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THE DIAGNOSIS OF LUNG TUMORS.*

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“The clinical history of malignant neoplasm of the lungs is still enveloped in much obscurity. The classical descriptions in the text-books are, in the majority of cases, far from corresponding to the reality.” Thus wrote Spillman and Haushalter¹ in 1891, and their words are still in the main true, though undoubted advances have been made in diagnostic methods, and much has been added since that time to our clinical and pathological knowledge. It is much to be regretted that primary malignant tumors of bronchi and lungs are generally considered so extremely rare that they do not enter into the everyday working consciousness of the physician. In obscure and doubtful cases every other possibility is usually thought of except tumor, and most frequently the ever-convenient and ready-to-hand diagnosis of tuberculosis must do duty in these cases. If, however, the physician is more scrupulously discriminating, and his mind not so easily set at rest by superficial routine diagnosis, he is apt to get into that condition so graphically pictured by Graves. Graves, in his fascinating clinical lectures², reports a case of malignant disease of the lung, probably a sarcoma, in which he gives a minute analysis of the clinical symptoms, and shows how both he and Stokes were misled. He candidly confesses that he should have made the diagnosis during life, but adds in his characteristic manner: “I became quite tired of the difficulty of attempting to explain the phenomena observed, and gave up all further attempts at diagnosis.”

* Read at Meeting of Ontario Medical Association, Toronto, June, 1909.