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No paper published or to be published elsewhere as original, will be accepted in this department.

CLINICAL REPORTS.*

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MR. PRESIDENT AND GENTLEMEN,—In response to your courteous invitation to present a paper to-night, I confess I had some difficulty in deciding on a subject that would be likely to interest those I should meet. I have myself often derived so much benefit from clinical reports that I have been encouraged to think that a paper of this kind might be more acceptable and more interesting on the present occasion than the consideration of a single topic only. It has seemed to me that such a paper would at least have the merit of originality and would be likely to elicit valuable comments from those who participate in the discussion. Every medical man, however careful and observant he may be, will occasionally have a case that will be obscure, and that will puzzle him beyond solution. I am free to confess that many such cases have come under my observation.

In reporting the following cases I shall omit unnecessary details and so endeavor to make the length of this paper conform to the time usually allowed on such occasions. The first case I shall mention was that of a boy, eight years old, who was sent to me by Dr. Graham, of Bothwell, in 1896. He had been ill several months, the attack beginning with pain in the abdomen, vomiting and fever. After a few days pus, or what his mother thought was pus, was discharged from his bowels. Improvement began at once, and partial recovery took place, so that he was out of bed and could take some exercise. About two months before I saw him a somewhat similar attack came on. There was great pain over the whole abdomen, vomiting, distension with gas and progressive emaciation. When I first saw him emaciation was extreme, skin sallow, tympanitis excessive, respiration accelerated and thoracic, pulse 140, temperature normal, tongue clean, urine

* Read at meeting of London Medical Association, London October 10th, 1898.