

# THE CANADA MEDICAL RECORD.

VOL. X.

MONTREAL, JANUARY, 1882

No. 4

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## Original Communications.

### A CASE OF ACUTE TUBERCULOSIS.

Read before the Medico-Chirurgical Society of Montreal,  
Dec 23rd, 1881.

BY

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the Montreal Dispensary, Women's Hospital,

&c., Professor of Botany, University  
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I bring before you this evening the following history of one of three cases of acute tuberculosis which I met with during the last Autumn, occurring in children under the age of seven months, and all passing rapidly to a fatal termination. In the present instance only was I able to obtain an *autopsia cadavericum* which only could make a case of this kind either interesting or very instructive.

This child first showed symptoms of the disease at the age of three months; up to that time had been tolerably healthy and well-nourished. The mother had just recovered from an attack of bronchitis which had been severe and prolonged, but she had continued to nourish her infant.

There is no history of any tuberculosis affection on the mother's side, but the father had two sisters who died of consumption. There is but one other child in this family, which has also shown evidence

of a delicate constitution. I first saw the child in regard to this affection on the 13th August last. For a week or two previous it had a slight, dry, hacking cough, which had gradually got worse; there was difficulty in breathing and occasional vomiting, the bowels were regular, and child nursed well. The most prominent symptom at this time was the marked interference in the function of respiration, the air entered the lung as if there was some obstruction in the larger bronchi, and expiration was prolonged and accompanied with a wheezing sound which could be heard at a considerable distance from the patient. When the paroxysms of cough came on the dyspnoea was very marked, the head and neck became flushed and twisted, showing great distension of their vessels, the attacks resembled in fact those of asthma; the breathing was more free during sleep; there was no elevation of temperature, but the pulse was a little quickened. On examining the patient the lower part of the chest was observed to be retracted during inspiration; percussion gave a full note at all points on the surface corresponding to the upper and middle portions of the left lung, more marked at the apex above and between the scapula and skin behind; the note was clear on the right side. Auscultation discovered loud tubular breathing in the same regions, with a variety of loud whistling and wheezing noises, and a few rales; the normal puerile vesicular murmur was barely audible on the left side, being drowned by the sounds conveyed