

Acute edema of the uvula, palate, pharynx and epiglottis, following the excessive application of adrenal solution preserved with chloretone / by Solomon Solis Cohen.

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ACUTE EDEMA OF THE UVULA, PALATE, PHARYNX AND EPIGLOTTIS, FOLLOWING THE EXCESSIVE APPLICATION OF ADRENAL SOLUTION PRESERVED WITH CHLORETONE.¹

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OF PHILADELPHIA.

THE following report of an isolated observation may be of interest in view of the wide and increasing use of the various preparations of the adrenal gland, which, as one of the pioneers in these therapeutic applications, I have employed freely and do employ freely with the confidence born of repeated demonstration.

Rev. Father X. has been under my care for a number of years for recurring attacks of asthma. The patient is stout and plethoric, although active mentally and physically. In addition to asthma he was troubled with hoarseness and, at times, difficulty in phonation. When first seen, examination of the heart revealed no structural change, but somewhat feeble action; examination of the lungs elicited the usual phenomena of spasmodic asthma; examination of the nose disclosed no significant abnormality of structure, but considerable general congestion and slight turgescence of the middle and lower turbinates. Examination of the larynx showed thyro-arytenoid paresis of slight degree, and what, at first sight, appeared to be two papillomata symmetrically located on the two vocal bands posteriorly at their insertions into the arytenoids. The larynx was congested throughout. Spraying with adrenal solution,

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made extemporaneously, reduced the congestion, and it was seen that the apparent papillomata were simply circumscribed, boggy relaxations of the mucous membrane. These retained their pink color, though the hue was of lessened intensity. The diagnosis was confirmed by Dr. J. Solis Cohen, who, later, saw the patient in consultation. Under treatment, which included appropriate general medication, the application of astringent solutions locally, faradic applications over the larynx externally, and the use of adrenal extract internally, the patient improved rapidly. Recurrences of asthmatic paroxysms became less and less frequent, the voice became stronger and clearer, complete approximation of the vocal bands was made, the protuberances having become much smaller and the right passing under the left in phonation. The patient, who had been working very hard, establishing a new school in his parish, in addition to his ordinary priestly duties, was advised to take a long vacation. He made a winter cruise to the Mediterranean regions, returning thoroughly well, except for the condition of his larynx. He was then placed under the care of a teacher of vocal exercise, and continued to improve in all respects except that after prolonged use of the voice in church services or upon pastoral visitations, and occasionally after exposure to cold and wet, the larynx would become intensely congested, and asthmatoïd symptoms would recur, though not with such severity as to warrant calling them attacks of asthma. In order to ward off such recurrences, the patient was given a solution of adrenal substance in glycerin and water, prepared by Mr. F. E. Morgan, the well-known pharmacist of Philadelphia, and instructed to use it as a spray, more or less constantly, preceding the spray of zinc sulphocarbolate in rosewater that he was using twice

daily; which he did with good results. When Messrs. Parke, Davis & Company placed upon the market their solution of suprarenal substance preserved with chloretone, this was substituted for the glycerin extract formerly used. One night I was called in haste, being told that Father X. had a very severe attack of asthma and could scarcely get his breath. The appearance of the patient was different from that presented in ordinary attacks. The face was very much flushed, but dusky; the breathing was evidently painful, and there were slight inspiratory stridor; asthmatic râles were not evident, though the stridor made in the larynx was heard over the chest. Upon examination the uvula was seen to be swollen to about three times its ordinary size, evidently much distended with fluid. In color it was nearly white. The palate and half arches and a portion of the posterior wall of the pharynx were likewise markedly edematous, and there was slight edema of the epiglottis. The interior of the larynx, fortunately was clear. The patient stated that he had gone through a period of very great use of the voice, that his throat had begun to feel uncomfortable, that he had sprayed the pharynx and nasopharynx very vigorously and for a prolonged period, possibly three or five minutes, with the suprarenal-chloretone solution. No effect upon the heart seemed to have been caused by the application. The uvula and palate were scarified in several places, but little fluid exuded, and scarcely a drop of blood. It was not deemed necessary to scarify the epiglottis. The patient was advised to keep at rest, a drastic purge was given, and gargling with lukewarm water, aromatized with toilet vinegar, was advised. In about an hour, whether spontaneously or otherwise, the edema began to subside sufficiently to permit of greater ease in breathing; if, indeed,

the visible edema was the direct cause of the difficulty, and not merely an indication of a general condition of the respiratory mucous membrane which subsided with it. In about an hour more the patient was feeling very comfortable, and I felt warranted in leaving him. Traces of the edema of the uvula were visible for three or four days.

While I am of the opinion that the condition described was due to the effect upon the blood-vessels of an overdose of suprarenal solution, and possibly to the concomitant influence of the chloretone, I have not felt justified in making any experiments to determine the point. The patient was instructed to go back to his old preparation, and to use it with moderation, since which time no further bad symptoms have occurred. The solution to which I have referred is not that of adrenalin chloride now available, but the extract of suprarenal substance with chloretone which was previously placed upon the market. I have used the adrenalin chloride solution as prepared with much satisfaction in the treatment of hay-fever and other relaxing conditions, in various strengths, from 1-1,000 to 1-5,000, and have not observed any ill-effect either from this or from the chloretone accompanying it.