

SIGNS AND SYMPTOMS OF TUBERCULOSIS OF THE LUNGS.

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TUBERCULOSIS occurs in the lungs in various forms, as follows:—

1. Acute miliary tuberculosis; 2. caseous tuberculosis; 3. fibroid tuberculosis; 4. fibro-caseous tuberculosis. This classification is the one suggested by Dr. Kingston Fowler and for the sake of description it will be the one adopted here, but it must never be forgotten that, while many typical cases exist, many occupy transitional positions between the classes, and that in most patients at one period or another more than one form of the disease exist. Thus, cases of acute miliary tuberculosis usually show a pre-existing form of chronic disease, and in the same lung one usually finds areas of caseation and areas of fibrosis, the former predominating in acute cases and the latter in the more chronic.

I. ACUTE MILIARY TUBERCULOSIS OF THE LUNGS.

As this subject is dealt with by Dr. Third in another paper, no further reference will be made to it here.

II. CASEOUS TUBERCULOSIS OF THE LUNGS.

This condition is also termed Pneumonic Phthisis and it occurs in two forms, corresponding morphologically with the two types of pneumonia. Hence we have, (a) Tuberculous lobular pneumonia. (b) Tuberculous lobar pneumonia.

The former is the more common form and usually occurs in children, while the latter is seen for the most part in adults, and is extremely rare.

Both varieties are frequently complicated by miliary tuberculosis dotted through the rest of the lungs. Caseous tuberculosis usually arises as a primary disease, although it may follow an old infection. This is an acute disease and hence its synonym of "galloping consumption", but it may show periods of arrest, and, from the formation of fibrous tissue, may drift into a condition of chronic tuberculosis. Such chronicity is rare however, and the disease is usually progressive and fatal in a few weeks.

Symptoms.—(a) In the broncho-pneumonic type the onset is usually insidious, but may be as sudden as in pneumonia. Occasionally hæmoptysis is the first symptom noticed. If the onset be sudden, repeated rigors may appear; if gradual then indefinite pains in the limbs, cough, progressive asthenia and some fever usually are noted.

Soon the fever is well marked and is of a high remittent type, the remissions being usually more marked than in the miliary form. Later on the curve may show an intermittent character, falling to below normal