

plies to right-handed patients especially. If we find dullness upon that side on which there is impaired respiratory movement and increased vocal fremitus, we have to do with a condition of consolidation. This occurring at either apex is highly suggestive of tuberculosis.

4. Auscultation gives more direct evidence than any of the other methods of physical examination. The respiratory movements will be found to be increased in frequency, and the expiration relatively increased. The vesicular murmur may be diminished owing to the loss of expansile power in the vesicles, or it may be harsher or what is called "puerile." If at the same time we are able to detect dry ronchi or moist râles we are still more justified in diagnosing tuberculosis. The act of inspiration is often interrupted. This, in my opinion, is perhaps the most important of the physical signs.

To sum up, the symptoms of which the patient complains, and the physical signs which we are able to detect, taken individually will not justify a diagnosis of tuberculosis. Where, however, we find a continuous and irritable cough, a general failure of health, the evidences of a catarrhal condition at one apex, we may fairly infer that tuberculosis is present.

A positive diagnosis should never be made without careful and repeated examinations of the sputum. Blood, elastic fibres and bacilli are the constituents to be looked for. Blood is suspicious, elastic fibres are almost confirmatory, and bacilli are proof positive.

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