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ORIGINAL ARTICLES.

A CASE OF TRACHEAL AND BRONCHIAL DIPHTHERIA.

(By Dr. Webster.)

Feb. 11th 1896.

Was called about 1 p. m. to see patient who was said to be choking. On inquiry was told that she had been suffering from an attack of Bronchitis for the last two weeks and had a sore throat for the past three days.

Found patient, female, age 20, weight about 100 pounds, in bed in semi-reclining position, supported by pillows, slightly cyanosed and with labored respirations.

Found left tonsil and fauces covered with characteristic diphtheritic membrane and swollen so that it extended to median line, touching uvula and pushing it a little to the opposite side. Respirations 40, temperature 102, pulse 110, voice hoarse and could only articulate in a whisper. From the above symptoms the membrane appeared to have extended to larynx if now lower. Advised removal to hospital, which was done about 7 p. m. In meantime ordered throat sprayed oh 2-2 with equal parts of Ho 22 and 1-400 Hg cl 2.

Patient placed in P. Ward at General Hospital and above spray used, throat swabbed oh with equal parts Tr. ferri perchlorid. and 1-25 Hg cl 2 whiskey given o.h. and put on liquid diet, 1000 units, antitoxine administered. Patient was a little more comfortable about 11 p.

m. when I last saw her for that day.

Feb. 12th. Saw patient about 8 a. m., breathing more labored, respirations 42., pulse 100. weak, irregular, temperature, which had fallen gradually during the night was now 98. cyanosis was more marked than on previous evening. She had passed a restless night without sleep, breathing difficult and profuse respiration.

Intubation was performed by Dr. Good and seemed to afford much relief. A tent of sheets was formed over the bed and a pan of hot water with oz. 1-2 of turpentine to the O. kept underneath. A weak solution of soda bicarb was sprayed over tube m. was seized with a violent fit of 1000 units antitoxine were administered. Temperature rose gradually through the day and at 4 p. m. was 100. At midnight she was resting fairly, and had the intervals of sleep during the evening; cough was rather troublesome through the day with some expectoration. Patient did not sleep after midnight and at 4.30 a. m. was seized with a violent fit of coughing and alarming dyspnea which lasted one or two minutes and almost caused collapse of patient. Relief was obtained by tube being expelled followed by a complete membranous cast of the Trachea and part of upper bronchial tubes, (specimen shown) breathing became easier immediately and patient had intervals of sleep and took nourishment. Urine was examined this morning and found loaded with albumen. The nurse had been unable to save a reliable specimen previous to this as patient was menstruating on admission to hos-