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ACUTE LARYNGITIS, EPIDEMIC ON THE RIDEAU CANAL IN 1829 & 1830.

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My object in choosing this as the subject of my thesis is to draw the attention of the Faculty to a type of this disease, which made its appearance in the vicinity of the Rideau Canal during the time I practised in the Johnstown District, in 1830, in the form of an epidemic.

I will, in the first place, enumerate the symptoms of simple acute laryngitis, for the purpose of shewing the difference between it and that which made its appearance in the epidemic above mentioned.

The following may be taken as the diagnosis of acute laryngitis. At the first onset the symptoms rarely differ from those of ordinary sore throat; but sooner or later there is a sense of constriction, heat, or pricking in the region of the larynx, which is at times very severe when the patient speaks or coughs, or when pressure is made on the larynx. At the same time, or even before the occurrence of these symptoms, there is more or less fever. The voice, as well as the cough, is hoarse, and at first dry; but subsequently an expectoration of mucus takes place, and at times the sputa are mixed with blood. This sensation of mucus is of little moment in the case of the adult, but becomes serious in infants. Deglutition is at times difficult, or effected with inconvenience, and the inspirations are long and laborious, but by no means to the same extent as in croup, or œdema of the glottis. In very severe cases the dyspnœa recurs at short intervals with spasmodic force, and there is danger of suffocation, with great distress, restlessness, and starting of the eyes, followed up, if the disease be not removed, by evident sinking of the vital powers and death.

The duration of the disease, when it terminates fatally, varies, of course, according to the constitution of the patient, the extent of the lesion, and the effects of remedies. The usual duration is from three to five days, yet it has proved fatal in less than twenty-four hours.

Seldom has the section of country, referred to above,

been visited by a disease so fatal as the one which I am about to describe. It made its appearance in the fall of 1829, and following winter, spreading devastation around. Its attack was so sudden, and its termination so speedily fatal if left to the operation of nature, that the physician was often called in time only to see his patient convulsed in *articulo mortis*, without having it in his power to render him that professional aid which, if timely administered and properly directed, might, in a majority of cases, have afforded relief. No class or condition was exempt from its ravages; the wealthy and the poor both suffered, though the latter, from being more exposed to its predisposing causes, became an easier prey. It made great havoc among the labourers on the Rideau Canal, more especially among the stone-cutters. They were generally attacked after returning from their work in the evening, and so rapid was its course, that if not relieved within twenty-four hours, it almost always proved fatal. The patient, after enduring the most agonising sufferings, generally fell into a comatose state and died. I shall call the disease acute laryngitis, accompanied or attended with erysipelatous inflammation of the head and face.

Symptoms.—It was characterized by fever, pain referred to the larynx, difficulty of breathing and deglutition, hoarseness, or a complete loss of the voice, and frequent spasmodic exacerbation of all the symptoms, creating a sense of suffocation, which was urgent in the extreme. In some cases the pain was increased by pressure upon the thyroid cartilage. The disease was attended with a perpetual hawking or spitting up of tough gelatinous mucus. There was an inability to put the tongue out between the teeth, as it much increased the pain and difficulty of breathing, and it was with the greatest persuasion that the patient could be prevailed upon to swallow either food or medicines. The attempt was accompanied by such strong spasms, that the fluid was driven forcibly through the nose. In about six or eight hours after the disease made its attack in the manner just related, a small red spot appeared on one or both of the temples, which in a few hours more extended to the scalp and face; small vesicles containing limpid, and in some cases a yellowish fluid, now became visible, and gradually extended over the whole inflamed surface,