

from a cancer which pursues slowly and fatally its destructive course.

I do not intend to insist upon this point; it is only necessary to present the question in such terms, in order to have a unanimous response from all clinical teachers.

Not content with complicating facts, names have been completely mystified. The granule of Empis is the tuberculization of Virchow; the tuberculization of Empis is the caseous pneumonia of the Germans. Galloping consumption was admitted as designating the common, vulgar phthisis, having a rapid course; and acute consumption, as designating pulmonary granular phthisis, until Trousseau, and after him M. Jaccoud, in his notes to Graves's Clinical Lectures, overturned completely this nomenclature.

To avoid all confusion, it seems to me that it would be much simpler to admit a pulmonary tuberculization, or, if you please, a *chronic pneumophymia* (common, vulgar consumption), a *sub-acute pneumophymia* (common phthisis running a rapid course), and an acute phthisis (granular phthisis), reserving the expression of *acute tuberculization* for those cases where the granulations are more or less general.

In resuming: the doctrine of the unity of tubercular diseases is not rendered hypothetical by clinical experience nor by pathological anatomy, and in terminating I shall repeat, with the authors of the Compendium, that the only true manner of philosophically regarding pulmonary phthisis is that which consists in considering it as the localization in the lung of a general affection called *tuberculization*, which can be localized in different organs.

I have desiginedly left completely untouched the question as to the nature of tubercle and tuberculosis. This will be the subject of a second article.

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## Reports of Medical Societies.

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MIDDLESEX NORTH DISTRICT MEDICAL SOCIETY.

JOHN H. GILMAN, M.D., SECRETARY.

A QUARTERLY meeting of the Middlesex North District Medical Society was held at their rooms in Lowell, July 29th, 1868, the President, Dr. Jewett, in the Chair.

The records of the preceding meeting were read by the Secretary and accepted.

Dr. Allen, of Lowell, read a paper on *Criminal Abortion*. He proceeded to show the general prevalence of the practice in New England, particularly in Massachusetts, where it is fearfully common among the native population. It is practised to some extent in other parts of the country, but not to the same degree as in New England. He discussed at considerable length the effect of this pernicious custom upon the health of our females, attributing to it the commonness of the so-called "female diseases" among our women—such as miscarriage, prolapsus uteri, leucorrhœa, sterility, amenorrhœa, menorrhagia, and a whole train of nervous disorders. He said the offspring of such mothers make feeble men

and women, and that the result of this evil practice in decreasing and devitalizing our native population is already apparent. In conclusion, he referred to the action of the medical societies in the different States of the Union where the vice prevails to any extent, showing that it had arrested their attention and that they were making proper efforts to suppress it.

The President said the subject was now open for discussion, but at the request of Dr. Allen it was deferred until the next meeting.

Dr. Bass, of Lowell, reported a case of severe *Puerperal Convulsions*. The labor terminated at 6 o'clock in the afternoon. At 8 o'clock in the evening, the patient was attacked with severe convulsions; he at once administered chloroform, remained with her all night, and kept her under its influence until 10 o'clock, A.M., the next day, when he allowed her to recover from its control. She remained free of convulsions until 8 o'clock the following evening, when she had another attack. Chloroform was resorted to again, and she was kept under its influence and that of ether until 10 o'clock, A.M., the next day. After this the patient did well. During the thirty-eight hours' time she was twenty-eight hours under the influence of chloroform, inhaling eight ounces of chloroform and about the same quantity of ether. In this case, it was found that chloroform controlled the convulsions better than ether.

Dr. Burnham, of Lowell, read a paper on *Chloroform, its advantages over Ether as an Anæsthetic*. He showed that chloroform is safer and is attended with none of the baneful after results which often follow the use of ether, such as insanity, epilepsy, convulsions, &c. He cited cases in his own practice which seemed to fully substantiate his assertion. He condemned the use of a mixture of chloroform and ether, and the alternate administration of the two anæsthetics as being fraught with more danger than either alone. He said the disadvantages of ether were:—1st, that it causes violent struggling, often requiring three or four strong men to hold a delicate female; 2d, that it produces a copious secretion of mucus from the lungs and bronchiæ, rendering it necessary to wait for the patient to free his lungs and thereby avoid impending death from asphyxia; 3d, that it is a powerful stimulant and causes congestion of the brain, which is liable to eventuate in apoplexia or paralysis; 4th, that it requires a much longer time to produce anæsthesia, and the

patient's sleep is more disturbed and much less tranquil than that occasioned by chloroform; and, finally, that it gives origin to subsequent attacks of insanity, epilepsy and other spasmodic affections. Chloroform, he said, is free from the above objections, and, if properly administered, is devoid of danger. His method of giving chloroform is to place a folded linen handkerchief in the bottom of a common bowl, pour upon it a fluid drachm of the anæsthetic, invert the bowl over the patient's face, keeping the handkerchief away from the nose and mouth by means of two fingers inserted within the bowl. The patient should be brought rapidly under the influence of chloroform, and the bowl should not be taken from the face until anæsthesia is produced, except to renew the chloroform; generally from one to three fluid drachms will be required to bring about anæsthesia. This state may be known by the snoring of the patient as in natural sleep; then the bowl should be taken *entirely* away from the patient's face, and the proposed operation commenced. It is more necessary to watch the respiration of the patient than his pulse, and to be very careful and not allow him to inhale enough to bring on the stertorous breathing of apoplexia instead of the snoring of natural sleep. None but a physician should be allowed to administer chloroform for any protracted operation, and he should know how to give it properly. Never trust a student with the administration of it, for he will become interested in the operation, neglect his duty, and allow the patient to become fatally narcotized.

