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ON THE TREATMENT OF TUBERCULOSIS.*

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It has long been the habit of the profession to regard phthisis as a well-nigh incurable disease; and such it undoubtedly is in those advanced cases, where the original infecting micro-organism has not only gained a firm footing, "but has called in auxiliary microbes to complete its ravages, and the patient has become the prey of a mixed infection." But in the earlier stages of the disease, to regard it as incurable is to paralyze our efforts and to lose for our patient the one golden opportunity of re-establishing health. During the past decade our appreciation of the curability of phthisis has certainly increased many fold. This increased confidence on our part in dealing with the disease, is to some extent due to the recognition on the post-mortem table that the spontaneous healing of local tuberculosis is an every day affair (Osler). Dr. Ransome states that 20 per cent. to 30 per cent. of all persons dying in hospitals between the ages of 25 and 75, show signs of healed tuberculous lesions (*Practitioner*, June, 1898, p. 564). The possibilities for successful treatment have been also increased by the fact that we are now able to make our diagnosis from a bacteriological examination of the sputum, at a distinctly earlier stage than formerly, when we had to rely on physical signs alone, or on the insidious and by no means distinctive symptoms from which many at the onset suffer. But the greatest encouragement to the profession has arisen from the brilliant clinical results which have followed the open-air method of treatment, a method first practised by Dr. George Bodington, of Warwickshire, England, in 1840 (*N. Y. Medical Journal*, Jan.

* Being a contribution to a discussion on the "Prevention and Cure of Tuberculosis," at the Montreal Medico-Chirurgical Society, April 17th, 1899.