

The Result of Twenty Years' Experience

CLINICAL TUBERCULOSIS

PATHOLOGY, PATHOLOGICAL PROBLEMS, DIAGNOSIS,
PROGNOSIS, COMPLICATIONS, AND TREATMENT

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WITH A CHAPTER ON LABORATORY DIAGNOSIS

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EXTRACT FROM INTRODUCTION

I am endeavoring to present in this monograph a record of the observations which I have made during twenty years of clinical study. The studies, for the most part, have been made on patients in the Pottenger Sanatorium for Diseases of the Lungs and Throat. My patients have represented all stages and phases of the disease. For the most part, they have been suffering from advanced widespread lesions. They have been of an unusually intelligent class, and this has added greatly to the opportunity for careful study.

In my discussion of the pathological problems I have endeavored to make the presentation as practical as possible. My viewpoint is that of a clinician. While I have not ignored the question of cellular pathology, I have borne in mind and discussed more extensively, that side of pathology which is of greater importance to the clinician, namely, functional pathology. Scientific medicine is just beginning to appreciate the importance of this study. Heretofore, functional disorders were considered as being of little concern and not worthy of legitimate study; but, as our knowledge of visceral neurology and biochemistry increases, we, as clinicians, are learning that we should give as much, if not more attention to functional derangements than to actual organic diseases.

Physical examination is written in the light of my studies of the changes in the musculature and other superficial tissues as produced reflexly by the inflammatory processes in the lungs. The importance of inspection and palpation is emphasized; and these methods of examination, probably for the first time, are given their full value in diagnosis. Percussion and auscultation are described not only in relationship to the pathological process in the lung, but in relationship to all other changes in the organs within the thorax, as well as to the changes wrought in the muscles and subcutaneous tissues by the reflex motor and trophic impulses produced by the pulmonary inflammation. This new point of view offers an explanation of many of the errors which have always attended these methods of examination.

The burden of my study in tuberculosis has been to find an explanation for the facts observed,—the reason why. I have made no effort to treat the subject in textbook style. The work should be looked upon as a series of monographs dealing with the subject under discussion in a more or less complete manner.

Throughout I have endeavored to make my discussions practical. I have endeavored to correlate the pathology with the symptomatology, so that the reader will think of symptoms as being an expression of functional disturbance caused by pathological change, and have attempted to classify the symptoms so as to aid in locating the pathological process.

In the tuberculosis clinic I have endeavored to give to those who are interested, but less familiar with the course of chronic tuberculosis, a definite picture of this disease, through a discussion of individual cases which have been under the writer's care. In this I endeavor to teach the early symptomatology; to show the mistakes in diagnosis; and, by following the case during its progress, to show the relationship between symptomatology and the pathological changes which are going on within the tuberculous process. While I realize that the temperature and pulse curves do not indicate fully the character of the pathological lesions within, yet I have used them to furnish a tangible measure of the toxemia present. When necessary, I add other important symptoms to make the picture clearer. I have attempted this in order to answer the many inquiries which I receive from men asking if such and such a case is not being harmed by some remedy or measure that is being used, or if some other remedy or measure will not benefit more. I wish to impress the fact that chronic tuberculosis is a disease which runs an uneven course and in which many periods of activity must be expected before a final result is attained; and show that these periods of activity are natural, and that they do not indicate that the patient is not improving satisfactorily.

TABLE OF CONTENTS

VOLUME I

PATHOLOGY, PATHOLOGICAL PROBLEMS, DIAGNOSIS AND PROGNOSIS

CHAPTER I.

PATHOLOGICAL CHANGES IN TUBERCULOSIS.

