

THE EARLY DIAGNOSIS OF PHTHISIS*

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Mr. President and Gentlemen:

In thanking you for the honor which you have conferred on me by requesting me to present a paper before your Society, I am fully cognizant of the serious responsibility which I have incurred in accepting. No apology seems necessary for reviewing the data which will lead to an early recognition of chronic pulmonary tuberculosis, a condition which all too frequently presents itself in a hopelessly advanced stage.

Probably in no other disease does the ultimate restoration to health and usefulness depend so much on detection in its incipency. In quite the majority of cases the evidence available is sufficient to furnish this early diagnosis if we appreciate the significance of the early symptoms, conduct a careful physical examination—often on more than one occasion—and interpret the import of the early physical signs. Unfortunately we are all, on occasions, more or less remiss in our duty in this respect and delayed and erroneous diagnoses are too often responsible for the incidence of the later phases of softening and excavation which so greatly impair the prospect of recovery.

The early diagnosis implies a recognition of the “incipient” case in which the lesion is a limited, usually apical or sub-apical, infiltration, and is associated with but slight, or even no, constitutional symptoms.

In quite a number of cases constitutional manifestations appear in advance of the corroborative physical signs. In not a few cases physical signs of greater or less extent, and denoting more or less activity are encountered in the absence of general symptoms.

Of importance is the discovery of a more or less intimate exposure to a possible source of infection. This may be in the home or place of employment. It may be in the person of a parent or other relative, a fellow-employee or a personal friend. In but few instances can the source be said to be unknown. The information may not be obtained at the first inquiry. It may have been forgotten and be recalled at a later visit. The illness of the suspect may have passed muster for “chronic bronchitis,” “asthma,” “stomach trouble,” and the tuberculous nature may

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