

NOTES ON THE LUNGS OF ONE OF KOCH'S EARLIEST TUBERCULIN PATIENTS.*

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The lungs in the case about to be recorded possess a certain amount of interest, inasmuch as according to the history given by the patient, a highly intelligent man, thirty-three years old, he was one of the first to undergo treatment under Professor Koch in Berlin.

The patient, A. Rickstrom, was born in Finland and was in good health until 1890, when he suffered from hæmoptysis, followed by a cough, night sweats and progressive emaciation. He was admitted under Koch at the Victoria Hospital in Berlin and there continued for fifty-two weeks undergoing periodic inoculations with tuberculin. Under this treatment his appetite improved, he began to gain flesh, and the night sweats passed away. He returned to Finland, and his health appeared to be restored. In June, 1893, he came to Canada and was employed as a skilled mechanic in the engineering laboratory at McGill University. He remained apparently in perfect health until January of this year, when the cough returned, and all the old symptoms—night sweats, loss of flesh and bodily weakness. On March 20th there was an hæmoptysis, about half a gallon of blood being lost; on the 23rd and 24th there were two severe hæmorrhages. From this time until April 18th, he being now a patient under Dr. Stewart at the Royal Victoria Hospital, there was constant slight expectoration of blood with but little cough. On this last date severe hæmorrhages recurred, in all about a quart of blood being lost. Following upon this there was rapid loss of power, and the patient died ten days later.

At the autopsy it was noticeable that there was no indication of tuberculosis other than in the lungs, save for some quite recent and minute ulcers in the jejunum and ileum. The lungs, however, presented very characteristic tubercular changes. There were firm adhesions at both apices—so firm that on the left side the knife had to be employed to separate them. Both apices showed old tuberculosis in the shape of well-encapsuled caseous masses and small contracted cavities with dense envelopes and smooth but uneven internal aspect. In addition, the upper two-thirds of the uppermost lobe of the right lung and the upper half of the upper lobe of the left lung were greatly consolidated, contracted and presenting very well-marked

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