Tubercle; Collateral Inflammation; Recognition of Tuberculous Inflammations; Conglomerate Tubercle; Tuberculous Ulcer; Avenues of Infection; The Localization of Tuberculosis; Differences in Air-borne and Blood-borne Intrathoracic Diseases; The Effect of Cell Sensitization Upon the Implantation of Bacilli; Lymphatic Metastasis; Bronchogenous Metastasis; Hematogenous Metastasis; Forms of Tuberculosis; Miliary Tuberculosis; Fibroid Tuberculosis; Caseous Tuberculosis; Fibrocaeous Tuberculosis; Non-tuberculous Changes in Other Organs; Degeneration; Amyloid Degeneration; Fatty Degeneration; Cloudy Swelling; General Congestion; Changes in Nerves; Changes in Muscles; Changes in the Skin and Subcutaneous Tissue; Changes in Blood Vessels; Non-pulmonary Tuberculosis; Nasal, Tonsillar, and Pharyngeal Tuberculosis; Laryngeal Tuberculosis; Tuberculous Pleurisy; Tuberculous Pericarditis; Tuberculous Peritonitis; Tuberculous Enteritis; Tuberculosis of the Liver; Tuberculosis of the Spleen; Tuberculosis of the Glands.

CHAPTER II.

THE SOURCE AND ROUTES OF INFECTION AND THE PRIMARY FOCUS.

Source of Infection; Bovine Infection Cannot be Differentiated from Human Infection Either by Localization or Character of the Lesion; Incubation Period in Tuberculosis; Infection Through the Respiratory Tract; Comparison of Infection in Tuberculosis and Definite Air-borne Disease; Droplet Infection; Infection Through the Alimentary Tract; Tonsils; Infection Through the Digestive Tract; Difficulty of Determining Source of Infection; Other Methods of Infection.

CHAPTER III.

THE RELATIONSHIP OF THE PRIMARY FOCUS TO CLINICAL TUBERCULOSIS.

Differentiation Between Primary Focus and Primary Metastasis; Tuberculosis Primarily a Lymphatic Disease; Metastatic Tuberculosis; Relationship of Primary Metastasis to Clinical Tuberculosis; Infections from Without in Later Life.

CHAPTER IV.

TUBERCULOUS ENTERITIS.

The Natural Defense of the Little Child; Infection and Immunity; The Difference in the Tuberculous Process at Different Age Periods; What Predisposes a Child to Infection; Frequency of Tuberculosis in Children; Fate of Early Lesions; The Effect of Tuberculous Infection Upon the Child; The Importance of Recognizing Latent or Partially Latent Lesions in Early Life; Tuberculosis of the Mesenteric Glands; The Diagnosis of Active Glandular Tuberculosis.

CHAPTER V.

FACTORS WHICH PREDISPOSE TO TUBERCULOSIS. WHY THE APEX IS INVOLVED. A CRITICAL STUDY OF FREUND'S THEORY OF THE OSSIFICATION OF THE FIRST COSTO-STERNAL ARTICULATION AND SHORTENING OF THE FIRST COSTAL RING, AS PREDISPOSITIVE FACTORS IN APICAL TUBERCULOSIS.

Disposition and Predisposition; Pulmonary Focus; Metastatic Tuberculosis; Commonly Recognized Factors Predisposing to Formation of Pulmonary Metastases; Localization in the Child and Adult Differs; Anatomical Facts Bearing on Pulmonary Infection; Apical Compression Following Anatomical Growth Slows Blood and Lymph Current; Critical Examination of Theories of Freund, Schmorl and Rothschild; Habitus Phthisicus; The Small Heart.

CHAPTER VI.

THE NERVOUS SYSTEM IN TUBERCULOSIS.

Psychoses; Psycho-Neuroses; Pathology of Psychoses and Psychoneuroses; Tuberculosis and the Peripheral Nerves; Pathology of Neuritis in the Tuberculous.

CHAPTER VII.

THE NERVOUS SYSTEM CONTINUED: THE VEGETATIVE NERVOUS SYSTEM IN ITS RELATIONSHIP TO DISEASES OF THE LUNGS: A DISCUSSION OF PRINCIPLES, INCLUDING THE ANTAGONISTIC ACTION WHICH IS MANIFESTED BETWEEN THE GREATER VAGUS AND SYMPATHETIC DIVISIONS.

