

The case most nearly analogous to that herein reported is one described by Baron Larrey, in which a bullet having penetrated the forehead, this eminent surgeon trephined the occiput, and through the back door thus made, the ball dropped upon the floor,—but the patient died.

I have failed to find another case than the above, in which a missile out of reach and out of sight has been discovered, and removed from the brain by trephining—a permanent recovery afterward resulting.

ART. VIII.—*On Spurious Consumption.* By D. FRANCIS CONDIE,
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THERE are constantly occurring a class of cases, without any trace of tubercular deposition in the lungs, which bear so close a resemblance to pulmonary tuberculosis, as to be liable to be confounded with the latter by inexperienced physicians, and which, I have reason to believe, constitute no trifling percentage of the deaths recorded in our bills of mortality as from pulmonary consumption.

The cases to which I refer, and to which I apply the term *spurious consumption*, are marked by progressive and extreme emaciation, cough, expectoration, debility, dulness of spirits, hectic fever, and night-sweats.

Were the term *phthisis* employed in medical nomenclature to indicate nothing more than what is implied by its etymology—that is, simply, consumption, wearing or wasting away, in a general sense, and under whatever circumstances such consumption or wasting away may occur, then the term *phthisis* might with entire propriety be applied to the cases we have designated as spurious, as very correctly expressing one of their most striking characteristics—a consuming, a wasting, a melting, as it were, away of the entire physical organism. It would not then mislead to speak of tubercular and of non-tubercular pulmonary *phthisis*. But as the term pulmonary consumption or pulmonary *phthisis* is invariably employed to designate the first of these forms of disease, I have made choice of *spurious consumption* as a term little liable to be mistaken, to designate *non-tubercular phthisis*.

It is a matter of the first importance that the true character of each consumptive case we are all called upon to treat should be clearly understood, and that as promptly as possible. In many instances, however, this is not very readily accomplished. When chronic inflammation has been going on for a long time in the lungs, there very generally occurs in their texture one or more abscesses, differing in size in different cases. These, when they become emptied of their contents by rupture or other cause, leave cavities, which may continue open for some time, but, sooner or later, their

parietes coalesce, and a kind of cicatrix is formed. At the same time, the substance of the lung is often studded here and there with nodules—for the most part comparatively small in size—of hepatization. Under such circumstances, the physical signs, revealed by auscultation, will frequently fail to throw any light upon the true character of the lesions present; even the most expert stethoscopist will very often fail to arrive at a correct diagnosis. Now, on our ability to distinguish at a sufficiently early period in its course the spurious from the tubercular form of consumption, will, to some extent, depend the life of the patient.

When an individual labouring under *spurious* consumption is placed promptly under proper medical treatment, combined with a well regulated diet and regimen, a fair opportunity is furnished to the patient for a return to entire health. While, on the other hand, when the case is one of tubercular phthisis, although the fatal march of the disease may be retarded and the more prominent symptoms alleviated by the employment of proper means, yet a complete cure, unless it be a spontaneous one, can scarcely be hoped for.

To distinguish spurious from tubercular consumption, the first thing to be taken into account is the lineage of the patient. If on either the paternal or maternal side, or on both, there has prevailed a well-marked strumous diathesis, and a predisposition to the class of diseases to which individuals of that diathesis are liable, we shall have a well-founded reason to infer that the case of consumption, the true character of which is under investigation, is one of tubercular phthisis. Still more so, if at the same time the patient is of a decidedly strumous diathesis—as marked by a delicacy of organization; pale countenance, quickly flushed to a pale rosy tint upon the slightest excitement; light-coloured hair; light blue or grayish eyes, with brilliant whiteness of their adnatæ; very white teeth; great delicacy of skin, showing the subcutaneous veins meandering beneath it; mostly a bulbous condition of the ends of the fingers, with incurvated, sentiform nails; susceptibility to slight degrees of cold, and to the morbid influence of a cold, damp atmosphere, and, finally, to the subacute character that is assumed by any disease with which they may become attacked.

The pathognomonic symptoms of phthisis pulmonalis occurring in an individual answering to the foregoing description, may, with very great certainty, be set down as those of tubercular consumption, more especially when the physical sounds detected in the chest by auscultation are clearly those appertaining to tubercular disease of the lungs.

It is by no means pretended that the characteristics given above are those alone which distinguish the tubercular diathesis, they are only presented as the most unequivocal. The absence of one or several of them, or their lesser prominence, by no means implies the absence of pulmonary tuberculosis, however much it may embarrass our diagnosis.

