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Treatment of chronic tonsillitis by Felix Anthony Erbrich, as described in GAZETA LEKARSKA, 1911

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Abstract

Introduction. At the beginning of the XX century, rare medical publications became part of the collection of the Scientific Library of Vinnytsia National Medical University named after M. I. Pyrohov. Among these holdings is the 1911 subscription of *Gazeta Lekarska*, a Warsaw-based medical journal, which published the works of Felix Anthony Erbrich (1874–1938), a prominent otolaryngologist and co-founder of the Polish Otolaryngological Society.

Aim. The aim of this study was to highlight the scientific contributions of Dr. Felix Anthony Erbrich, focusing on his reports on tonsillar pathology and surgical treatment of chronic tonsillitis published in *Gazeta Lekarska* in 1911.

Materials and Methods. The research is based on a historical case study and analysis of Erbrich's clinical descriptions and surgical techniques applied at the Holy Spirit Hospital in Warsaw.

Results and Discussion. Erbrich emphasized the role of chronic tonsillar infection as a source of systemic disease and illustrated his arguments with a detailed case report of prolonged febrile illness resolved by tonsillectomy. He criticized the limitations of partial tonsillotomy and advocated for complete enucleation of the tonsils. His modified technique, which used a silk ligature to retract and stabilize the tonsil, simplified and minimized intraoperative complications. Retrospectively, his insights anticipated modern understanding of tonsillar pathology and surgical standards in otolaryngology.

Conclusions. F. A. Erbrich made an important contribution to early twentieth-century laryngology. Despite the challenging context of Russian-occupied Warsaw, his diagnostic reasoning, clinical practice, and surgical innovations corresponded to the contemporary requirements of specialized otolaryngological care.

Keywords: chronic tonsillitis; otolaryngology history; tonsillectomy technique

1. INTRODUCTION

At the beginning of the twentieth century, since the foundation of our educational institution, publications that are today considered rare formed part of the general library collection and were actively used in the educational process. In the 1980s, pursuant to an order of the Ministry of Culture, editions published before the October Revolution of 1917 were separated from the main collection, and user access to them was restricted. For decades, these books were kept in storage without being utilized. In 2018, the Department of Rare Books and Manuscripts, established as a structural unit of the Scientific Library of Vinnytsia National Medical University named after M. I. Pyrohov, received new premises and initiated systematic work on the technical processing of documents, cataloging, digitization, and study of the collection. At present, both students and faculty members are granted access to rare books and manuscripts. The newly created electronic database comprises 6,842 titles. Chronologically, these editions range from the late eighteenth century to the early twentieth century and include doctoral dissertations in medicine, master's theses in pharmacy from the nineteenth century, teaching manuals and textbooks (most of them first editions published during the authors' lifetimes), atlases, reference works, encyclopedias, and monographs. Part of the collection consists of publications in foreign languages, primarily German and Polish. Among the holdings of the Department of Rare Books and Manuscripts is the 1911 subscription of *Gazeta Lekarska*, a weekly medical journal devoted to all fields of clinical medicine, public and private hygiene, and professional medical practice (Fig.1).

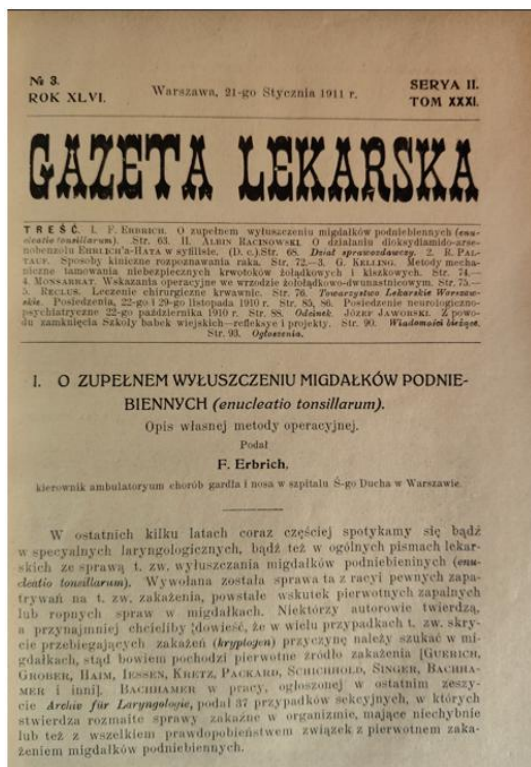


Fig. 1. Gazeta lekarska, 1911, №3.

