

The presence of cough may be denied by the patient, but commonly one notes its unconscious occurrence during the examination as a short hack, with or without some moisture.

The expectoration, if any, in early cases possesses no diagnostic characteristics. It is mucoid and frothy and of bronchial origin, and the absence of tubercle bacilli, even on frequent examination, is not to be construed as negating phthisis. They appear only when the tuberculous foci are breaking down, and are a late manifestation.

A more or less persistent huskiness of voice, though slight, should excite suspicion, even though the laryngoscope reveals only a catarrhal process, and demands a thorough investigation.

Hæmoptysis is not infrequently the startling feature which determines the patient's first visit to the physician or brings the physician to a sudden realization of the gravity of the situation. In most instances, especially if it is at all pronounced, it is significant of the later excavative period, but it may occur comparatively early as a staining of frothy bronchial sputum. One must be careful to exclude other causes, such as a slight epistaxis, a mitral stenosis, or an acute catarrhal process of the upper respiratory tract as causes.

In the great majority of cases in which the hæmoptysis is supposed to denote the inauguration of a tuberculous deposition, it is actually the evidence of renewed activity in an old, more or less quiescent, lesion.

Little or no stress can be placed on vague pains in the chest wall, which may be complained of early. They are noted as the manifestation of a phobia. Rarely they may be the result of an early apical pleuritic involvement. Of paramount importance is the recognition of the tuberculous nature of the so-called primary pleuritis of both the dry and serous varieties. They are not rarely credited to exposure to cold or to rheumatism.

The exudative type is frequently latent, and if the effusion is but slight is commonly overlooked unless the physical examination is carefully conducted. This pleuritic involvement is often the precursor or associate of an apical localization as well as the basic fibroid phthisis.

In these early cases the examination of the blood offers nothing of diagnostic importance. The pallor of the patient may be in marked contrast to the actual blood findings, which frequently are normal. A slight anæmia of the secondary or of the chlorotic type may be present, while the leucocyte count remains within the normal range.

The appearance of physical signs adds corroboration to a