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ART. LIII.—CONTRIBUTIONS TO CLINICAL
MEDICINE.

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No. 2. Extensive Tubercular Disease of both Lungs, with Transposition of all the Thoracic and Abdominal Viscera.

[The following is an abstract of my clinical lecture on the above case, from notes taken by my clinical clerks, Messrs. Brookes and M'Callum, and as many points discussed, are of an elementary nature, the reader will bear in mind, the character of the audience to whom they were addressed.]

James Munro, aged 24, was admitted into my wards in the Montreal General Hospital, Feb. 10, 1850. It appeared from his own account, that he had been laboring under the symptoms of phthisis for nearly two years previous to my seeing him. On admission, he presented the following symptoms:—Frequent cough, with purulent expectoration; hectic fever, pulse 100, respiration 40; decubitus on the right side, but other positions were equally comfortable to him; great emaciation, congestion of the integument over malar prominences; the infra-clavicular regions were much depressed; muscles of forced respiration acting with great vigour, imperfect expansion of the left side of the chest, particularly of its upper portion. The right side of the chest measured *sixteen* inches, the left, *fifteen* and a-half: distance from clavicle to the nipple upon the right side measured six and a-half, upon the left, six and a quarter inches: from the sternum to the nipple upon the right side, six inches, upon the left, five and a-half inches. *He was right handed.*

The whole of the left side yielded a dull sound upon percussion, the dullness being most intense in the superior part, and becoming less so in the lower portion. In the upper part of this side there was loud gurgling, with cavernous respiration and pectoriloquy; towards the mammary region, the respiratory murmur was mixed with muco-crepitating, and crepitating râles. Over the scapular region of this side, the sound upon percussion was dull, and the respiration was bronchial; but from the

scapular region downwards, the sound on percussion was clear, and the respiratory murmur was puerile and free from râle. The sound on percussion over the lateral regions of this side was clear, and the respiratory murmur natural. On the right side, there was marked dulness of the upper portion of the chest, particularly towards the mesial line, and the respiratory murmur was mixed with muco-crepitating râles. The mammary region yielded a dull sound upon percussion, and in this situation the sounds of the heart were heard with the greatest distinctness, and here also its impulse was felt, whereas, in the proper cardiac region, no pulsation could be seen or felt, and the sounds were heard very indistinctly, and all over this space the respiratory râle, mixed with muco-crepitus, was quite audible. The sounds of the heart were natural, and there was no bruit or frémissement to be discovered. Over the posterior portions of the left lung, from the scapula downwards, the respiratory murmur was puerile, and in the axillary region, the same character of the murmur, and the same clearness on percussion were observed. Over the left hypochondriac region, the sound upon percussion was quite dull, and over the right hypochondrium the sound had the character of amphoric clearness. A small portion behind, yielded a dull sound, and this corresponded in shape and extent to the normal splenic dulness of the left side. The patient was quite positive that the position of his heart had never been noticed by himself until three years previous to his admission, and then his attention was drawn to it by severe palpitations which he endured at that time.

On opening the body the following appearances were disclosed:—The heart was situated to the right of the sternum, its aortic ventricle being to the right side. The aorta arched round to the right side of the vertebræ, and gave off the innominate on the left side, and the subclavian and carotid on the right side, both venæ cavæ entered the auricle on the left side, and the pulmonary veins opened into the auricle on the right side. The inferior cava perforated the diaphragm to the left of the mesial line, and the œsophagus to the right. The right lung possessed but two lobes, whilst, the left had three. The large lobe of the liver, with the gall bladder, was situated in the left hypochondrium, its small lobe passed