The journal was published in Warsaw, with Professors Arkadiusz Puławski and Władysław Starkiewicz as editors, and Witold Szumlański as publisher. This article presents the scholarly contributions of Felix Anthony Erbrich (1874–1938), a renowned Warsaw otolaryngologist and co-founder of the Polish Otolaryngological Society (Fig. 2).



Fig. 2. Bust of Prof. F. Erbrich made by E. Wittig (from the Clinic's historical materials) [1].

Felix Anthony Erbrich spent his childhood and adolescence in Częstochowa, where he graduated from high school in 1894. He subsequently settled in Warsaw and began studies at the Faculty of Natural Sciences at the University of Warsaw. One year later, he simultaneously commenced studies at the Faculty of Medicine, from which he graduated in 1900. Following graduation, he took up a position at the Holy Spirit Hospital in Warsaw as an assistant to Dr. Alfred Sokołowski. Erbrich also served as an assistant at Dr. Józef Geisler's sanatorium in Otwock while maintaining his own medical practice.

In 1906, he undertook an internship at the University of Freiburg, where, at the Otolaryngology Clinic headed by Professor Gustaw Kilian, he became acquainted with endoscopic techniques for examining the trachea and bronchi. After returning to Warsaw, he headed an outpatient clinic for fourteen years, and from 1915, he also served as head of the internal medicine department. In 1920, he was appointed associate professor and in 1921 became director of the Laryngo-Otiatric Clinic at the University of Warsaw. In the same year, together with Ludwik Guranowski and Jan Szmurło, he founded the Polish Otolaryngological Society, serving as its first president. He resigned from this post after two years and, in 1924 assumed the role of editor-in-chief of "Przegląd-Laryngo-Otiatryczny." From 1933 to 1934, he served as dean of the Faculty of Medicine at the University of Warsaw, and in 1934 he was appointed full professor. A pupil of Alfred M. Sokołowski and Gustav Killian, Erbrich was a man of considerable means who, nonetheless, treated both his assistants and his patients as equals. Among the poor, and especially in the Jewish community, he gained a reputation as an exceptional physician whose touch was believed to restore health. Erbrich became the first head of the Department of Otolaryngology in Warsaw (**Fig. 3**) [3-8]. He is buried at the Powązki Cemetery in Warsaw (plot 191-5-22).



Fig. 3. Holy Spirit Hospital, 12 Elektoralna Street, Warsaw, 1930s (from the collection of the Museum of Warsaw) [1].

The article particularly emphasizes his achievements in disseminating knowledge on tonsillar pathology, as well as his tonsillectomy technique, as reported in *Gazeta lekarska* in 1911.

2. AIM

The aim of this study is to examine the biography of Felix Anthony Erbrich, his work as an otolaryngologist, focusing on his reports on tonsillar pathology and the surgical treatment of chronic tonsillitis published in *Gazeta Lekarska* in 1911. The study also provides an overview of his medical career and his role in shaping positive social attitudes.

3. MATERIAL AND METHODS

The study is based on Erbrich's descriptions of clinical cases and the detailed medical methods he used to treat patients at the Holy Spirit Hospital in Warsaw. It also draws on historical works by eminent Polish otolaryngologists who evaluated the professional trajectory of this talented physician.

4. RESULTS AND DISCUSSION

In the 3d number of *Gazeta Lekarska* (1911), Felix Erbrich addressed the problem of surgical treatment of chronic tonsillitis. He noted that in recent years the issue of so-called tonsillar enucleation (*enucleatio tonsillarum*) had increasingly appeared both in specialized laryngological and in general medical journals. According to the author, this interest arose from the prevailing view that infections result from primary inflammatory or purulent processes in the tonsils. At that time, it was claimed—or at least hypothesized—that in many

cases of so-called cryptogenic infections, the cause should be sought in the tonsils, since the tonsils represented the primary source of infection. In this context, Erbrich referred to the works of Guerich, Grober, Haim, Jessen, Kretz, Packard, Schichhold, Singer, Vañnia-Mer, and others. He also drew attention to the study by Bachhamer, published in *Archiv für Laryngologie*, which described 37 autopsy cases in which various infectious processes in the body were found to be either inevitably or highly likely associated with primary tonsillar infection. The Polish otolaryngologist observed that although these authors often reached decisive conclusions and adopted an overly radical stance regarding the dependence of numerous infectious diseases on primary tonsillar infection—for example, linking appendicitis or purulent renal infections to purulent-inflammatory tonsillar disease—such a connection could indeed be demonstrated in certain cases. As early as the beginning of the twentieth century, reports were published describing cases of arthritis, endocarditis, and other conditions that clearly originated as complications of tonsillar infection. In retrospect, we can appreciate how accurate these hypotheses were.

