TUBERCULOSIS, LEPROSY AND ALLIED MYCOBACTERIAL DISEASES

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In the earliest epochs of medical history diseases were classified empirically according to simple symptoms and obvious signs as fevers, tumors, declines and the like, and it was centuries, even, before a more exacting science added an organic inermination so that physicians could speak more expertly of lung fever, renal dropsy, splenic anemia or pancreatic diabetes. To-day the trend is to set diseases apart on the seemingly rational basis of etiology. Thus lung fever has given way to pneumonia and brain fever to meningitis, with a definite causal association in the mind of speaker and listener with respect to the latter terms. To the ancient physician a febrile disease in which the patient remained in a stuporous or “typhoid” state was typhoid fever; the physician of a more enlightened age, recognizing its intestinal localization, called it enteric fever; physicians of to-day still use this term or the older one of symptomatic reference “typhoid fever,” but instinctively think of the disease in terms of its cause, the “typhoid bacillus” (Eberthella typhi).

And just as the science of bacteriology took apart certain previous groups, like inflammations of the lungs, and set them in separate categories, so it also grouped together certain ailments once thought distinct. Formerly processes apparently as unrelated as chronic ulceration of the lungs, general swelling of the lymphatic glands, progressive destruction of the spine and cheesy degeneration of the kidneys, were separate clinical entities, although their frequent association led to some suspicion of a common underlying...
Science 87 (2246), 23-48.