Dr. Dow, of Westford, stated that while in the Western Army during the late war, he had given chloroform and seen it given in numerous instances, but had never seen any ill effects attending its use. He said the Western surgeons had a theory that Western men bore it better than Eastern.

Dr. Spalding, of Lowell, said he was in the habit of giving chloroform and ether alternately in the same case.

Dr. M. G. Parker, of Lowell, said he ordinarily used a mixture of one part chloroform and two parts ether.

Dr. Smith, of Lowell, thought that it would be safer to give chloroform and ether in the atomized state, as the proper intermixture of air would thus be insured.

Dr. Bass, of Lowell, stated that he considered chloroform equally as safe as ether and greatly to be preferred in practice. The violent struggling which ether so often

occasions is a great objection to its use, necessitating the presence of several assistants to keep the patient in subjection.

Dr. Gilman, of Lowell, remarked that he had generally used ether alone, or a mixture of it with chloroform, and that he had found that it was best not to use much constraining force in those cases that come under the influence of ether with difficulty, for the violence of their struggles is almost always increased by any efforts made to restrain them. Most refractory cases will become calm if the ether is taken away a few moments, and on resuming it will take it kindly and pass under its influence without further trouble. He mentioned a case which seemed to show that a continued use of ether will cause insanity. While on duty at a General Hospital in Washington, he made the acquaintance of a surgeon who had acquired the habit of inhaling ether for its exhilarating effect, and who finally became insane, and was taken to an asylum.

Dr. Burnham said, in answer to a question, that there were patients who, on account of idiosyncrasy or disease, will bear ether who will not chloroform, and *vice versa*, and there were some cases in which neither should be used, but for the generality of cases chloroform is to be preferred to all known anesthetics.

## Bibliographical Notices.

*Observations on some of the Affections classed as Nervous Deafness.* By JAS. HINTON. 8vo. Pp. 38.

Mr. HINTON begins his paper with a description of three cases of sudden deafness from apparently slight causes, in which, however, on further inquiry, it was found that some time previous to the appearance of the deafness each of the patients had received a concussion, which, he suggests, jarred the nerve and made it extremely liable to be affected by slight causes.

Recapitulating the pathological changes found on dissection of the nervous structures of the ear by Toynbee, Voltolini and himself, he considers the most important of these to be "the frequency of vascular congestion, and the extreme degree it reaches without the existence of any symptoms which have commanded attention." Debility, nervous or other, he does not believe to be a cause of nervous deafness, and cites a case in which at the time of greatest prostration

the hearing had decidedly improved; the case is also interesting as the patient himself distinguished his nervous deafness from a catarrhal deafness which supervened when he caught cold.

The signs by which nervous deafness may be inferred are given as follows:

1. History; besides blows on the head and loud noises, fever, sunstroke, mumps, diphtheria, parturition, residence in India, convulsions in childhood are the origin of many cases, but it is suggested that many of these may have been the result of the ear disease.

2. Peculiarities of hearing; worse on excitement, fatigue or depression; watch heard better than the voice, and also great diminution of the hearing on inflating the tympanum.

3. Degree of deafness; if excessive cannot depend on imperfect conduction.

4. Results with the tuning fork; if well heard through the bones of the head, the deafness is not likely to be nervous. Its greatest use, however, is in enabling us to judge of the power of conduction in the membrana tympani and ossicula; if the conducting media are healthy, the sound is increased on closing the meatus; if they are impermeable to vibrations, no effect is produced. Two cases, one of cerumen and one of closure of the Eustachian tube, are given to illustrate this point.

5. Aspect and manner of the patient, which are described as most commonly a "nervous unrestful manner, and a set, yet fluctuating expression of countenance."

Mr. H. believes that in a majority of cases of nervous deafness the tympanum is also diseased, and that the source of the nerve affection lies in the tympanic disease, caused in three ways:

1. By the propagation of a functional irritation.

2. By pressure exerted upon the labyrinth through the ossicula.

3. By changes in the labyrinth itself through disordered circulation, consequent on inflammation of the tympanum.

The opinion is then advanced and discussed at considerable length, that ear-ache in children may cause nervous deafness in after life; it is not, however, affirmed to be a direct cause, but "it appears that certain kinds of inflammatory affections of the tympanum in childhood so far involve the adjacent structures of the labyrinth as to predispose them to a loss of function from causes that would not otherwise lead to that result." Numerous cases are given in illustration.