

but it begins like a common cold, and is, I am sorry to say, often mistaken for an ordinary cold. The patient does not trouble himself much about it, but thinks that it is an ordinary cold, such as he has often had, and that he will be well in a few days. If such a patient was carefully examined, it would be found, instead of there being an ordinary cold, by which we mean a catarrh of the upper air passages, that there was considerable febrile action, more than usually occurs with a simple coryza, or a simple catarrh of the throat.

On carefully examining the lungs, there would be found, at some parts, physical signs indicating a slight degree of catarrh of the small tubes and air cells. The points where you will usually find these signs are at the apex and the root of the lungs. The physical signs that, as a rule, you will meet with, are such as these: in the first place, they merely indicate congestion of lung tissue, and a slight catarrh, feebleness of the respiration, with prolonged expiration, and on very deep breathing, or after coughing, you will have a few sub-crepitant râles; or there may be more marked catarrh; then we will have sonorous and sibilant râles, with more copious sub-crepitant râles; or lastly, the attack may be attended with a large amount of exudation; then there will be a slight impairment of resonance, a little difference on the affected side, as compared with the surrounding healthy lung, the respiratory murmur rather harsh and blowing, the expiration prolonged, and the râles more marked.

Now, these are the physical signs met with in a localized pulmonary catarrh, which is, in reality, a simple circumscribed attack of catarrhal pneumonia. You see that these are very slight signs, and unless the physician is wide awake and the examination very minute, they will very likely be entirely overlooked. If you simply run your ear over the chest, without removing the coat and vest, you will be sure to mistake the nature of the attack.

The febrile signs pass away in from two or three days to a week, and the patient appears to have regained his ordinary health. He has a little expectoration, which diminishes, and the cough passes into a simple, dry, hacking cough. He goes about his business, and continues, for

an uncertain time, pretty well. Another attack similar to the first occurs, perhaps after two months, or perhaps after a longer period. This attack is more marked, and the nature of the disease more easily determined; but I have had cases where there had been evidence of at least five or six attacks, and where their nature had never been recognized until after a period of nine or ten months, and not until the disease, which had at first involved only a trifling spot, had involved a considerable portion of the lung.

This is the history of three out of four cases of so-called consumption. They commence as ordinary colds; the patient will tell you that he has a neglected cold, which has finally settled itself upon the lung. The probabilities are that this was an attack of catarrhal pneumonia, involving a small spot of the lung, and as each attack has occurred, it has involved the affected spot, causing an extension of the inflammation, until finally the exudation has passed into a cheesy state, the tissue of the lung has become involved and broken down, and phthisis has resulted.

I would, therefore, dwell on the extreme importance of recognizing the early stage of this disease, and it is only by a minute physical examination that we are enabled to tell whether a patient who has a feverish cold has a simple catarrh of the upper air passages or a slight catarrhal pneumonia. Any patient who has a catarrhal pneumonia, no matter how small the affected spot may be, is in danger of having it remain and pass into a catarrhal phthisis or develop tuberculosis. It is of the greatest importance to recognize catarrhal pneumonia, because, while it is true that, after the disease has involved a large portion of the lung, with destruction of its tissue, an entire cure is impossible, it is equally true that in the early stage, before destruction has occurred, the process is curable, in the majority of cases. It is only in those cases where the constitutional tendency or the individual peculiarity is very marked, that we find a resistance to our treatment in the beginning of the attack. I think it is no exaggeration to say that the great majority of cases of consumption are curable in the early stages. We will hereafter see how far it is curable in the later stages.