Joint Chemico-Physical, Sensori-Motor and Psychical Control; The Vegetative Nervous System; The Inhibitory Action of Visceral Nerves; Grouping of Structures Supplied by the Sympathetic and Greater Vagus Systems; Symptoms Due to Stimulation of Vegetative Nerves are Variable; Segmentation of the Body; Segmental Relationship of the Lungs; Lungs Embryologically Formed From Intestine; The Relation of Symptoms in Tuberculosis to the Greater Vagus and Sympathetic Divisions of the Vegetative Nervous System; Antagonistic Action of Greater Vagus and Sympathetic Fibers Shown in Variability of Symptoms; Effect of Internal Secretions on Symptomatology; Internal Secretion of the Thyroid; Internal Secretion of the Ovary; Antagonistic Action of Greater Vagus and Sympathetic as Shown in Symptoms of Pulmonary Tuberculosis; Dilated Pupil; Hectic Flush; Heart; Intestinal Tract; Influence on the Salivary Flow; Tongue Atrophy; Motor and Sensory Disturbances in Pharyngeal Structures; Coated Tongue; Stomach; Intestines.

CHAPTER VIII.

THE NERVOUS SYSTEM CONTINUED: THE RELATIONSHIP OF THE SYMPATHETIC NERVOUS SYSTEM TO TOXEMIA AND THE DEPRESSIVE EMOTIONAL STATES IN GENERAL.

CHAPTER IX.

THE CIRCULATORY SYSTEM IN TUBERCULOSIS.

Nervous Influences Upon the Heart in Tuberculosis; Physiological Facts; Effect of Pathological Reduction in Pulmonary Areas; Blood Pressure in Tuberculosis; Small Heart and Arteries; Hypertrophy of Right Ventricle; Thickening of Arteries in Tuberculosis; Tuberculous Lesions of the Blood Vessels; Difficulties in Examining Heart in Tuberculosis; Organic Heart Lesions and Tuberculosis; Heart Bruits; Degeneration of Heart Muscle; Clinical Evidence of Failing Heart; Treatment of Failing Heart.

CHAPTER X.

THE DIGESTIVE SYSTEM IN TUBERCULOSIS.

General Observations on Nutrition; Nutrition in Tuberculosis; The Digestive Tract and the Vagus and Sympathetic Nervous Systems in Tuberculosis; Appetite;

Disturbance on the Part of the Stomach; Hypochlorhydria; Hyperchlorhydria; Dilatation of the Stomach; Disturbance on the Part of the Intestines; Enterocolitis; Diet Permitted in Severe Cases; Moderately Severe Cases; Mild Cases; Foods Forbidden; Intestinal Stasis; Constipation; Atonic Constipation; Spastic Constipation; Bilioussness (So-called); Nervous Influences in Gastro-Intestinal Disturbances; Amyloid Degeneration; Errors in Diet.

CHAPTER XI.

COMPENSATORY CHANGES IN THE THORACIC AND ABDOMINAL CAVITIES RESULTING FROM PULMONARY TUBERCULOSIS.

Compensatory Changes Taking Place Within the Thoracic Cavity; Shifting of Mediastinum; Displacement of the Heart; Effect of Displacement of the Heart; Compensatory Changes in Thoracic Cage; Compensatory Changes Taking Place Between the Thoracic and Abdominal Cavities in Pulmonary Tuberculosis; The Inspiratory Act; Inspiratory Act and Circulation; Symptoms Following Deficient Inspiratory Act; Particular Alterations in Position and Function of the Diaphragm in Pulmonary Tuberculosis; Effect of Arterial Hypotension and General Wasting of Tissues upon Body Activities.

CHAPTER XII.

TRAUMATIC TUBERCULOSIS.

CHAPTER XIII.

IMPORTANT ANATOMICAL AND PHYSIOLOGICAL FACTS TO BE CONSIDERED IN MAKING PHYSICAL EXAMINATION OF THE ORGANS WITHIN THE THORAX.

