

ON THE CURABILITY OF ACUTE TUBERCULOSIS.

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The case I propose bringing forward involves a curious problem of practical medicine in the nature of a dilemma. Acute tuberculosis is represented to us from the anatomical point of view as a disease which is uniformly fatal. At the bedside, however, we meet with examples, undistinguishable from acute tuberculosis, which nevertheless recover. Are we to say of these that our diagnosis has been in error, or that the statement of the uniform fatality of acute tuberculosis is not without exception? Is it more probable that the diagnosis is wrong or the treatment curative? If the diagnosis be an error how may such errors be avoided in future? If it be the treatment that makes all the difference, in what manner is such treatment to be employed, what is the evidence of its efficacy, and to what stage of the disease does it apply? I need not say that questions like these are of the highest practical interest. They are so from the pathological side, owing to the very intimate likeness between acute tuberculosis and enteric fever. They are so still more from the treatment side, owing to the assertion of some that the hypophosphites of lime and soda are directly curative of acute tuberculosis.

Now the case shortly summarised from the notes of Mr. Butler, clinical clerk, is as follows:—

George C—, aged sixteen, a well nourished youth, but of tubercular aspect (his mother being consumptive, and two of his maternal aunts having died of acute phthisis), was admitted on May 31st. Just a month before, he had been standing at a pier-head when heated from fast running, and in that way, as he supposed, caught cold. Shivering came on the next day, and he kept his bed for a fortnight, being "very ill;" the chief symptoms were coughing, with much expectoration, repeated nose-bleeding, and profuse sweating, especially at night. At the end of the fortnight the boy improved sufficiently to get up. He had lost much flesh during his illness, and his cough and sweating continued. As soon as he could bear the journey he came to hospital, where he was admitted at the date mentioned. When first seen the patient's aspect and pose indicated extreme depression, and there was that blush on his cheeks which, taken together with his lustrous eyes and long lashes, would suggest to the observer, other things being excluded, acute tuberculosis. The temperature was 104.2° on the first night (for the next eight days the highest daily reading reached or exceeded 104°). The tongue was furred; bowels confined. Pulse about 100. A very careful examination of the lungs discovered large bronchi merely, no dullness; no small bubbling; no physical evidence of any kind, except of bronchial flux; the sputum bronchial and uncoloured. Such was his condition on admission, and so it continued for

fourteen days; a condition, namely, of extreme depression, temperature ranging daily between 102° and 104.6°; absolute loss of appetite; sleeplessness, night-sweating, and wearing cough, with mucous expectoration, sometimes blood-streaked; the bowels being confined (except for one occasion, when they acted copiously after medicine), and the pulse seldom much exceeding 100. But what was the most striking and the most suggestive, or, as it seemed, probative of the diagnosis of tuberculosis, was that with the progress of time the patient rapidly wasted. That and the profuse sweating and prostration were the main features of the case, yet still with no more positive physical signs than those mentioned. Between the sixth and the twelfth days from admission the prostration was so extreme that it was only with great difficulty he could be raised, or indeed moved, for the purpose of examination. Yet, with an eye to possibilities, attention was continuously directed to the lungs, and it may be said positively that although bronchitis persisted, and some small bubbling was audible for a time at the left base, there was never any sign of consolidation or pneumonia. Howbeit, on the fourteenth day from admission (which would be six weeks from his first seizure and a month from the time when he had a temporary mend) signs of improvement were observed in that the night temperature fell from 104° to 103°, and the bodily weakness was less. From that day to the nineteenth a continuous progress began to open out hope of ultimate recovery. By the twenty-second day (making sixty-two days from the commencement of illness) that hope became almost assurance. The temperature had gradually fallen, and was now hardly above normal, the wasting and sweating had ceased; and, above all, the extreme bodily prostration had disappeared. With this marked improvement the catarrhal sounds within the lungs underwent but little change, and on the twenty-eighth day, when he was up and convalescent, some bubbling bronchus was audible at both bases. During the extremity of his illness it was impossible to take his weight; the only measure of the loss of flesh, therefore, is quite inadequate to express the fact. Before his illness he weighed 7st. 10lb.; on the twenty-seventh day after admission, and when approaching convalescence, he weighed 6st. 8½ lb.; a week later he had gained exactly 4lb. As regards treatment, all that it is necessary to say now is that on the 7th of June, when near his worst, and seven days before he began to mend, the boy was given ten grains of hypophosphite of soda every four hours, and this was continued for the rest of the acute illness.

In the main features of this remarkable case there are, as I think, to be found some important practical lessons—facts which are too little recognized and probabilities which are too easily set aside. Take first the fact itself. Better than all theories or precarious deductions is the knowledge which this case gives that in a tubercular subject