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GOUT IN THE THROAT.¹

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THE term "gout," has no doubt served a very useful purpose to the medical practitioner. There scarcely exists an affection which has proved at all intractable in the hands of a physician which has not been attributed to gout. It is considered a satisfactory explanation, and an ample justification of any shortcomings as regards the cure of a patient, if the malady can be attributed to gout; sometimes it is called "suppressed gout," sometimes "hereditary gout," sometimes it is only a "gouty tendency," whilst occasionally it is simply "gout." In fact, as I have said elsewhere, gout is the last resource of destitute diagnosticians. Still, after making all allowances, it cannot be denied that gout does explain some obscure phenomena, and though the severer forms of this disease are by no means common in the present day, yet one meets with frequent evidence of it in a milder form. I do not consider that it is by any means common in the throat, but in the course of a long and somewhat large experience, I have met with a few cases. I may premise, however, that many patients consulting me have stated, that according to the opinion of their regular medical attendant, they were suffering from "gouty disease of the throat." Thus I have seen elongated uvula, enlarged tonsils, chronic follicular disease, granular pharynx, and growths in the larynx always attributed to the same cause. For my part, I have never admitted a case to be gout unless there have been distinct proofs of its existence. The only absolute proof which I admit is, that the sufferer has some other distinct signs of gout. These signs may consist either in the fact of the patient suffering from some overt manifestations of gout, such as enlargements of the small joints of one or more of the extremities, or the evidence may rest on the supervention of acute gout in some other part of the body, with the simultaneous disappearance of an inflammatory affections from the larynx

¹ Paper read at the Meeting of The British Laryngological Association, June 26, 1889.

It is scarcely necessary to call the attention of such an audience to the fact, that not every disease occurring in a person of gouty habit is necessarily due to gout. A person who is affected with gout, may be attacked with septic pneumonia or cardiac disease, just as he may break his leg or cut his finger, quite independently of any gouty diathesis, and it must not be inferred that every disease occurring in a person afflicted with gout is necessarily due to that dyscrasia. Evidence may also be sometimes obtained as the result of treatment. This kind of proof, however, should only be accepted when it is very conclusive, that is to say, when treatment is entirely confined to constitutional measures, no local remedies being employed. In doubtful cases the conditions of the urine may afford valuable means of diagnosis, the total amount of uric acid being less than normal. By giving a few typical cases, I think the ground will be completely covered.

CASE I. *Acute œdema of the uvula disappearing upon sudden development of gouty inflammation of the big toe.*

Mr. W., aged forty-seven, who had occasionally consulted me previously, summoned me, in a very pressing way, to see him in January, 1874. According to his statement, he had caught cold a night or two before, and on this account he had stopped indoors and used a wet compress; but instead of being better, was gradually getting worse. On examining the throat I found the uvula inflamed and swollen, so that it had very much the shape of a muscatel grape. I observed that the uvula was redder than I had usually seen it in cases of œdema, but I looked upon this as an accidental feature, and did not attach any importance to it. I applied a sedative powder, ordered a purgative, and left the patient, thinking that most likely I should have either to puncture the uvula or amputate it on the following day. On making my next visit, I found that the swelling of the uvula had entirely disappeared, and that the patient was suffering from typical podagra. I treated the case according to the old fashioned methods, and a good recovery took place.

CASE II. *Chronic inflammation of the posterior pillars of the fauces occurring in a patient suffering from long standing gouty disease of several joints of the fingers of both hands.*

In the year 1880 I was consulted by a gentleman, aged sixty, on account of a chronic affection of the throat. He stated that he had had a variety of treatment before he came under my care, but had derived no benefit. The patient looked more like seventy years old than sixty—his real age. He was very anæmic, and had gouty enlargement of several of the joints of the fingers of both hands; the feet were not affected. On examining the throat, I found great relaxation and elongation of the uvula, and swelling and marked congestion of the posterior pillar of the fauces. The posterior wall of the pharynx was fairly healthy, and the larynx was also quite normal. I recommended amputation of the uvula, but the patient would not hear of it, and I was obliged to satisfy myself with local astringents. So little result was produced by this treatment, however, that at the end of the month the patient consented that I should remove the greater portion of his uvula. The wound healed well, but the patient derived very little benefit from the operation. In the meantime I

treated the disease in the pharynx with mild astringents, sedatives, and alkaline ; the condition of the posterior pillars remained unchanged. I had not hitherto used any remedies calculated to control the gouty condition, partly because the patient had always been very careful in his diet, and partly because he had previously been under the care of a physician, who seldom fails to detect the presence of gout. In consequence of the obstinacy of the affection, I made a careful examination of the urine, and found that in forty-eight hours there was a considerable deficiency of uric acid. I treated this patient with colchicum, mild purgatives, and alkalis, and at the end of six weeks, the congestion of the throat had entirely disappeared.

