr. guaiac. ammon. by another resident. The soreness increased, and by evening there was slight dysphagia. Examination showed a little swelling of the left anterior pillar of the fauces; considerable saliva was being secreted. The man had not received any calomel. The conditions continued about the same until the evening of the 12th, when, on my evening round, I found him suffering from dyspnea, not very marked. Examination showed that the swelling on the left side of the throat had extended and presented more of an edematous than an inflammatory appearance.

Upon the advice of Dr. Exline, he was given ice to hold in his mouth, and ice was applied to the side of the neck. A little later I saw him again and the dyspnea was alarming. He could not lie down, but was sitting up gasping for air; his lips were dark and his face expressive of the greatest anxiety and agony. Another examination was made, showing the left tonsil, soft palate, and walls of the pharynx to be greatly swollen; and there was dangerous edema of the glottis, from which he was in imminent danger of suffocation. The mucous membrane of and about the pharynx and the

tonsil was not hyperemic or injected, and there were no signs of exudate or false membrane upon it; neither were there any ulcers upon the tonsils.

I ordered ten grains of calomel at once, and instructed the nurse to spray the throat every fifteen minutes with a solution of tr. ferri chloridi, ♏xxx to the ounce of water; meanwhile, as I was unable to reach the laryngologist by telephone, I prepared to perform tracheotomy should the embarrassment of respiration continue. The spray was thus used some five or six times, with remarkable effect, as the breathing soon became much easier and the edema less. The spray was then used every half-hour for a few hours, and the remainder of the night every hour. At frequent intervals the man was given whiskey and milk (the naso-esophageal tube to be used if necessary), and this, alternated with eggnog, was continued throughout the next day. On the morning of the 13th there was only slight dyspnea and the calomel had acted thoroughly. The spray was then used every two hours, later every three, and finally omitted.

By evening there was noticed on the floor of the mouth (not in the cheek, as in noma) a good-sized necrotic patch, having a slight odor.

Hydrogen dioxid was frequently applied to this, with the result of limiting the spread of necrosis and almost destroying the odor. This necrotic tissue detached itself, and was expectorated at times during the next few days. The submaxillary inflammation did not go on to abscess-formation. The man was gradually put upon regular diet, was given iron and quinin in tonic doses, and rapidly recovered from his prostration. He was discharged September 2, 1893.

While the case here reported differs somewhat from the rather vague accounts of some authors, I believe that the diagnosis, which was based mainly upon Strümpell's [1] description, is correct.

The prompt action of the rather strong solution of iron certainly obviated tracheotomy.

[1] Text-book of Medicine, Am. ed., 1892, p 326.