An examination of the matter expectorated will often aid us in arriving

at a correct diagnosis. In tubercular disease of the lungs, the sputa, in the early stages at least, consist most commonly of a white frothy mucus; later, they become more consistent and glairy, and of a darker hue. They are often intermixed with small whitish particles of a cheese-like appearance—broken-down tubercular matter, and not unfrequently, with distinct masses of a well-defined puriform character.

In what I have denominated *spurious* consumption—consumption without tuberculosis—an individual in the enjoyment apparently of robust health, and without any perceptible predisposition to tubercular disease, will be attacked somewhat suddenly, in most instances after exposure, with acute bronchitis or pneumonia. The disease will, in spite of the best selected and faithfully administered remedial measures, run on in a chronic form for many weeks, or even for months, assuming gradually an assemblage of symptoms, which, even with the aid of the stethoscope, can, in many instances, scarcely be distinguished, at their height, from those pathognomonic of tubercular consumption. It is only from an attentive study of the entire history of the case that any approach to a certain diagnosis can be made.

It is true, that in these spurious cases, the matter expectorated is always more decidedly purulent than it is in tubercular consumption, while it is entirely free from any fragments of tubercular matter. The peculiar whiteness and bright appearance of the *adnatæ* of the eyes are seldom present, and are never so prominently marked as in the tubercular form of consumption. The same statement may be made, also, in respect to the morbid whiteness of the teeth, the bulbous appearance of the finger ends, and the incurvated, scutiform shape of the nails. In place of the buoyant, hopeful disposition, and the unclouded intellect, so commonly observed in cases of tubercular phthisis, they who labour under the *spurious* form of consumption are, for the most part, dull, gloomy, dispirited, and despondent.

Physicians who have seen much of consumption under the two forms—the *tubercular* and the *spurious*—and have carefully compared the one form with the other, throughout their respective courses, will, in the general run of cases, be able to distinguish with sufficient accuracy the one from the other, where others who had neglected this study would utterly fail; and acting upon the diagnosis thus arrived at, they are enabled to effect, in the majority of cases, an entire cure, by entering at once upon an appropriate treatment, rigidly enforced: provided, always, that the patients have come under their care before the destruction of organization in the lungs, and the exhaustion of vitality throughout the system have proceeded to too great an extent to be remedied.

If I shall succeed in directing the attention of the younger portion of the profession to the fact of the existence of two distinct forms of pulmonary consumption, a tubercular and a non-tubercular, a cure of the first being, in the actual state of medical science, unattainable, while in the

great majority of cases in the second, a cure may be effected, under an appropriate course of treatment opportunely commenced, the two forms of disease, when at their height, bearing so strong a resemblance to each other as to be undistinguishable to the superficial observer : if, finally, it shall be my good fortune to convince the inexperienced members of the profession of the importance of studying, with minuteness and care, the antecedents and characteristics of each of these forms of pulmonary phthisis, and of determining, if any, what conditions and symptoms are peculiar to the one and absent in the other, with the view of their forming a certain basis for a correct diagnosis, and appropriate treatment, my object in the preparation of this article will be fully accomplished. I need only allude to the important bearing this question has in reference to many cases of life insurance.

ART. IX.—*Axillary Aneurism; Ligation of the Left Subclavian Artery; Recovery.* By C. C. F. GAY, M.D., Surgeon to the Buffalo General Hospital.

THE following case is of professional interest from the fact that several surgeons of distinction failed to make a correct diagnosis :—

G. S., aged 26, was wounded six years previously to his entrance into hospital by the accidental discharge of a pistol, the ball entering the front of the left shoulder. Soon thereafter a small tumour was observable in the axilla. The ball could not be extracted.

At the time he entered the hospital for treatment, the tumour had increased in size until it became as large as a child's head, and was located just in front of the axilla upon the walls of the chest. It presented the appearance of a large abscess, pointing and about to burst. It felt soft and fluctuated only at the apex; the remainder of the tumour was hard and unyielding; it could not be compressed.

The most thorough and prolonged stethoscopic examination did not reveal pulsation or thrill. There was no pulsation in the radial artery at the wrist; the arm was partially paralyzed. I introduced the exploring needle through the soft portion of the tumour and obtained a few drops of blood; I afterwards thrust the needle down into the interior of the tumour where no fluid escaped. Then an ordinary trocar was used and carried into the centre of the tumour. A little blood at first escaped, but there was no continued flow, or rather the blood ceased to flow entirely; therefore, the canula was withdrawn. Chloroform was now administered, when I made an incision over the tumour through the integuments, and coming down upon a blue surface, I forbore longer to use the blade of the knife. With the handle I made slight pressure over the point entered by the trocar, when the sac burst and the blood spurted with great force and volume. Whether I did rightly or wrongly, I immediately tore open the sac in the line of my incision, turned out the clot, and thrust my hand up into the axilla, and arrested the hemorrhage at once.