

THE CANADA MEDICAL RECORD.

VOL. XII.

MONTREAL, JANUARY, 1883.

No. 4

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Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY.

STATED MEETING, DECEMBER 15TH, 1882.

The President, Dr. K. A. KENNEDY, in the Chair.

Dr. Gurd exhibited a patient in whom the expiratory act was of a peculiar interrupted character, the air being expelled in a series of distinctly audible jerks quite evident to the ear some four or five inches from the mouth. A condition resembling this somewhat has been described by Drummond as a diagnostic sign of thoracic aneurism, and it is explained by pulsation on the trachea. The woman is healthy in every respect, and physical examination fails to reveal any condition likely to give rise to the symptoms.

Dr. Mills said that he had heard slight murmurs accompanying the expiratory act very similar to this after exertion, possibly being transmitted through the medium of the trachea acting as a conducting board.

PATHOLOGICAL SPECIMENS.—Exhibited by Dr. Osler.

I. Lungs from a case of Tuberculosis of Pleura and Lungs.

History.—Mrs. McL., aged 27, admitted early in November to General Hospital under Dr. Ross. Hard drinker, early symptoms of cirrhosis of liver.

Hemorrhage from bowels, no ascites, intense tenderness over region of liver. Pleurisy on both sides and signs of tuberculosis of lungs. Left lung covered with a thin fibrinous exudation, thickest at base and near the edges. In places the membrane is studded with minute granular bodies resembling tubercles, which are best seen where the exudation is less abundant. The organ is crepitant throughout, a caseous spot is seen at apex, and a narrow fibroid area in the lower lobe. No disseminated tubercles throughout the substance.

The right lung presents a similar exudation, less abundant than in the left lung. At the apex is a small caseous mass with a cavity the size of an almond in direct communication with a bronchus. In the neighborhood of this are several small groups of tubercles. The lower lobe also presents a couple of small caseous bodies, but no scattered tubercles.

The costal pleura is thickly lined with false membrane, is congested, and presents small gray bodies scattered through the membrane.

Liver.—Weighs 2,200 grammes, is large and pale. Lobules distinct, bile-stained in center. Organ is both fatty, and cirrhotic. Other organs normal.

II. Specimen of Ulceration in Typhoid Fever.

Clinical History.—I. McL., æt. 35. Attack sudden, onset marked with rigor; admitted to hospital on 7th day. Did well at first, then became delirious, and shewed signs of bronchitis. The "typhoid symptoms" set in and patient died on the 15th day.