Projection of Lung on Anterior Surface of Chest; Normal Border of Lungs; Position of Diaphragm at Different Age Periods; Position of Sulci Which Separate Lobes; Projection of Peritracheal and Peri-Bronchial Glands on Body Surface; Muscles Employed in Normal Respiration; Influence of Diaphragm in Respiration; Muscles Employed in Forced Respiration; Segmental Distribution of Nerves to the Somatic Muscles; Importance of Muscles and Soft Tissues on Physical Findings; Normal Well-Formed Thorax; Common Occupational Changes in the Soft Tissues of the Thorax.

CHAPTER XIV.

THE DIAGNOSIS OF EARLY PULMONARY TUBERCULOSIS: HISTORY AND CLINICAL SYMPTOMS.

Clinical Tuberculosis; Relationship of Clinical Diagnosis to Infection; Clinical Diagnosis; Family History; Clinical History; History of Past Illness; Slow Recovery from Other Diseases; Present Illness; Classification of Early Symptoms; General Characteristics of Toxæ Group; Symptoms Due to Tubercle Toxins; Malaise, Nervous Instability, a Feeling of Being Run Down, Lack of Endurance; Gastro-Intestinal Symptoms; Night Sweats; Rise in Temperature; Acceleration of the Pulse; Symptoms of Reflex Origin; Hoarseness; Tickling in the Larynx and Dry Hacking Cough; Disturbance in Heart Action; Loss of Weight; Chest and Shoulder Pains; Flushing of the Face; Symptoms Due to the Tuberculous Process Itself; Frequent and Protracted Colds; Spitting of Blood; Pleurisy; Sputum; Temperature; Relative Value of the Various Groups of Symptoms.

CHAPTER XV.

THE DIAGNOSIS OF EARLY PULMONARY TUBERCULOSIS: PHYSICAL EXAMINATION OF THE PATIENT.

General Considerations; Favorable Conditions for Making Examination Important; Methodical Examination Necessary; Physician's Duty in Suspected Cases; Etiological Classification of the Changes Found on Physical Examination; Factors

Causing Changes on Inspection, Palpation, Percussion and Auscultation; Factors Which Affect Soft Structures Covering the Bony Thorax; Cause of Reflex Spasm and Degeneration of Soft Tissues; Example of the Effect of Spasm and Degeneration; Inspection; Dilatation of the Pupil; Lagging, Regional and General; State of Muscles and Subcutaneous Tissue; Occupational and Pathological Changes in Soft Parts Covering the Apex; Change in Contour of Trapezius Muscle; Mammary Gland; Palpation; What Can be Determined by Palpation; Regional Spasm of Muscles; Regional Atrophy of Skin, Muscles and Subcutaneous Tissue; Determining of Pulmonary Infiltrations by Palpation; Lagging; Tactile Fremitus; Enlarged Glands; Percussion; Light or Heavy Percussion; Percussion Changes in Early Clinical Tuberculosis; Conditions Within the Chest Which Alter the Percussion Note; Percussion Gives No Evidence of Activity; Kroenig's Apical Percussion; Auscultation; Stethoscope; Method of Breathing During Auscultation; The Effect of Muscles on the Respiratory Note; Respiratory Sounds in Early Tuberculosis; Weakened and Impeded Breathing; Why Respiratory Sounds Differ in Early Tuberculosis; Interpretation of Auscultatory Findings; Whispered Voice.

CHAPTER XVI.

SIGNS AND SYMPTOMS OF ADVANCED PULMONARY TUBERCULOSIS.

General Considerations; Classification of Symptoms of Advanced Tuberculosis; Malaise, Lack of Endurance, and Loss of Strength; Digestive Disturbances; Loss of Weight; Circulatory Disturbances; Night Sweats; Fever; Hoarseness; Tickling in Larynx and Cough; Chest Pains; Symptoms on the Part of the Nervous System; Acidosis; Dyspnoea; Hectic Flush; Sputum; Pleurisy; Frequent and Protracted Colds; Hemoptysis; Menstruation.

CHAPTER XVII.

THE PHYSICAL EXAMINATION OF THE PATIENT IN ADVANCED PULMONARY TUBERCULOSIS.