In his work, Erbrich did not intend to provide a detailed discussion of all possible complications resulting from tonsillitis. Nevertheless, he emphasized that, apart from so-called complications, there are pathological states that can only be explained by specific pathological changes in the tonsils. He referred to cases of prolonged, low-grade fever, where sustained and careful clinical observation failed to reveal any significant alterations in the internal organs. In such instances, he concluded, the sole cause was often chronic tonsillar disease, most commonly a tonsillar abscess. To illustrate his point, Erbrich presented one clinical case from his practice. A female patient, Mrs. M., consulted him regarding a nearly continuous fever that had persisted for one and a half years. She provided numerous temperature charts, recording fluctuations ranging between 36.5–37°C and 37.7–37.5–37°C. On the advice of her physician, she began measuring her temperature after complaining of general weakness and recurrent headaches that she had never experienced previously. Although she had generally been healthy, she reported suffering from tonsillitis approximately once per year over the past decade. The patient stated that her general condition was satisfactory, though she occasionally experienced headaches, weakness, or apathy, which she attributed to her persistent low-grade fever (37.6°C). In the winter of 1909, she spent three months at the Riviera, but without improvement, as the fever continued. Erbrich's examination confirmed the findings of other physicians who had previously

assessed the patient: no abnormalities of the internal organs were detected, laboratory tests of secretions and blood revealed no deviations, and the tuberculin test was negative. Despite the fever, she felt reasonably well for most of the previous year, though in the last month prior to consultation she experienced increased fatigue, insomnia, difficulty performing physical tasks, and frequent headaches, particularly in the afternoons. She also developed hoarseness and reported a sensation of obstruction and congestion in the throat. Pharyngeal examination revealed pronounced hyperemia of the posterior pharyngeal wall and arches, especially on the left side. The tonsils were retracted and adherent to the crypts. Upon displacement of the anterior pillar and pressure on the tonsils, whitish-gray masses (caseous plugs) were expressed. With stronger pressure applied to the upper part of the tonsils, several drops of purulent discharge mixed with blood emerged. Erbrich diagnosed the case as chronic exfoliative tonsillitis (*tonsillitis chronica lacunaris desquamativa*) with an abscess localized in the supratonsillar fossa. He noted that this inflammatory form had been comprehensively described by A. Sokołowski and Dmochowski in their study “Contribution to the pathology of tonsillar inflammatory conditions” (*Gazeta Lekarska*, 1891), where it was given an appropriate nosological designation. Erbrich emphasized that this clinically important and relatively common condition was rarely addressed in textbooks on pharyngeal diseases. Given the absence of abnormalities in the internal organs, he concluded that chronic tonsillitis and abscess formation were the causes of the patient’s persistent fever and discomfort.

Erbrich’s initial therapeutic approach involved the methodical expression of the plugs and pus from the supratonsillar region. When this failed to achieve improvement after several weeks, he proposed tonsillectomy. With the patient’s consent, he performed complete tonsillar enucleation. Within one week, the fever subsided, and the patient’s condition fully normalized. The surgery was carried out in January 1910.

Summarizing the indications for complete tonsillectomy, Erbrich stressed that the procedure should not only be performed in cases resembling the one described, but also in patients with recurrent peritonsillar abscesses (*abscessus peritonsillaris*). In addition, he argued that indications for tonsillectomy included cases where chronic tonsillitis adversely affected the adjacent pharyngeal mucosa, causing edema, excessive mucus secretion, and difficulties in speech or singing. Finally, he noted that, in some instances, complete enucleation of the tonsils should be performed prophylactically, when there was strong evidence that a serious systemic infection originated from tonsillar inflammation. Before

describing the surgical technique of tonsillar enucleation, Erbrich emphasized that the so-called tonsillotomy—an operation commonly performed using the tonsillotome [guillotine]—does not result in complete removal of the tonsil. Rather, it only excises the accessible, grasped portion of the organ, leaving behind remnants which, even when small, may subsequently become chronically inflamed, infected, and serve as a source of further systemic infection. For this reason, the author argued that a more radical approach should be applied, namely the complete removal of the tonsil, or its total enucleation (*enucleatio tonsillae* or *tonsillectomia*). One of the arguments supporting complete tonsillectomy, according to Erbrich, is that in the majority of cases requiring surgery, the tonsils are so atrophied and concealed between the arches that they cannot be grasped with a tonsillotome. In addition to the radical method of complete exfoliation of the tonsils in appropriate cases of chronic tonsillitis, Erbrich noted that his contemporaries also employed other approaches: most commonly, the methodical expression of plugs from the tonsillar crypts, partial incision of detached crypts with subsequent evacuation of their retained contents, and, as suggested by French authors, partial removal of the tonsil in fragments (*morcellement*). Nevertheless, Erbrich regarded the method of complete tonsillar enucleation—tonsillectomy—as the only radical procedure. Today, this position is beyond dispute.

