

THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF BRITISH AND FOREIGN MEDICAL SCIENCE, CRITICISM, AND NEWS.

U. OGDEN, M.D.,
EDITOR.

R. ZIMMERMAN, M.D., L.R.C.P., London
107 Church Street Toronto, Corresponding Editor.

SUBSCRIPTION, \$3 PER ANNUM.

All Communications, Letters and Exchanges must be addressed to the Corresponding Editor.

TORONTO. MAY, 1878.

Selections: Medicine.

CLINICAL REMARKS ON INCARCERATION OF THE EPIGLOTTIS, AS A LITTLE-KNOWN FACTOR IN THE MECHANISM OF SUFFOCATION IN FATAL CASES OF SPASM OF THE LARYNX (LARYNGISMUS STRIDULUS) IN CHILDREN.

BY J. SOLIS COHEN, M.D.,

The purpose of this communication is to direct attention to a mechanical factor in infantile spasm of the larynx, which was the immediate cause of death in two cases under my care, and which I am inclined to believe may have been the cause of death in other cases.

In the summer of 1867 I had under professional care a scrofulous male infant, between two and three years of age, with protracted laryngismus stridulus; the suffocative paroxysms, as described by the mother, being unusually intense. On one occasion an intense paroxysm occurred in my presence, and as it failed to yield to cold water dashed upon the face and neck, or to ammonia held in front of the nostrils, I plunged my forefinger deep into the child's throat and felt the epiglottis so forcibly drawn down by the spasmodic action of the aryteno-epiglottid muscles that its free edge had become wedged between the posterior face of the larynx and the wall of the pharynx, occluding the larynx completely. Carrying the finger to the left side of the larynx, I found it comparatively easy to free the epiglottis from its incarcerated position; and with the ensuing

deep inspiration of air, the impending asphyxia was averted. The nature of the difficulty was explained to the mother, who was instructed in the manipulation necessary to overcome it. The constitutional remedies and other measures instituted in the hope of subduing the disposition to spasm were unavailing; and the child finally died, some weeks later, in a paroxysm similar to the one described.

The second case occurred during the spring of 1877, in a scrofulous male infant, nineteen months of age. I had the opportunity of verifying the same sort of incarceration of the epiglottis from spasmodic action, on several occasions, one of which was in the presence of an esteemed colleague during a consultation held as to the propriety of performing tracheotomy, in view of the frequent recurrence of the paroxysms. Unfortunately it was determined to defer the decision for twenty-four hours, in order to test the efficacy of large doses of bromide of potassium; and shortly before the early hour fixed for the visit on the following morning, the child died in a paroxysm which the mother was unable to overcome by manipulation, although she had previously succeeded in elevating the epiglottis in several paroxysms.

I am inclined to believe, therefore, that the spasm of laryngismus affects the aryteno-epiglottic muscles, in some instances at least, as well as those muscles which close the glottis; and that the incarceration of the epiglottis, continuing after relaxation of the spasm, may be an immediate cause of death. In undoubted cases of this kind, tracheotomy may be absolutely indicated as necessary to avert asphyxia in a recurring paroxysm of spasm.—*Med. & Surg. Reporter.*