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Selections: Medicine.

CLINICAL DEMONSTRATIONS OF PHTHISIS.

*Delivered at the Hospital for Consumption and Diseases of the
Chest, Brompton.*

BY JAMES EDWARD POLLOCK, M.D., F.R.C.P.
Senior Physician to the Hospital.

LECTURE II.

GENTLEMEN,—When we last met we considered how far the modern pathology of tubercle and a clinical observation of phthisis can be made to agree. Theories change, and the fashion of the time, moulded, it may be, by the discoveries of the *jeunesse* of medicine, but the disease ever under your eyes has probably not altered from the days of Hippocrates till now. Its clinical varieties are well worthy your study, and, although you may not be able to tell at a glance the future of each, still there is a natural classification which will enable you to discriminate and assign fair reasons for your opinion. This knowledge is not to be found in a sorting of your cases into bundles, with a name attached to each, but rather to be sought in a careful clinical study. Thus you will find it abundantly demonstrable in these wards that there are many varieties of consumption, some of which become indefinitely prolonged, either from an inherent slowness to destructive change or because the local disease is limited, and the morbid action exhausted, as it were, in one circumscribed deposit, while others favour alterations in lung-tissue which convert its structure into an impervious mass, little influenced either by further inflammatory action or new deposits of morbid matters. Thus the *nature of the*

morbid products in the lung is of primary importance in your prognosis, and the fact of the origin of the attack in acute inflammatory or in slower insidious forms of disease. Again, there are modifying agents which shape, as it were, the progress of the affection; and these are found in the age and constitution of the patient, in the build and shape of his chest, in the diffusion or massing of the deposit in the lung, and in certain of the occasional events of phthisis, such as profuse hæmoptysis. I shall dwell on all of these, and show you specimens of each variety, and shall ask you to take good notice of the fact that some individuals evidence, by their plump, well-nourished condition, how tolerant the system may become of a very considerable amount of local disease, while others nearly perish from the constitutional irritative fever due to an affection, it may be, of one lung, limited in extent, but undergoing rapid softening.

The natural divisions of phthisis are, therefore, more numerous than the old three stages into which it was formerly divided; yet it is necessary to consider these, although they are erroneous guides to prognosis, inasmuch as they do not mean all that they appear to do. Many patients have strayed out of the condemned divisions, and in the third (and "last") stage have laughed at their doctors and proclaimed the fallacies of the "faculty." Patients will live with cavity in the lung for an indefinite number of years, or such an arrest of symptoms may occur in any stage as shall give time for a recovery of the nutritive processes. Only keep off the inflammatory attacks (for inflammation plays the most important part in the whole his-