The surgical technique described by Erbrich was essentially identical in principle, differing only in the choice of instruments. Outlining the classical procedure, he stressed that anesthesia of the tonsillar region and pharyngeal mucosa must first be achieved by instilling a 10% cocaine solution, followed by infiltration with a 1% cocaine solution containing 2–3 drops of adrenaline per 1 ml. After adequate anesthesia, the tonsil was separated from its adhesions to the anterior and posterior arches using scissors, a sharp hook, or a knife. Once freed from the arches, the tonsil was grasped with hook-shaped forceps, retracted into the oral cavity, and dissected from the surrounding connective tissue using scissors, a blunt dissector, or finally excised with a cold or galvanocautery loop. This general plan of tonsillar enucleation, as described by Erbrich, remains widely practiced in otolaryngology today.

Nevertheless, Erbrich acknowledged several difficulties in performing this procedure. First, the tonsils were frequently adherent to the arches and so deeply embedded that separating the adhesions—particularly at the posterior arch and superior pole of the tonsil—posed substantial challenges, aggravated by significant hemorrhage that often necessitated interruption of the operation. Grasping and retracting the tonsil with forceps was itself

frequently difficult. Another obstacle was the repeated necessity of releasing and regrasping the tonsil due to coughing provoked by blood aspiration. Moreover, the presence of forceps encircling the tonsil severely restricted the surgical field, complicating the procedure. Frequently, after being freed from the arches, the tonsil would rupture when grasped by sharp forceps, making further manipulation challenging.

During separation of the tonsil from the posterior arches by the classical method, Erbrich occasionally encountered severe hemorrhage caused by injury to an artery running along the posterior arch. For this reason, he sought to overcome such disadvantages by developing his own modified method of tonsillar enucleation.

The innovative aspect of Felix Anthony Erbrich's technique consisted in the use of a long thread—specifically, a standard silk ligature commonly applied for vascular ligation—which was passed through the tonsil after appropriate anesthesia of the operative field, including the tonsil itself, as described above. The procedure was performed in the simplest manner: using a curved surgical needle of medium length. The needle, secured in standard needle-holding forceps, carried the ligature through the tonsil as deeply as possible, from superior to inferior, ideally traversing its full vertical extent. Once the needle had passed completely through the tonsil, the thread was drawn halfway through. When the needle and one half of the ligature were withdrawn from the oral cavity, Erbrich cut the ligature at the eye of the needle. In this way, four free ends of the ligature extended from the patient's mouth, with two threads traversing the tonsil itself. By traction on these threads, the tonsil was pulled medially into the oral cavity, with a significant portion protruding beyond the palatal arches, thereby rendering its adhesions clearly visible and surgically accessible. While maintaining continuous traction on the ligature, Erbrich divided the adhesions with scissors. Once freed from the palatal arches, the tonsil remained securely fixed on the ligature. The surgeon then separated it from its outer wall and fibrous capsule, and, suspended by the thread, completely excised the organ.

According to Felix Anthony Erbrich, this method substantially simplified the surgical procedure for several reasons:

1. The previously recommended and indispensable use of tonsillar forceps became unnecessary—a fact of great practical importance.

2. The procedure eliminated the need for repeated application and removal of forceps (required during persistent intraoperative coughing due to blood aspiration), thereby significantly reducing operative time.

3. The ligature enabled medial retraction of the tonsil from the outset of surgery, which made the adhesions clearly visible and consequently more accessible for precise and less laborious separation from the arches.

4. The patient experienced less intraoperative discomfort, since the introduction of surgical forceps into the oral cavity was no longer required.

5. In many instances, the operation could be performed without the use of a tongue depressor.

Finally, Erbrich emphasized that in his experience the ligature never ruptured during the procedure, nor did it cut through the tonsillar tissue [10-12].

5. CONCLUSIONS

Felix Antoni Erbrich played a significant role in the development of laryngology in Poland in the early twentieth century. His diagnostic approach, clinical practice, and surgical innovations met contemporary standards of specialized otolaryngological care, particularly in the diagnosis and treatment of chronic tonsillitis.

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