Inspection; Muscular Spasm; and, Degeneration of Muscles, Subcutaneous Tissue and Skin; Changes in Contour and Movement of Chest Wall; Palpation; Palpation of Muscles and Subcutaneous Tissue; Motility of Chest Wall; Determination of Different Degrees of Density by Palpation; Percussion; Auscultation; Respiratory Rhythm; Quality of Note; Râles; Adventitious Sounds Resembling Intrapulmonary Râles; Extensive Infiltration in One Lung; Fibrosis; Cavity; Compensatory Emphysema; Dry Pleurisy; Pleural Effusion; Thickened Pleura; Mediastinal Thickening.

CHAPTER XVIII.

THE TUBERCULIN TESTS IN DIAGNOSIS.

General Considerations; The Subcutaneous Test; Temperature; The Cutaneous Test (von Pirquet); The Percutaneous Test (Moro); The Conjunctival Test (Wolf-Eisner).

CHAPTER XIX.

THE X-RAY AS AN AID TO THE DIAGNOSIS OF PULMONARY TUBERCULOSIS.

Relative Value of Physical and X-ray Examinations; Interpretation of Plate; The Normal Hilus and Trunk Shadows; Method of Using X-ray in Pulmonary Diagnosis; Cases Illustrating Comparative Results of Clinical and Stereoscopic Examination.

CHAPTER XX.

LABORATORY METHODS.

Sputum; Connection of Specimens; Cytological Examination; Fermentation and Determination of Sediment Volume; Albumen Reaction; Studies on the Distribution

of Tubercle Bacilli in Sputum and Other Conditions of Importance in Their Demonstration; Technics for the Preparation of Sputum; Staining of Tubercle Bacilli; Number of Tubercle Bacilli; Morphological Classification; Urine—Collection of Specimens; Diazo Reaction; Urochromogen; Indican Determination; Blood—General Differentiation; Arneith's Classification of Neutrophiles; Nuclear and Protoplasmic Changes in the Neutrophilo; Feces—Interpretation of Laboratory Findings.

CHAPTER XXI.

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS OF TUBERCULOSIS, PARTICULARLY PULMONARY TUBERCULOSIS.

The Importance of Diagnosis in Hidden Tuberculosis; Difficulties of Diagnosis; The Importance of the Tuberculin Tests in Diagnosis; Variability of Tuberculins; Importance of Clinical History in Diagnosis; What Value has Physical Examination in Diagnosis; The X-ray in the Early Diagnosis of Tuberculosis; Differential Diagnosis; General Asthenic Constitution; Neurasthenia; Malaria; Acute or Subacute Bronchitis; Intercostal Neuralgia; Influenza; Chronic Purulent Bronchitis and Bronchiectasis; Chronic Fibrosis; Pulmonary Infarct; Pneumonia; Pulmonary Syphilis; Actinomyces; Streptothricosis, Blastomycosis, Aspergillosis, and Coccioid Granuloma; Malignant Tumors of the Lung.

CHAPTER XXII.

PROGNOSIS.

Introductory Remarks; Age; Constitution; Environment; Economic Status; Mental State; Earliness of Diagnosis and Treatment; The Character of the Lesion in Pulmonary Tuberculosis; Miliary Tuberculosis; Fibroid Tuberculosis; Chronic Ulcerative Tuberculosis; Acute Caseous Tuberculosis; The Tuberculin Reaction; Tuberculous Complications; Tuberculosis of the Larynx; Tuberculosis of the Intestines; Pleurisy; Pneumothorax; Tuberculous Meningitis; Non-tuberculous Complications; Nervous System; The Respiratory System; The Digestive System; The Circulatory System; Urine; The Diazo and Urochromogen Reactions; Blood in Tuberculosis; Bacilli; Prognosis from the Standpoint of the Physician; Co-operation of the Patient; Character of Treatment; Sanatorium Versus Home Treatment; Open Air; Climate; Heliotherapy; Hydrotherapy; Food, Rest and Exercise; Psychotherapy; Tuberculin; Induced Pneumothorax; Pharmacological Remedies; Pregnancy; Change of Occupation.

