

The Treatment of Phthisis.

BY DR. J. FERGUSON.

*Being the substance of remarks made in the discussion of the above subject
by the staff of the Western Hospital.*

That there are cases of tuberculosis constantly undergoing arrest and cure does not now require proof. This may be taken as admitted. Clinical experience has, on the other hand, more than abundantly proven the great gravity that attends all cases where the tubercle bacilli are found.

The main point to hold closely before one's mind is the importance of an early diagnosis. Every case of the slightest suspicion should be kept under the most vigilant watch, and repeated and thorough search made for the germs. These can sometimes be found long in advance of the physical signs of the disease. One negative examination of the sputum is not sufficient. Several may be necessary to find the germ or to exclude its presence with reasonable safety.

The feeding of consumptive patients is of much moment. The highest possible degree of nutrition should be maintained. If the body weight can be fairly well sustained or increased the course of the disease is usually favorably influenced. Fattening forms of food should be liberally employed. It may be laid down as a general rule that no food should be continued that disagrees with the patient to any extent. Digestion must be carefully studied.

With regard to stimulants it may be said that there are few consumptives that will not be benefited by the judicious use of alcoholics at some time or other in their illness. It must never be forgotten, however, that alcohol sometimes lessens the appetite and impairs digestion. To such it would do harm. In other cases, and they are by far the majority, it improves both. When there is much febrile movement, small quantities, frequently given, of some pure stimulant is of the utmost value.

It is needless at this late day to insist upon the importance of fresh air. This is now being carried to the length of the open air treatment.

Much has been said regarding the value of inhalations. My own opinion is that they are of great value. It would be out of place to cite the many able clinical observers who hold this view. They are very numerous and of very high standing in the profession. My favorite mixture is the one recommended many years ago by Dr. Coghill:

Tr. Iodi. Arthucalis	} aa ʒii.
Acid Carbolic	
Sp. Vini Rect	