cal signs, this increase in vocal fremitus passes from presumptive to positive or at least to confirmatory evidence of the presence of a tubercular lesion in the lung. No such increase, however, in vocal fremitus may be detected, even by the most skilled, in the very earliest stage of the disease, and yet tuberculosis may be present. A layer of as yet unaffected lung intervening between the palpating hand and the tubercular lesion will mask or obscure this sign or prevent the vibrations of the air in the bronchial tubes being conveyed with increased volume to the palpating hand. We always look for increased vocal fremitus. When we find it, and find it limited to a small area on one side of the thorax, we have a sign of considerable value. When we are unable to detect it we are not justified in excluding the possibility of the existence of a tubercular condition. We must then rely upon other evidence or wait for further developments.

(*c*) Percussion:—Here again the evidence to be obtained may be negative or positive. No variation in the character of the percussion note may be detected by the most carefnl examiner, or a dullness may be apparent to the merest novice in the art of physical diagnosis. In the one case we have a portion of healthy lung lying between the thoracic wall and the tubercular lesion, and in the other case the consolidated tubercular portion of lung is near the surface. The absence, then, of dullness on percussion does not exclude the possibility of the existence of tuberculosis; its presence, especially when limited to a small area and that area the apex, is always a fairly strong proof that our patient is suffering from this disease.

(*d*) Auscultation:—By this means of examination we obtain more reliable information. What may we hear? A harsh or roughened respiratory sound, perhaps small, dry and moist râles, interrupted inspiratory sound. When we hear this roughened respiratory sound and find that it is limited to a small area on one side (especially towards the apex) we may be almost sure that the trouble is tubercular, and when in addition we are able to detect râles we have very little doubt as to the nature of the condition actually existing. The interrupted or jerky respiration is not so important as it may be present in other conditions, but when associated with roughened breathing and râles it becomes an additional proof of the presence of tuberculosis.