

diagnosis which should be pretty well established as a rule from the history and general symptoms. As early evidence they are not as a rule of themselves of signal value, as by the time one can from the physical signs say that the patient is suffering from phthisis in the so-called first stage excavation is already proceeding. At an early period, physical examination may yield a completely negative result, a point not to be overlooked. One is too often ready to declare the lungs "all right" on an all too superficial examination. In all instances the patient's chest should be bared to the skin, and it is often wise not to venture too positive an opinion without one or more than one subsequent examination.

Inspection and palpation furnish but little information in incipient cases, though occasionally one may note some diminution of apical respiratory excursion or a slight retraction.

Percussion as usually applied is not of much value until quite extensive pulmonary infiltration has occurred, but one may elicit slight narrowing of the "suspender" zone of resonance, and with greater care as to technique, some muffling of the normal resonance or even slight elevation of pitch may be determined with even very limited lesions.

The earliest physical signs are usually furnished by a careful auscultation. Harshness of respiration, especially involving the expiratory murmur, which may or may not be prolonged, with an apical limitation, bearing in mind the physiological differences between the two sides, is suggestive. The addition of an occasional sticky click or a pleural friction, or ever so few fine rales at the end of inspiration, which may be brought out only with a deep inspiration or after a cough, is ominous.

An increased transmission, together with an elevation of the pitch of the whispered voice, is a valuable sign which can be elicited early.

Definite bronchial breathing denotes considerable consolidation of pulmonary parenchyma, and with or without any notable moist sounds is a manifestation of a well-established lesion.

Much is claimed by some for the fluoroscope in detecting incipient cases, but though I have had no personal experience with its use I am of the opinion that a lesion of sufficient extent as to make itself evident by this means would give rise to significant physical signs. The promiscuous use of the tuberculins as a short cut to a diagnosis I cannot too strongly condemn.

But with a provisional or established diagnosis based on various combinations of symptoms and physical signs one may seek confirmation by recourse to some of the specific tuberculin