VOLUME II

COMPLICATIONS AND TREATMENT

CHAPTER I.

TUBERCULOUS LARYNGITIS.

Larynx Ideal Place to Observe Tuberculous Process; Frequency of Tuberculous Laryngitis; Cause of Laryngeal Infection; Methods of Invasion; Prognosis; Diagnosis; Hoarseness; Pain; Painful Deglutition; Cough; Obstruction to Respiration; Secretion; Examination of the Larynx; Treatment.

CHAPTER II.

TUBERCULOUS ENTERITIS.

Primary Intestinal Tuberculosis; Metastatic Tuberculosis of the Intestines; Factors Predisposing to Intestinal Infection; Pathological Changes; Hemorrhage; Stricture; Symptoms of Tuberculous Enteritis; Variable Appetite, Disgust for Food, and Nausea; Effect on Nutrition; Pain; Change in Motility; Stool; Bacillus in the Stool; Temperature; Pulse; Muscle Reflex; Treatment of Tuberculous Enteritis.

CHAPTER III.

TUBERCULOUS PLEURITIS.

Pleurisy Which Precedes Definite Clinical Pulmonary Tuberculosis; Pleurisy Which Complicates Pulmonary Tuberculosis; Acute Fibrinous Pleurisy; Acute Serofibrinous Pleurisy; Pleural Adhesions; Diaphragmatic Pleurisy.

CHAPTER IV.

PNEUMOTHORAX.

Symptoms; Temperature; Pain; Dyspnoea; Cough; Loss of Consciousness; Inspection, Palpation and Percussion; Auscultation; Metallic Tinkling; Succussion Sound; Coin Sound; Diagnosis; Varieties of Pneumothorax; Effusion Into the Pleura; Recurrent Pneumothorax; Treatment.

CHAPTER V.

TUBERCULOUS MENINGITIS.

Symptomatology; Nervous System; Headache; Fever; Pulse; Muscle Rigidity; Gastro-Intestinal Tract; Ocular Symptoms; Kernig's Sign; Diagnosis; Treatment.

CHAPTER VI.

TUBERCULOSIS OF THE GENITO URINARY SYSTEM.

Kidney; Symptomatology of Tuberculosis of the Kidney; Treatment; Tuberculosis of the Bladder; Tuberculosis of the Testicles; Tuberculosis of the Seminal Vesicles, Prostate, Ovary and Tubes.

CHAPTER VII.

NON-PULMONARY TUBERCULOUS COMPLICATIONS. TONGUE, TONSIL, PHARYNX, EAR, BONES AND JOINTS.

Tongue; Treatment; Tonsil; Pharynx; Tuberculosis of the Ear; Bones and Joints.

CHAPTER VIII.

FEVER IN TUBERCULOSIS.

What is Meant by Fever; Regulation of Body Temperature Under Normal Conditions; Cause of Fever; Effects of Fever; General Conclusions; Applications of the Principles in Tuberculosis; Accurate Temperature Measurements; Variations in Temperature Curve; The Temperature Curve of Continuous Toxemia; Early Tuberculosis; Acute Miliary Tuberculosis; Chronic Fibro-Ulcerative Tuberculosis with Slight Activity; Caseous Pneumonia; The Curve of Intermittent Toxemia; The Curve of Severe Toxemia with Prostration; The Curve of Inactive Tuberculosis; Factors Aside from Tuberculous Toxemia Which Interfere with Heat Equilibrium; The Effect of Air Temperature Upon Body Temperature; Temperature Curve Due to Complications; Nervous Influences Upon the Temperature Curve; The Effect of Exercise Upon the Temperature Curve; Premenstrual and Menstrual Rise in Temperature Curve; Other Factors Commonly Influencing the Temperature Curve.

CHAPTER IX.

ANAPHYLAXIS.

Relationship of Anaphylaxis to the Vegetative Nervous System; The Syndrome of Toxemia and Anaphylaxis Contrasted; Anaphylaxis in its Relationship to Tuberculin Reactions.

CHAPTER X.

