

Suppose the patient does not consult us in the early stages, but after some period of time has elapsed, what will be the conditions present? I have a number of patients here who illustrate these conditions. After the acute stage has passed it leaves behind certain changes in the lung, and the patient presents certain general symptoms. Let us first study these general symptoms. They vary greatly, according to the state of the local trouble, but much more according to the individual peculiarity. Sometimes a patient with positive lesions in the lung will seem to be in ordinary health, keeping his flesh very well.

Now, here is a lad who has a small circumscribed cavity under the clavicle. He had when he came in a catarrhal phthisis of the left apex, profuse night sweats, quite rapid emaciation, and marked physical signs, but no spitting of blood. The acute stage passed away, but has left behind an induration of this upper right lobe; he has gained in flesh, the night sweats have stopped, and he has the appearance of being in pretty good health for a person who has been confined so long in a large hospital. Some patients, then, will present almost ordinary health, with scarcely any febrile action, with little cough and expectoration, and they will scarcely believe you when you tell them of the local disease in the lung. More frequently you will find that such patients present a history of recurring febrile attacks.

Now, for instance, this man, Fisher, who has a catarrhal phthisis of the whole upper lobe of the right side, with only small centres of disease scattered throughout the lobe, not giving rise to any marked dulness, but causing impaired expansion of the upper part of the right lung, weakness of respiration, prolonged expiration, and on coughing or deep breathing slight mucous râles, indicating that the lung has passed into a state of degeneration, leaving, I fear, little ulcerated spots, has presented in the highest degree these occasional febrile attacks.

If while he is feeling perfectly well a change of weather occurs, or he makes some unusual exertion, or sometimes without any apparent cause, he will have a little creep, followed by fever. He will feel a little sick and lie down,

but in the course of twenty-four hours he again feels better. He has more cough, and examination shows the physical signs to be more marked. I suppose that since he has been under my observation he has had eight or ten of these attacks. Such attacks are highly characteristic of catarrhal phthisis in its chronic variety. The patients become so susceptible to any disturbing cause that they will have such attacks even under the best of care, and with every attack you will observe that there has been a fresh development at some part of the lung, usually around the affected area. These occasional febrile attacks the patient ascribes to fresh colds, and there is a certain amount of truth in this, because there is, with each attack, an extension of the catarrhal process.

During the whole course of the disease there is apt to be some irregular febrile action. This varies much in different persons; for instance, this patient is almost entirely free from fever; this next man has more marked febrile action, with a morning temperature of 98° and an evening temperature of 99.5°; while this one has a continued febrile action, and his morning temperature is never down to normal. As the disease advances and the system becomes more and more broken down, the fever assumes a marked hectic type.

I have now a patient under my care, with catarrhal phthisis, in whom the morning temperature is never below 102°, and the evening temperature 104°, 105°, or 107°. I have found her sitting up in bed, feeling pretty comfortable, with a temperature of 107.5°; but, of course, this high fever is only seen in exceptional cases, where the system is strongly predisposed to fever, or where the local process is highly irritating.

With this fever we are very apt to find night sweats, and, popularly, these are regarded as certain signs of the existence of consumption. As a rule, however, night sweats are only an evidence that the patient has had hectic fever, and that after the fever there has been a crisis, accompanied by sweating. Generally, they are not very injurious, but sometimes they are excessively profuse, and thus cause exhaustion. Thus, in the lad, the fever was not very high, but the night sweats were very obstinate, and