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THE MORBID ANATOMY AND HISTOLOGY OF PULMONARY TUBERCULOSIS IN RELATION TO ITS GENERAL PATHOLOGY AND CLINICAL MANIFESTATIONS.

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When the Henry Phipps Institute for the Study, Treatment, and Prevention of Tuberculosis did me the honour to invite me to give one of this series of lectures, I felt that I had little time in which to prepare any lecture worthy of the occasion. I was just in the midst of the work of our term, and as I had to start for your shores as soon as the term ended, I knew that until I got onto the Atlantic (whose vagaries at this time of the year have to be reckoned with) I should be able to give but little time or attention to the thinking out of the details of my address.

The opportunity of visiting your great country thus presented to me was, however, so tempting and the prospect of meeting my many valued friends on this side so attractive that I determined to give you the results of some of my own work on the relation of the morbid anatomy and histology of phthisis to its general pathology and clinical manifestations. I was all the more tempted to follow this line of thought from the fact that in recent years the pessimistic views of the physician—based on the pessimistic foundation laid by the earlier pathologists—though gradually giving way before the evidence afforded by more recent research are hard to scotch and still more difficult to kill. It will, of course, be understood that the advancing and advanced lesions found in cases of pulmonary tuberculosis that had succumbed could not but prove fatal. The presence of Virchow's caseous tubercle in all its fearful and destructive simplicity seemed to leave no hope for the recovery of any patient affected; and what the pathologist found one day, the physician accepted the next. It was perhaps natural that this should be the case, but the evil wrought by this pessimism was incalculable, and I

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