

## POINTS OF CLINICAL INTEREST IN PULMONARY TUBERCULOSIS.

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*Mr. Chairman and Gentlemen,*—My recent connection with the Manchester Chest Hospital has afforded me ample opportunities of making observations on cases of chest disease, and I trust this may be sufficient excuse for venturing to bring before your consideration the following clinical notes:—

In his work on the causes and prevention of phthisis ("The Milroy Lectures," page 3), Dr. A. Ransome writes as follows: "Dr. C. T. Williams gives as the result observed in private practice that a cure was effected in 4.6 per cent. of the cases; great improvement in 38 per cent.; the disease was stationary in 13.4 per cent., but in 43.5 per cent. there was more or less increase."

Dr. T. Harris, of Manchester, has found that at least in 39 per cent. of the autopsies at the Manchester Royal Infirmary there was evidence of cured phthisis. Consumption is curable, and that it is to a great extent preventable, is clearly shown by the mortuary statistics of the various armies and navies, as well as those derived from other sources.

In making a physical examination of a diseased chest we must not be surprised at the vagaries indulged in by the adventitious sounds, such as being one time present, and then absent. Inasmuch as the majority of these sounds are of bronchitic origin, the explanation is easy why crepitations over one or both of the apices heard at the beginning of the examination disappear after a few deep inspirations; or in other cases are only audible upon coughing or deep inspiration. Then again, the comparatively frequent absence of all abnormal physical sounds in a lung which was, or is, at the time of examination the seat of a hæmorrhage. A well developed patient of ruddy countenance is apt to be doubted if he informs you he has had hæmoptysis a few days previous, when upon examining