ART. I.—Remarks on the Uses of the Globules in Relation to Absorption, Secretion, and Morbid Deposition; but here especially for the Diagnosis of Tubercle of the Lungs or elsewhere. By Thomas Hodgson Watts, M.D.

We now approach the most interesting part of the subject, to wit, the application of our observations on the elementary forms of morbid matters to the diagnosis of tubercle of the lungs. Every contribution to the sum of means for the positive detection of this sad malady, is desirable in the highest degree. If such additional test of the morbid state were a complete proof of the actual existence of the affection, it might be regarded as a lasting triumph of our art. We ought to hail its coming as we would welcome the appearance of a wise, good, and infallible counsellor in a time of need. Besides the proof were simple, and open to the sight of all, without scarce a trace of reasoning, or nice and complex inferences, it would be doubly valuable. Such results the examination of the matters of cough by the
microscope would seem reasonably to promise at one eventful period at least of pulmonary decline.

The sputa of phthisical persons ought, in our opinion, to contain the tubercle separated on the mucous membrane of the air tubes, possibly at every period of the malady. So far, however, as regards the breaking up of grey granulations, of knotted, or of infiltrated tubercle, we conceive it frequently possible, to prove the presence of it in the expectoration, by the elementary forms of the morbid matter. We have already proved the softening of pulmonary tubercle in this way; and we consider this may be done on many occasions from the first of the process of evacuation, until it is completed temporarily or altogether, provided all the matter coughed up be carefully examined.

It is especially, however, at the onset of an ultimate catarrh, in cases of pulmonary decline, that the microscope will probably be found valuable in the positive diagnosis of the malady. While the symptoms simulate an acute bronchitis, whether the signs of auscultation are sure or otherwise, the scrofulous matter is separated, together with that of cough, long before a clear trace of a cavity is discernible by the ear. The diagnosis is founded, at this period, chiefly on the evidence of percussion, and even when most certain, is still merely the rational deduction of a probability. Percussion may often, owing to a variety of causes, disappoint our hopes; and the cavities may be so small in the first days as to offer no extraordinary sounds, much less gurgling or cavernous breath. Considering also how tubercle gains the air tubes, even from minute cavities, as seen in the autopsy, we might a priori expect to find it in the matter of cough, before pectoriloquy, and the breath of cavities, and on occasion before gurgling. Our researches have confirmed this suspicion in several instances, and we will adjoin a few cases in explanation.

Consadine, twenty-two years of age, who had been ill of cough for three months, was admitted into the Meath Hospital,