PULMONARY TUBERCULOSIS FROM THE PHYSICIAN'S VIEWPOINT.*

BY

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THIS lecture is intended to be an introduction to the series of lectures on tuberculosis arranged for this session. The importance of the subject is clear when one remembers that in 1923 over 32,000 people died of pulmonary tuberculosis and over 40,000 of tuberculosis of all sorts in England and Wales alone. Now if we turn to the recent report¹ on patients treated at Frimley Sanatorium during the years 1905 to 1914 we see the following chances of life in the various stages of the disease, including only those cases where tubercle bacilli had been found in the sputum.

Stage 1.—Of 1000 males 655, and of 1000 females 852 would be alive ten years after leaving the sanatorium.

Stage 2.—Of 1000 males 382, and of 1000 females 497 would be alive ten years after leaving the sanatorium.

Stage 3.—Of 1000 males 104, and of 1000 females 108 would be alive ten years after leaving the sanatorium.

To my mind the great importance of these figures is to show the necessity of early routine treatment. The duty of the physician is to prevent a patient in stage 1 sinking into stage 2 or 3. It is not only a question of early diagnosis, for one frequently sees an advanced case where the diagnosis has been made early enough, but serious treatment not started until too late.

DIFFICULTIES IN TREATMENT.

It is for many reasons often difficult to persuade a patient to undergo proper treatment. In the first place, most patients in the early stages do not feel bad enough to go to bed or to submit to the restrictions of a sanatorium life, nor do they realise that they have before them a very long illness. I have seen many a patient with advanced disease who has said: "Well, I suppose I must go into a sanatorium now, but I thought I would try other means first, so I took a cottage in the country and had plenty of cream and good food and any amount of fresh air." By so doing he has halved his chances of eventual recovery, and doubled the length of treatment required should he recover. Whilst one should take each patient individually and carefully consider any legitimate reason he may have for not taking proper treatment, at the same time one should not lightly be influenced by excuses. If the patient insists on taking extra risks, so be it; but it is clearly the duty of the physician to make these risks absolutely plain to him.

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¹ Hartley, Sir Percival Horton-Smith, Wingfield, R. C., and Thompson, J. H. R.: Medical Research Council Special Report Series, No. 85.

In the second place, many a patient has a preconceived idea as to treatment. One will want Switzerland, another this or that course of injections, and it is often possible to fall in with their wishes provided at the same time they consent to undergo proper treatment. The danger is that many patients think that because they are in Switzerland or having this or that course of treatment they are having a "cure," and may dance all night or do exactly as they please. I recently saw a woman with advanced and active disease who had been taking a "cure" which had been boomed by a newspaper. At the same time she had been doing her ordinary work. At the onset of the disease she had received advice as to the proper treatment, but, as she later explained, "The newspaper spoke so highly of this 'cure' that I thought I would give it a trial first." The result was that in a few weeks she had reduced her chances from 85 per cent. to 10 per cent. It is not only the uneducated who are gullible. Some of the greatest intellects have the most fantastic fads about health and will believe in the most impossible of so-called cures. Just as some are bad at games requiring thought. Napoleon, for example, was a very bad chess player.

Again, patients are enormously influenced by individual cases. One will say, "I do not believe in Switzerland. A friend of mine had consumption and went out there and died." Another, "I met a man the other day who told me he had consumption 30 years ago and went for a voyage to South Africa and has been working hard and keeping fit ever since." In a hospital ward, when one patient improves after some special form of treatment such as artificial pneumothorax, all the others want it.

GENERAL PRINCIPLES.

For many reasons, therefore, it is often difficult, and sometimes impossible, to persuade a patient to undergo the right treatment. So many expect a short cut to recovery and will not follow the beaten track until it is too late. It should be explained to the patient that although there are many methods of treatment, any one or any combination of which may be used at the right time, yet each one may do actual harm if used wrongly. Moreover, and above all this should be made clear, there is no short cut to recovery and no one cure. It should be remembered that although the course of treatment for each patient in the early stages is on the same lines, yet each one must be considered separately. Much must obviously depend on the means of the patient. Again, his temperament is a most important matter; one may be perfectly happy and do well in an institution which another could not endure. To judge and make allowances for a patient's temperament is one of the most important yet difficult factors in successful treatment. Some patients do best in a bracing climate, others are quite unable to stand the cold, but do well in a relaxing place. The influence of altitude for good or harm is another point to consider. And here I may say that excellent as Switzerland is for some

