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Original Communications.

CLINICAL LECTURE DELIVERED AT THE MONTREAL GENERAL HOSPITAL.

OCTOBER 12th, 1886.

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GENTLEMEN,—The patient before you is a young man, who by trade is a machinist, and he has contracted what is commonly designated “a cold.” He came a week ago to the out-door clinic, complaining as his chief symptom—loss of voice. This loss of voice is called aponia, and in such cases is very often the result of a sub-acute inflammation of the larynx, indicated by slight pain or pressure over the larynx. There is generally at first hoarseness, then the aponia follows, succeeded by cough and expectoration, at first transparent and viscid and afterwards opaque and thick. Its only danger is the possibility of its developing into the acute form, but this danger is small. The treatment is very simple and usually very effectual. A mustard poultice should be applied over the larynx for about eight minutes; the patient should inspire either the vapor of pure boiling water, or to the boiling water, from ten to fifteen drops of tincture of iodine may be added and thus an iodized vapor is inhaled. Some of these cases seem to depend upon a relaxed condition of the vocal cords, and in such cases the application of a sponge probang, saturated with a twenty grain solution of nitrate of silver, will be found very useful. I made this application to this man, when he first

came, and then used the moist iodine vapor. He has decidedly improved, and he is in a fair way to make a speedy recovery. In addition to the local treatment, tonics will be found very useful. In females there is a form of functional aponia, which is of an hysterical character. The character of the voice is different. In aponia, due to laryngitis, it is coarse and husky; when it is hysterical it is a soft whisper. We also sometimes have aponia feigned, with a view of producing sympathy; but if the cases be watched, they will at an unguarded moment forget their supposed malady and speak out in the full tones of their voice.

The old man over 60 years of age, I now present to you, came to the Hospital a week ago, complaining of great difficulty in swallowing food. He says that for a considerable time he has noticed that after swallowing food, when it reached a certain point in the œsophagus he felt it stop, and that it remained there till he made repeated efforts at swallowing, when it seemed to get dislodged and pass onward. Obstruction in the œsophagus may be purposely of a functional character, or it may be due to organic disease, or it may be due to pressure of a tumor on the tube. The most common cause of the functional variety is generally some nervous condition, as hysteria and hypochondriasis. In the organic form the most frequent cause is cancer; and when due to pressure it may be from an enlarged thyroid gland, or enlarged lymphatic glands in the neck or chest, or an aneurism. Dysphagia is the principal symptom of organic obstruction, and the sensation that food is arrested is generally situated just behind the upper part of the sternum. The difficulty is slight at first, but gradually increases