SOUTHERN MEDICAL JOURNAL

JOURNAL OF THE SOUTHERN MEDICAL ASSOCIATION

PUBLISHED MONTHLY BY THE SOUTHERN MEDICAL ASSOCIATION AT BIRMINGHAM, ALA.

Volume XV

JULY 1922

Number 7

MEDICINE

INTERNAL DISEASES, PEDIATRICS, NEUROLOGY, DIAGNOSTIC METHODS, ETC.

THE DIAGNOSIS OF PULMONARY TUBERCULOSIS*

By LOUIS HAMMAN, M.D.,
Baltimore, Md.

During the past twenty years the medical profession has shown a deep interest in the diagnosis of pulmonary tuberculosis and this interest is not yet exhausted. Scarcely a meeting of the Southern Medical Association passes without reference to the subject, and often a whole session is given over to a discussion of it. There must be some important practical issue at stake to stimulate such a lively interest. The older members of this Association will remember how it was aroused. In the latter part of the last century a few enthusiastic physicians began to attract attention to the treatment of pulmonary tuberculosis. They demonstrated that what at that time was a hopeless situation might, under suitable conditions, be converted into a reasonable prospect of recovery, and that the prospect of recovery varied with the extent and acuteness of the disease. Having before us daily examples of the results of treatment in pulmonary tuberculosis, it is difficult to appreciate what an astonishing revelation these early demonstrations were and how they fired the imagination.

Largely to this influence we trace the modern crusade against tuberculosis.

When this crusade was started, about twenty years ago, the slogan of the campaign was "tuberculosis is a curable and preventable disease" and emphasis was put chiefly upon its curability. It was assumed that every case of pulmonary tuberculosis has an early stage; that this early stage can be diagnosed by the skillful; that early diagnosis insures recovery; and, therefore, that the solution of the tuberculosis problem depends in large measure upon the diagnostic skill of the medical profession. Physicians were preached to in and out of season and were exhorted to acquire the skill that would soon yield such a satisfactory reward. There has been no end of publicity and the problem has received all of the consideration that might reasonably have been anticipated, and yet early cases of pulmonary tuberculosis are nearly as rare today as they were fifteen years ago. Search the records of any tuberculosis sanatorium and you will find among the genuinely tuberculous but a small number of early cases. Why is it that in spite of all of our vigilance and interest the early stage of pulmonary tuberculosis so successfully eludes us? Do patients fail to present themselves for examination before the disease is far advanced? Is the profession in spite of its interest still incompetent in pulmonary diagnosis? Or is the difficulty due to insurmountable obstacles offered by the natural course of the disease?

It cannot be questioned that patients often delay seeking medical advice for symptoms that at first seem trivial and

*Read in a joint session of Section on Medicine and Section on Radiology, Southern Medical Association, Fifteenth Annual Meeting, Hot Springs, Ark., Nov. 14-17, 1921.