

the left parasternal line, extending between the fourth and sixth ribs, is always resonant in a healthy adult. However, in a left-sided effusion this early shows dulness, and this dulness can be detected when the exudation has reached as high as the eighth dorsal vertebra behind. (See Fig. 2.)

The value of the pleuritic friction rub as a means of diagnosis in the early stages of pleurisy is very manifest. Its presence should keep us constantly on the watch for effusion. Generally there is no difficulty in differentiating it from a rale of one kind or another, but at times it is not quite easy. A friction is more of a to-and-fro movement and more jerky than a rale. A fit of coughing does not cause it to disappear as it often does a



FIG. 3.—Showing curve of dulness from pleuritic effusion (side view).

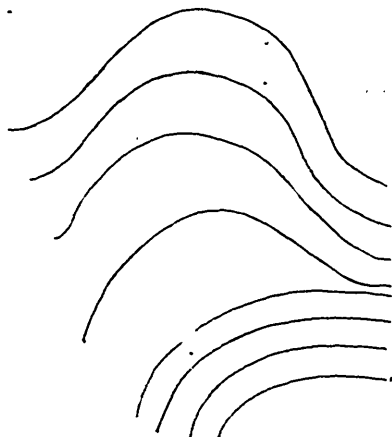


FIG. 4.—Lines of dulness in pleuritic effusion continuous from back to front, showing "Garland's S curve."

rale. Firm pressure with the stethoscope increases the intensity of the friction sound. This sound may be made more apparent by inclining the patient's body and head to the unaffected side, then elevating the arm on the affected side to a horizontal position. This elevation may be repeated two or three times, the patient taking a full breath before each elevation. Kellock's sign for the discovery of fluid in the pleural cavity is considered a valuable one by many. I have had no experience at all with it. The following description is Kellock's own as it appeared in the *London Lancet*: "The observer stands on the left side of the patient and, placing the left hand flat and fairly firmly on the lower part of the thoracic wall just below the nipple, percusses sharply either