# Maritime Medical Aews,

### A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. III.

HALIFAX, N. S., APRIL, 1891.

No. 4.

#### 🚃 Contents. 🍆

ORIGINAL COMMUNICATIONS:	PAGE	Selections:
A Case of Dexio-Cardia. By P. R. Inches, M.D  Case of Entropion and Trichiasis; Operation and Case of Entropion and Case of En	ure. 64	Official Report of the Result of Koch's Treatment in Prussia.—Intracranial Neoplasm with Localizing Eve Symptoms.—Salt.—Death from Suffocation while Recovering from Etherisation.—False Rigidity of the Cervix in Labour
Remarks on the Theory and Treatment of Consumpt By R. R. Stevenson, M.D.		SOCIETY PROCEEDINGS: N. S. Branch B. M. A
A Case of Femoral Aneurism Cured by Digital Comption. By A. Morrow, M.B	res- 69	REVIEWS AND BOOK NOTICES
EDITORIALS:		Notes and Comments
Registration of Midvives		BOOKS AND PAMPHLETS RECEIVED

## Original Communications.

#### A CASE OF DEXIO-CARDIA.

Read at a meeting of the St. John Medical Society,

By P. R. INCHES, M. D.

A young man, 23 years of age, was seen at the office on Jan. 23rd last, complaining of cough, some shortness of breath, and slight pain in the chest. On examination there was flattening under the right clavicle and dullness on percussion over the apex of right lung, extending downwards over the whole lung, but not so marked towards the base, both front and back. On auscultation, tubular breathing and absence of vesicular respiration were found at apex, front and back, but marked in the supra and infra clavicular, and the supra scapular region of the right side. Also tubular breathing towards base in front, but not so marked as at apex. In the region of the right side, corresponding to the cardiac region of the left side, were found the proper sounds of the heart. The apex beat was a little nearer the nipple The sounds, rhythm, and than usual. dimensions of the heart, were normal and healthy.

On the left side there was healthy vesicular respiration without any dullness, over the whole front and back. Over the proper

cardiac region there was clear resonance and normal respiration. There was entire absence of any sign of effusion on the left side. There was no intercostal bulging nor fullness on either side, nor any falling in of the wall of the chest on either side, but except the infra-clavicular flattening on the right side, mentioned, the sides were symmetrical. There was no transposition of the other organs.

Pulse, 72; respiration, 20; no rise of temperature when seen. The patient is thin and weakly looking, but well able to walk about, although not employed in any business.

The signs seemed to indicate consolidation from phthisis at the apex of the right lung, with transposition of the heart to the right side.

The former history of the patient was an attack described as congestion of the right lung, nearly five years before, with homoptysis once, which confined him to the house for one year, and he has never been well since Was told he had pleurisy also on the right side, with water in the chest. Two years ago he was confined to the house with pulmonary symptoms, since then he has always been able to be out, and gained a little in weight. His father died at about 50 of pneumonia, and his sister at about 20, of consumption. He was never told before that his heart beat on the right side.

He has reported himself twice since January, last time on March 18th, when the physical signs were the same. There is