

a time. They will appear later. Repeated examinations, therefore, ought to be made.

4. Fever. Patients may complain of being feverish. This should be verified by the thermometer—the temperature being taken frequently. Towards evening there will likely be found a slight exacerbation, 99 deg.—101 deg. F. This is not a constant symptom.

5. Emaciation may be present even in the incipient stage. If present it is not marked, but ought to be considered in making a diagnosis.

6. Neuralgic pains are usually a later manifestation of the disease. When present they are found in the arms and legs, and perhaps a general hyperæsthesia of the skin and deeper parts may be present.

7. Dyspnoea is rarely complained of, as the respiration is more rapid and the emaciation of the body makes the demand for oxygen less imperative.

8. Night-sweats, if present, would rouse our suspicion of tubercular lesions, but they are rare in the incipient stage.

So far the only diagnostic guide of much significance is the character of the sputum. While any of the above symptoms by itself would not justify us in diagnosing tuberculosis, taken in connection they prepare us for a physical examination by which we may hope to verify or refute the suspicion which they have aroused.

PHYSICAL EXAMINATION.

1. Inspection. The patient is probably anæmic. Flattening over one apex may be noticeable. This sign may be absent. Respiratory movements are hurried.

2. Palpitation reveals but little. Vocal fremitus may be slightly increased over the affected area, and possibly the affected side may expand less than the unaffected one. It should always be remembered that vocal premitus is normally somewhat more distinct over the upper portion of the right lung than over the left, on account of the position of the right bronchus.

3. Percussion may not give us any assistance. Normally the percussion note is duller over the right side than over the left owing to the muscles on the right side being thicker. This ap-