CASE III. *Gouty deposit around the crico-arytenoid joints on both sides, causing permanent dysphonia.*

Mrs. D., aged forty-one, consulted me in the year 1883 on account of a weak voice, which had existed for seven years. She had been treated both by constitutional and local remedies, but had never derived any benefit. Her father and grandfather had both been martyrs to gout, but neither her hands nor feet were affected by that complaint. There was, however, a slight deposit in the lobule of the left ear. The pharynx was found to be somewhat congested, and there was irregular enlargement of the capitula Santorini and subjacent part on both sides. Both the vocal cords and the ventricular bands were red, and the former did not meet one another on attempted phonation. On deep inspiration, a round projection could be seen on the cartilaginous portion of the right vocal cord, reminding one of the spurs frequently thrown out from the *septum nasi*. Examined with the laryngeal sound the projection was found to be extremely hard. I burnt this projection twice with electric cautery, and endeavoured to seize it with my antero-posterior forceps, but they always slipped off. It was evident from the history of the case that the enlargement had existed for years, and that constitutional treatment would be of no avail, and I was therefore obliged to give up all hopes of effecting a cure.

CASE IV. *Gouty inflammation producing fungous ulceration of the left ventricular band resembling cancer.*

The patient, Mr. D. L., in this instance, was a gentleman who had occasionally been under my care for many years, but in 1874 or 1875 he consulted me on account of hoarseness and slight dyspnœa. On examining the throat, I found a red, angry-looking outgrowth projecting from the left ventricular band. Soothing inhalations and sedative insufflations were employed, and both mercury and iodide of potassium were given for several weeks without any apparent benefit, when, one day, an ulcer was noted in the centre of the growth. It soon became deeply excavated, and altogether had a very alarming appearance. In fact, the case was one extraordinarily like cancer, and I thought it right to inform my patient as to my suspicions. He went over to Paris, without informing me of his intention, and saw Dr. Krishaber, without telling him my opinion. This physician unhesitatingly pronounced the case to be one of cancer. My patient was now very much alarmed, and consulted me as to the adoption of radical measures. I told him that extirpation of the larynx could be

performed, and explained to him the danger and the advantages of that operation. The gentleman who was a Pole by birth, and a cosmopolitan by habit, happened to be a friend of Professor Langenbeck, of Berlin, and to him he paid a visit. I was rather surprised at my patient's sudden disappearance, but made no enquiries about him, thinking that he had most likely consulted some other physician in London.

Six weeks later, Mr. D. L., called upon me to exhibit himself as completely cured; he informed me that Langenbeck had strongly advised him not to have extirpation of the larynx performed, or even partial resection, and told him that he considered these operations most dangerous and unsatisfactory in their results. Langenbeck urged him to try the waters of Wiesbaden, to which place he immediately resorted. He told me that at the end of ten days he found considerable improvement, and that his voice became much stronger, and that after taking the waters for three weeks he was completely cured, though he thought it better to remain a week longer. On examining the throat, beyond a slight general congestion of the larynx, there was nothing abnormal.

Considering that cancer is in most cases easily recognizable, it is very remarkable that a case of gout should have been mistaken for malignant disease by two practitioners of large experience, and the fact certainly points to the probability that other less remarkable cases of gout may occasionally be overlooked or mistaken for other diseases.

ON THE TREATMENT OF SO-CALLED PHTHISIS OF THE LARYNX,

BY DR. JOHN SEDZIAK,

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(Concluded from page 276.)

7. *Boric acid*.—Boric acid belongs to the antiseptic drugs, and was formerly very often applied, but nowadays this remedy possesses few adherents. Amongst these latter especially is Schech,¹⁰⁵ who ascribes to boric acid a better result than to iodoform, with which Gouguenheim does not agree. Amongst the adherents of this drug are also Bresgen and Schaeffer.¹⁰⁵ Heryng, on the other hand, ascribes to it an irritant action on the stomach. This author recommends for the disinfection of secretions in cases of abundant suppuration of ulcers the mixture of boric acid and iodoform (4 : 1). We can apply boric acid either in the form of insufflations alone, or *aa* with *pulv. gum. mim.* in quantities of 0,2—0,5 daily, or in the form of inhalations (1—4 per cent). The most ardent adherent of boric acid is Blindermann,⁴ who made experiments with this drug in the clinic of Jurasz, where for six or seven years boric acid has been generally applied, especially in the form of insufflations, rarely