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KOCH LYMPH IN PRACTICE.

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1889. CASE I.—Nurse, æt. 19 years, suffered from anæmia and chlorosis; menses irregular; weak, indigestion and constipation. When a child was scrofulous. Some bones of hand removed and fourth finger. First metatarsal bone of left foot and right big toe, right elbow curretted. Occasional rise of temperature.

Oct. 24th.—Entered hospital and remained till Feb., 1890. Had hæmetemesis on three occasions. Acidity of stomach went up to $\frac{1}{10}$ of 1%. Stomach was washed out thirty-seven times. Took up work as nurse.

1890. Oct. 4th.—Entered hospital again. Lungs found intact. Lupus of nose, from which she suffered for seven years; had been cauterized five times, the last occasion was May, 1890. At present it appears healed, but surrounded by whitish nodules. Treated again with thirteen washes of stomach, and was going to leave, when Koch's remedy was introduced. To test if the lupus was cured, an inoculation was made.

Nov. 21st, 10 a.m.—0.005 c. c. injected. 6 p.m.—Resp. 42; temp. normal. 10 p.m.—Resp. 34; temp. 38° Centigrade.

At 8 p.m., while temp. was normal, nose presented the appearance of erysipelas. The nodules grew to be projections; the nose was of a dark red and nodules of a bright red, and were normal before nodules sprang up in region of cicatrix. Temp. fell next a.m. 37.8°.

Nov. 22nd.—Larynx, which was before normal, showed a characteristic tubercular ulcer on the first tracheal ring and patient complained of pain

in right chest. At this point, corresponding to lower portion of scapula, very harsh vesicular breathing. Patient, who never had sputum, now had 100 c. c. purulent nummulated sputum, but, in eight preparations of large slides, no bacilli.

Nov. 23rd.—Temp. normal; resp. normal. Found dulness at this point, corresponding in area to size of palm of hand. This dulness did not reach to base of lung, and over it were found small crepitant râles.

24th.—She has less cough, and no more sputum; dulness less intense, râles still audible.

25th.—Reaction on nose lessening, since lung changes less evident. 0.010 injected. In morning temp. was normal. Dulness gave way to tympanitis; râles only occasional. At no time did we hear bronchial breathing. 3 p.m.—Rigors; resp. 60; pulse 138; temp 38°. Extreme constitutional disturbance. Renewed cough and expectoration of same purulent character. 12 p.m.—Temp. 40°; dyspnœa less; pulse 120.

26th, 9 a.m.—Temp. 38.5°; resp. 42, feels better. Reaction continued till 6 p.m. 6 p.m.—Dyspnœa; resp. 68; temp. 36.5°; pulse 110. Moist râles appeared at base of right upper lobe. Dulness is again increased, but not so marked, and complains of cardialgia. This time there is bronchial breathing. Lupus of nose shows swelling, but not equal to first injection.

27th.—Bronchial breathing; distant and near crepitation occasionally. Dulness giving way to tympanitis.

30th.—Dulness no longer present; no râles found.

Dec. 2nd.—0.005 c. c. injected at 10 a.m. 4 p.m.—Resp. 60; expectoration renewed, slight dulness at angle of right scapula. 9 p.m.—Temp. 39.3°; resp. 68; occasional râles at right apex. No bacilli found.

3rd, 8 p.m.—Temp. normal; resp. 72. Headache; pain in larynx, which showed redness of inter-arytenoid fold. No ulceration to be seen; vocal cords normal. Exanthema, resembling measles, appeared over the whole back, with a few reddish spots on abdomen. Nose less swollen. In nostrils, little ulcerations near external opening, covered with white epidermis, appeared. Complaints of extreme lassitude.

5th.—No signs of exanthema. Pleuritic friction felt at right scapular region, reaching to side