Reports of Societies.

THE CANADIAN MEDICAL ASSOCIATION.

(Concluded.)

THURSDAY MORNING.

The forenoon session of the Association was held in McGill College. A demonstration of the Roentgen rays was given by Dr. H. P. Girdwood.

Dr. Price-Brown, of Toronto, presented a paper on

Clergyman's Sore Throat.

The writer, in selecting this title for his paper, has done so on account of the still common practice among clergymen and general practitioners of applying it to all cases of chronic soreness of throat to which the former are liable. By most of the older writers the term was confined to chronic follicular pharyngitis. Sajous, in his recent issue, limits it to chronic laryngitis; while Bosworth ignores it altogether. Hence, being indefinite in meaning, ignored by some writers, differently defined by others, and the symptoms complained of being produced by a variety of diseases, it would be better for both lay and professional men to discard it altogether, and to name the throat disease on the basis of etiology.

A large majority of cases of chronic throat disease in clergymen arise from nasal or naso-pharyngeal obstruction of one form or another; and to cure the disease we must remove the stenosis.

The nose in a normal state performs the threefold function of cleansing, heating and saturating the air of respiration before it reaches the throat, duties which can only be efficiently performed when nasal respiration is unimpeded. To produce this air saturation, the turbinateds throw out by transudation from ℥ xii. to ℥ xvi. of serum per diem. No other bodies possess the venous sinuses required to produce this supply; and consequently when nasal stenosis exists the scant pharyngeal moisture is quickly absorbed by the air, leaving a dry mucosa.

Oral breathing when established, in voice users particularly, frequently produces follicular pharyngitis, chronic laryngitis, or a boggy infiltrated mucosa, singly or combined, and often attended by the secretion of a thick tenacious mucus or muco-pus—the screatus required for the removal of which increases the pharyngeal irritation.

Hypertrophy and elongation of the uvula are also not infrequently the direct results of the irritation produced by this kind of breathing.

It is possible that the throat symptoms enumerated may sometimes arise by reflex action from digestive disturbances; but as a rule they owe their origin to nasal obstruction of one form or another.

The writer concludes by giving the history of ten cases of throat disease in clergymen, selected from a record of twenty-five. They were chosen as representative cases, all differing from each other as to cause, but all presenting similar throat symptoms. Four-fifths of them, or 80 per cent., owe their origin to nasal obstruction.

The treatment in all cases was the removal of whatever obstructions existed, followed by mild spray treatment during the process of healing, care being taken always not to excise too deeply, or to remove in any way the normal tissue. As a result, the throat symptoms in all cases improved and in many disappeared. The cases are epitomized as follows: In one there was a large polypus in one nasal cavity; in one, a dislocated columnar cartilage; in one, a twisted or contorted uvula; in one, hypertrophy of the faucial tonsils; in one, ulceration in the left hyoid fossa; in two there were septal ridges; in two, septal spurs; in two, catarrhal hypertrophies of the post-septum; in two, pharyngeal granulations; in three, turbinal