

HOSPITAL NOTES

DeWitt Dispensary.

BY DR. R. F. JUNOR.

Case 1.—M., age 28, piano tuner, tuberculosis. History of two or three years of cough and periodic attacks of what he called bronchitis. A few weeks ago was laid up with his most severe attack. Had seven somewhat severe hæmorrhages. On examination after he had been in bed for two weeks found the lungs so blocked up with mucus and such distress in breathing that little could be discovered, and the patient seemed in danger of suffocation. Nothing seemed to relieve it. A few hours later he was seized with a most violent fit of coughing, which led to such suffocation that the patient sprang out of bed, grew black in the face and with great difficulty could be held from injuring himself. All at once he got relief. There came slipping up into his mouth a large lump of mucus which on examination proved to be a large calcified tubercular nodule. It was as large as a bean, spherical and with ragged projection. It was a miracle that such a mass succeeded in passing the vocal bands. The patient has passed a large number of nodules since that time and had coughed up a few before. Next day on examination the lungs were found pretty clear of the accumulated mucus, which had been deprived of egress by the blocked bronchial tube. Several larger cavities were found in both lungs. Large plates of calcification have been found in the lungs at post mortems, but this is the largest nodule that I am aware of as having passed the larynx.

Case 2.—A boy, twelve years of age came to the throat clinic with quinsy. The mouth could only be opened a short distance. There was a large peritonsillar abscess on the left side which I opened. A

large amount of pus was emitted. I sent him home to bed and instructed the mother that she had better send for the visiting physician, unless the boy steadily and decidedly improved. He was so much better the next day they failed to send for the physician, and at 9 a.m. the day after the boy suddenly threw up his hands, gasped a few times, and in a few minutes was dead. No post-mortem, but it was quite evident I think that the boy died of suffocation from the rupture of a post pharyngeal abscess and the flood of pus into the larynx. That, of course, is not certain, but it is most probable.

Case 3.—A woman, 35, four days before gave birth to a fine child. No physician present. I was asked to go and see her, as she was supposed to be dying. Found temperature 105½, pulse 135, feeble. Abdomen very tender. Uterus soft and large. Vomiting severe. For vomiting gave

R. Tr. Iodine Co. min. iv.
Aqua ʒi.

M. Sig. ʒi every fifteen minutes.

No vomiting after the first dose. For pain and tenderness gave a hypodermic of $\frac{1}{3}$ morphia and flax seed poultices. For fever gave ten grains of antifebrin every three hours but every hour for the first three hours. For nourishment raw beef and thin milk. Next day temperature was 102½, pulse 120° Far. Next day temperature 99, pulse 100. Once or twice during next week pulse and temperature went up, but in ten days the woman was up, Convalescence slow but steady to recovery. I recommend the tr. iodine in the above strength as the most effectual and easiest remedy for vomiting and especially catarrhal.

GENERAL NOTES.

Trinity Medical School Examination.

FIRST YEAR.—1. *Certificates of honor for first year's work.*—Candidates who obtained 75 per cent. and over:—Sutherland, Jas., Knechtel, R., Fairchild, C. C., Mackay, Chas., Fairfield, C.A.D., Farmer, G. D., Herriman, W. D. D., Johnson, D., Shaw, J. W., Third, Jas.

Candidates who have passed the first year's examination.—*First class*—70 per cent. and over:—Hough, A. H., McKee, J. G., Moore, J. J., Martyn, J. B., Porter, H. W., Rogers, J. F. B. *Second class*—60 per cent. and over:—Alexander, D. B., Archer, R., Abraham, C. F. P., Broberg, B. H., Bell, A. W., Bentley, D. B., Crooks, J., Damby, J. J., Doyle, C. S., Fenton, Fred., Farncombe, T. S.,