ASTHMA.

Asthma in its Relationship to Tuberculosis; Etiology; Treatment of Asthma.

CHAPTER XI.

PULMONARY HEMORRHAGE.

Amount of Hemorrhage; Cause of Hemorrhage; Blood Spitting as an Early Sign of Tuberculosis; Hemorrhages Appear in Groups; Pneumococcus; Types of Hemorrhage; Treatment of Hemorrhage; Mental Rest; Physical Rest; Pharmacological Remedies; Increased Coagulability of Blood; Circulatory Stimulation; Artificial Pneumothorax; Diet; Tuberculin; Baths; Complications; Pneumonia; Miliary Tuberculosis; Extension of the Disease; Shock; Result of Hemorrhage.

CHAPTER XII.

PRINCIPLES UNDERLYING THE THERAPEUTICS OF TUBERCULOSIS.

Interest Awakens Slowly; Cause of Apathy; Curability Must be Judged by the Work of the Most Competent; Rational Therapy Based on Pathology and Life History of the Disease; Slight Lesions Most Curable; Spontaneous Healing of Small Lesions Offers Hope; Evidence of Healing of Clinical Tuberculosis; Spontaneous Healing Versus Active Treatment; Gradual Development of Specific Cellular Defense; Decrease in General Resistance Cause of Clinical Disease; Improvement in Natural Resistance Proves Important Therapeutic Principle; Requirements of Meritorious Therapeutic Measures; (3) Definiteness in Therapy Necessary to Success; Importance of Proper Mental Attitude; Method of Employing Remedy More Important than Measure Itself.

CHAPTER XIII.

RELATIONSHIP BETWEEN PHYSICIAN AND PATIENT.

The Prevailing Attitude of the Medical Profession Toward Tuberculosis; Candor Between Physician and Patient; How Inform a Patient That He Has Tuberculosis; Co-operation of Patient and Physician; Tuberculous Patients Need Close Medical Guidance.

CHAPTER XIV.

OPEN AIR.

Upon What Does the Effect of Open Air Depend? The Supposed Diminution of Oxygen; The Supposed Effect of Excess of Carbon Dioxide; The Supposed Existence of Organic Poison in Expired Air; The Effects of Heat Stagnation; How Outside and Inside Air Differ; The Method of Instituting Open Air Treatment; Clothing for the Tuberculous; Conditions of Weather and Open Air; Open Air Not Synonymous with Exercise.

CHAPTER XV.

CLIMATE.

General Remarks; Man's Powers of Physiological Adjustment; Conclusions Drawn From Too Limited Observation; Ozone; City Air Versus Country Air; Sea Air; Inland Climates; Cold Air Versus Warm Air.

CHAPTER XVI.

REST AND EXERCISE.

The Physiology of Exercise; The Physiology of Rest; Rest and Exercise as Therapeutic Measures; Rest and Exercise in Early Afebrile Tuberculosis; Rest During Fever (Toxemia); Rest During Hemoptysis; The Effect of Rest and Exercise Upon the Heart; The Effect of Rest Upon Cough; Rest When Dyspnea is Present; When the Nutritional Balance is Against the Patient; When Nerve Exhaustion is Present; Indications for Exercise; Technic of Prescribing Exercise; Suitable Exercise for the Tuberculous; Graduated Exercise; Rest Hour; Rest and Exercise for the Lung.

CHAPTER XVII.

FOOD.

Suitability of Foods; Vegetarianism; Overfeeding; Underfeeding; Rational Diet; Suiting the Food to the Digestive Powers of the Patient; Relation of the Body Cells to Nutrition in Tuberculosis; The Effect of Abnormal Action on the Part of the Respiratory, Circulatory and Nervous Systems Upon Nutrition.

CHAPTER XVIII.

TUBERCULIN.

