

rosy complexion go with tuberculosis. The sluggish eye, muddy complexion with alcoholism, the puffy eye with kidney disease. Note pupils, if equal or sluggish to reaction, as from narcotics; note lips, if pallid or blue; skin, yellow or anemic. Note conformity of facial bones; high cheek bones often accompany tubercle. Is voice husky, high pitched or sharp, as it often is in tubercular laryngitis and aneurysms. Use laryngoscope in these cases. Temperature should always be taken, for in tubercular subjects this is often the red flag, as also in first stage of acute troubles. Watch for twitchings, either voluntary or involuntary. It would be as well to try the reflexes, as we so often have a hidden spinal or cerebral lesion. Examine mucous membranes for patches, syphilis or other diseases. Note breath, its odor, alcoholic or otherwise. Throat—generally only necessary to use the spatula; but the day is soon coming when the laryngoscope will be used in all cases.

Examination of chest must be without clothing of any kind; note shape, round or flat, faintness or otherwise of supra and infra-clavicular spaces, the prominence of axæ of scapula. The amount of expansion is much a question of practice and knack. I find the average to be two and a half inches; some with large chest measurement can expand only one and a half inches, others with medium-sized chests often go seven and eight inches. See if both lungs do equal work. Take the number and character of respirations, often increased in number from nervousness; see if regular in rhythm.

Examination of special organs.—Lungs: Phthisis pulmonalis plays the most important part. Be careful of any risks who have a good growing ground for tubercle, such as an under-weight, narrow chested, dyspeptic-looking subject, with general poor vitality. Decline (1) all who have or might have had tuberculosis; (2) all with a family history of tuberculosis who might be suffering at the time, or have had, pleurisy, hemoptysis, chronic bronchitis, scrofula, curvature of spine, or any disease (suppurative) of bones or joints; (3) any person with family history of tuberculosis who has had much dyspepsia; (4) any person of tuberculous issue living under unfavorable hygienic conditions, or if the circumference of chest is small or weight below normal; (5) all under forty, if both parents were tubercular and if applicant is not of very strong constitution; (6) all who might be looked upon as candidates for tuberculosis, either from antecedents or constitution; (7) all issue of tuberculous parents, and who have lived, or are living, in contact with consumptives. Fistula in ano should be watched in this connection.

Heart.—The heart should be examined sitting, standing, lying, and after exercise. A slight attack of faintness during examination is not by any means a sign of heart trouble. Intermittency must be judged according to its cause; transient palpitation is of not much account. Epigastric pulsation is not very important.