

BIRKETT (H.S.)

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Larynx from an Unusual
Cause.

BY

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A CASE OF
PERICHONDritis OF THE LARYNX
FROM AN UNUSUAL CAUSE.*

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PROFESSOR OF LARYNGOLOGY IN MCGILL UNIVERSITY;
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IN the month of May last I was kindly asked by Dr. Lafleur to see a patient, Mr. H. S., in consultation with him, in reference to a difficulty of swallowing and pain in the throat.

Mr. H. S. had consulted Dr. Lafleur a week previously on account of a specific urethritis, which he had already been suffering from for the past three weeks. During this period he had taken large doses of sandalwood oil, which had been prescribed for him by a chemist.

At the time of consultation he was suffering from urethral discharge, sweating preceded by chill and fever, pain in the left knee, ankle, and right shoulder joints, and a soreness of the left side of the throat, especially when swallowing either liquid or solid food; at the same time the voice was decidedly hoarse.

A few days later the right knee joint became painful, the affected joints being swollen and tender. No redness of the skin covering the joints, and no elevation

* Read before the American Laryngological Association at its eighteenth annual congress.



of bodily temperature during the intervals of the chill. While the joints were affected the urethral discharge ceased. Examination of the urine showed it to be dark and of a muddy color, cloudy, and having a heavy precipitate; strongly acid; specific gravity, 1.028, containing no sugar; urea, nine grammes to the litre and a gramme of albumin to the litre. Microscopic examination showed blood and pus cells and blood casts. The urethral discharge was found upon examination to contain large numbers of gonococci.

Examination of the Larynx.—The mucous membrane over the left crico-arytænoid joint was swollen and œdematous. The aryepiglottic fold on that side was not swollen. The true vocal cords were white in color; the movements of the left one, that of adduction and abduction, were decidedly slower than those of the right; pressure over the affected joint outside was very painful; no grating felt on passive movement.

The voice was hoarse and more deeply pitched than normal.

The treatment consisted in the constant application of a Leiter's ice coil, which afforded the patient a great deal of relief.

In the course of a week the swelling of the left crico-arytænoid joint coincident with the decrease of the swelling of the other involved joints had entirely disappeared, the voice regained its normal tone, and the vocal cord lost its impaired movement.

The occurrence of an acute perichondritis during an attack of gonorrhœal rheumatism is, I believe, of sufficient rarity to warrant the placing of this case on record.

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