

TREATMENT OF NIGHT-SWEETS WITH PHOSPHATE OF LIME.

Doctor Rebory has added his observations to those made some time ago by Prof. Potain and Guyot, and comes to the conclusion that the phosphate of lime is the most efficacious remedy against the night-sweats of tuberculous patients, not only because it allows of an almost indefinite continuance of administration without bad results, but because in the largest number of cases it has given the most favorable results. Prof. Potain finds that when doses of from four to six grams remain without effect, increased doses up to 15 grams attain the desired results. Sometimes also the absorption of the medicament does not take place and hence its inactivity. One must always administer it in a soluble form, either as acid phosphate or lacto-phosphate of lime or even adding to its administration it in form of powder, some acid mixture.—*Weekly Medical Review*

A CASE OF EXTRAORDINARY FECUNDITY.

On Sunday last a woman, aged about 35 years, was delivered at the Toulouse *Maternité* of three children at full term (two boys and a girl), all three, being perfectly formed and full of life.

The same woman, within four years, has had two other twin pregnancies, with the above, she has given birth to seven children in three confinements and within an interval of four years.

The seven children are alive.—Translated for the *Record* from *Le Journal de Geneve*—SEUSSE.

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CHRONIC LARYNGITIS AND ITS SEQUELÆ.

The *N.Y. Medical Record* of August 20th says: That Dr. Hunter Mackenzie publishes a lecture on chronic laryngitis and its sequelæ. Simple chronic laryngitis and thickening of the laryngeal structures

may occur as a consequence of acute laryngitis, or from repeated attacks of the subacute variety; occasionally its mode of development is protracted and insidious. It may be partial—that is, only one-half of the larynx may be thickened permanently—it may be general, affecting more or less all the intrinsic structures. The question of degree or locality of the inflammation bears an important relation to prognosis. Chronic laryngitis may be primary or consecutive. Primary chronic laryngitis indicates that the laryngeal affection has not been preceded by any local or general affection; the term consecutive may be applied to that variety which precedes or supervenes during or after the course of the zymotic diseases, malignant disease, or pulmonary phthisis, or which is the result of extension from the nares or pharynx. In simple chronic laryngitis there is very seldom any true ulceration or loss of substance, unless there is evidence of struma, tuberculosis, or syphilis. The character of the voice almost entirely depends upon the vocal cords. Complete aphonia (whispering voice) is, in the absence of nervous or mental causes, indicative of severe laryngeal changes, and shows destruction of the vocal cords, or of the cords and ventricular bands; it is a point to be remembered that a fairly effective voice can be produced by the ventricular bands, should the vocal cords be destroyed. Chronic laryngitis, in addition to the symptoms produced on the voice, respiration, cough, etc., may sometimes be the cause of gastric disorders; when pharyngitis is present, and the saliva is in excess, or when frequent movements of swallowing are made, owing to the sense of tickling at the back of the throat, an excessive amount of air is swallowed, giving rise to gastric flatulence. The following are some of the sequelæ of chronic laryngitis. In the insidious form, the possibility of tubercular degeneration is always present; in those cases it is only by the examination of the sputum or laryngeal secretion, and the presence of the bacilli of tubercle being detected, that one can be certain the case is one of tubercular disease. Another sequela of chronic laryngitis is the formation of new-growths; these may be papillomatous, mucous, fibrous, or cartilaginous, according to their seat of origin. The more chronic a case is, the more likely is the supervention of the most serious of all sequelæ, the tubercular degeneration. In the case of malignant disease of the larynx no definite conclusion should be arrived at without examining microscopi-