What is Tuberculin; Experiments on Animals Not Conclusive as to the Action of Tuberculin; The Tuberculin Reaction; General Reaction; Local Reaction; Focal Reaction; The Anaphylactic and Toxic States Contrasted; Clinical Hypersensitiveness to Tuberculin; Why Does the Tuberculous Patient Fail to Cure Himself With His Own Tuberculin?; Why the Administration of Tuberculin Aids Where the Patient Fails to Cure Himself; Choice of Patients for Tuberculin Treatment; Indications and Contraindications for Tuberculin Treatment; When Withhold Tuberculin During Treatment; The Preparations of Tuberculin Commonly Used; Bovine Tuberculin; Choice of Preparation; Method of Diluting Tuberculin; Apparatus Necessary for Making Dilutions; Method of Administering Tuberculin; Site of Injection; Time of Day of Injection; Methods of Dosage; Is Tuberculin a Safe Remedy for General Use?; The Importance of Pathological Knowledge and

Careful Examination in Tuberculin Therapy; Physical Examination of the Patient; The Length of Time Necessary for Tuberculin Treatment; The Effects of Tuberculin Treatment.

CHAPTER XIX.

PSYCHOTHERAPY.

The Principles Underlying Psychotherapy; How to Apply Practical Psychotherapy for the Tuberculous.

CHAPTER XX.

HYDROTHERAPY.

Physiological Principles; Conditions Governing Bath; Effects of Hot and Cold Baths; Reaction; Cold Sponge; Spray Baths; Swimming; Tepid Sponge; Wet Jacket; Throat Compress; Cleansing Bath; Foot Bath; Alcohol Bath.

CHAPTER XXI.

HELIOOTHERAPY.

Fundamental Principles of Light; Physiological Effects of Light; Therapeutic Application of Light.

CHAPTER XXII.

ARTIFICIAL PNEUMOTHORAX.

General Consideration; Effect of Compressing the Lung; Technic; Choice of Site of Puncture; Amount of Gas to be Injected; Length of Treatment; Difference in Symptoms Presented During Artificial and Spontaneous Pneumothorax; Complications; Indications for Artificial Pneumothorax; Results of Treatment.

CHAPTER XXIII.

TREATMENT OF SYMPTOMS.

Cough; Cause of Cough; Effects of Cough; Treatment of Cough; Night or Sleep Sweats; Treatment; Fever Treatment of Fever; Pain; Cause; Treatment; Insomnia.

CHAPTER XXIV.

USEFUL PHARMACOPŒIAL REMEDIES IN THE TREATMENT OF TUBERCULOSIS AND ITS SYMPTOMS.

The Value of Medicinal Preparations in Tuberculosis; Remedies Which Have General Action; Creosote; Arsenic; Iodine; Hypophosphites; Cod Liver Oil; Iron; Bromides; Atropin.

CHAPTER XXV.

HOME TREATMENT.

The Problems of Home Treatment; How to Arrange the Patient's Quarters in the Home; Instructing and Training the Members of the Family; Training of the Patient; How Often Shall the Physician Visit the Patient?

CHAPTER XXVI.

SANATORIUM TREATMENT.

Advantages of the Sanatorium; Adverse Criticism; Cost of Sanatorium Treatment; More Sanatoria Needed; Supposed Disadvantages Prove to be Advantages;

Difficulties in Feeding Patients; No Danger of Infection; Results of Institutional Treatment; Choice of Patients for the Sanatorium; What Complications Contraindicate Sanatorium Treatment; Length of Treatment; Success Depends on Intensive Treatment.

CHAPTER XXVII.

PROPHYLAXIS.

Infection of the Child; The Role of the Lymphatic Structures in Protecting the Child From Severe Infection; Early Clinical Tuberculosis in the Adult; Open Tuberculosis in the Adult; Sanitary Arrangement of Patient's Room; Personal Hygiene; Dust Infection; Droplet Infection; Bacilli in Feces; Bovine Infection; The Part of the State and Municipality in Preventing Tuberculosis; Marriage; Are Open Tuberculous Patients a Danger in a General Hospital?; Phthisiophobia.

CHAPTER XXVIII.

THE TUBERCULOSIS CLINIC.

A Discussion of a Number of Cases Illustrating the Various Types of Disease, Complications, and the Methods of Treatment.