

or merely manifestations of general debility? If the apices are carefully marked out (the lightest percussion being used) and indicated on the chest wall by some coloring fluid, if the levels are equal, then it is strong presumptive evidence that we are dealing with a functional condition rather than an organic change. It is also of great value in assisting our diagnosis in those obscure laryngeal cases in which there is a well marked stenosis or ulceration either of tubercular or syphilitic origin. Auscultation of the chest is always very unsatisfactory in these patients since the laryngeal stenosis so modifies the pulmonary breathing that we are at times unable to detect any breath sounds at all. Here, again, the position of the suspected apex is our sheet anchor. Sometimes, however, this physical sign is of uncertain value; for instance, where there is an emphysematous condition around a solid apex. Secondly, where a diseased condition exists in both lungs; and, thirdly, in those cases where the disease begins in the base of the lung.

BODILY WEIGHT.

There are several points of interest to be noticed in connection with the bodily weight of phthisical patients. So far as possible, every patient under treatment should be weighed once a week, but special care must be exercised in selecting the same hour of the day. The reason for doing so is that I have noticed in a large number of hospital patients, and in a few private ones, that almost invariably the evening body weight of a patient exceeded that of the morning from one-half to three, and in one case as much as three and one half pounds. This cannot be explained by the quantity of food consumed, for the hospital patients partook of as much during the night as the day, and the quantity of waste material gotten rid of, practically speaking, was the same during the night and day. Since the temperature usually begins to rise about noon, and continues doing so until late in the evening, the above statements are in direct contradiction to the time-honored theory, "The bodily weight, all things being equal, is in direct ratio with the height of the bodily temperature." But, clinically, it is a fact that in many