types of consumptive and in certain stages, it is most harmful for others. The choice and quantity of food, the normal habits of the patient, and various other matters must all be carefully gone into in reference to treatment. When, therefore, I said that the wise patient should start routine treatment as soon as possible, I did not by any means mean that a printed form of instructions should be handed to a patient—the same form for each one. The general principles of treatment should be followed, but success is largely dependent on attention to details as regards each individual. Hence it is that the success of sanatorium treatment depends to a great extent on the skill and understanding of the doctors in charge.

ACCURACY IN DIAGNOSIS.

Although it is important to recognise the disease as early as possible, it is also important that the diagnosis should be correct. From the physician's point of view it is easier and safer to give a positive diagnosis in a doubtful case. If pulmonary tuberculosis is diagnosed and the patient recovers, credit is given to the doctor. Even if the diagnosis is wrong, who is to know? If, on the other hand, the patient is said to be free from the disease the doctor will be blamed if at any future date he should develop it. From the patient's point of view, however, it is not safest or best to err on the side of a positive diagnosis. To send a business man away for several months may so affect his chances that he never gets to the position he would otherwise have reached, and this may affect the standard of comfort of his home or the education of his children. To interrupt the education of a child and send him away from school for some months may have a very serious effect on his character. To be condemned as tuberculous may convert a normal man or woman into a chronic invalid and neurasthenic. It may interfere with marriage or do harm in many ways. The actual treatment may injure a non-tuberculous patient, for example, if the real disease is chronic bronchitis the patient may be made much worse.

It is only those who are closely connected with big tuberculosis clinics who have any idea of how commonly mistakes are made. Sir James Kingston Fowler² says that when he was working at a certain military hospital in England he found that of those men sent back from France with a diagnosis of pulmonary tuberculosis only about 25 per cent. really had it. Of 287 cases recommended for sanatorium benefit in Newcastle, 167 had tubercle bacilli in the sputum and 120 had none. Of these latter 4 died and post mortem showed that death was due to tuberculosis in one case only. In one it was due to bronchiectasis, in one sarcoma of lung, and in the other to influenza. Ninety-one of these 120 cases proved ultimately to be non-tuberculous. Dr. Rist, of Paris,³ states that in 1916 he saw

192 men sent in from various units with a diagnosis of pulmonary tuberculosis, and of these only 53 (27.5 per cent.) really had it. He further said that at the Laënnec Hospital, Paris, 62 per cent. of the cases sent to his clinic with a diagnosis of consumption in reality suffer from diseases which have nothing to do with tuberculosis. He adds: "A large number of them have nevertheless been treated, sometimes for many years, as if they were tuberculous; they have been the occasion of considerable and perfectly useless expenditure of money at their own or public expense; they have been submitted to all the hardships, restrictions, moral and material sacrifices which attend the life of a tuberculous patient, and finally, they have not even received the proper treatment which the real disease they suffered from required."

Accuracy in diagnosis is of the first importance. It is absolutely wrong to treat a doubtful case as one of consumption. To do so is not to be "on the safe side," as is so often said. The correct course is to keep the patient under observation until a definite diagnosis is made. In many cases it is quite impossible to make a diagnosis after one examination. It is not my purpose to discuss diagnosis, for this forms the subject of another lecture, but I should like to warn you of two common mistakes. The first is that it is wrong to say that the absence of tubercle bacilli from the sputum means nothing. It does not definitely exclude tuberculosis of lung, of course, but it is a very strong piece of evidence. Three negative sputum examinations, if properly done, should make one extremely suspicious that the case is not one of tuberculosis. The second point is, do not be misled by the X rays. The radiologist who is constantly doing chest work and compares the X ray results with post-mortem findings can give a very helpful report, but one must remember that there are many shadows, especially round the root of the lung, which are quite consistent with normal chest.

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² Fowler, Sir J. Kingston: *Problems in Tuberculosis*, Oxford Medical Publications, p. 20.

³ Rist, E.: *Brit. Med. Jour.*, 1922, II., 735.