

ment, the skin becomes quite transparent and mobile, giving the patient a delicate, hyper-sensitive expression. In other cases more or less pigmentation occurs, giving rise to freckles or yellowish brown patches. The presence of more or less profuse perspiration, especially at night, is an early symptom, and may become very troublesome and persistent.

DIAGNOSIS.

Frankly assuming that pulmonary tuberculosis is one of the most curable of chronic diseases, and considering the relationship existing between patient, relatives and public, as to infection, the importance of the earliest possible recognition of the disease cannot be overestimated.

Ever since the discovery of a specific bacillus its presence in the sputum outweighs all the other evidences of the disease. It follows then, that the most scientific microscopic tests be persistently made, if necessary, for several months. The bacilli may not be found until the contents of a cavity appear in the sputum, or they may be absent during some stages in all cases, especially when there is no active softening going on. Their continued presence in the sputa may also be accepted as positive proof of the character of the disease. In the absence of the bacilli the symptoms already enumerated and the following physical signs have to be relied upon for making a diagnosis:

Initial stage.—When the apex becomes infiltrated with tubercular deposit, respiratory movement is diminished. This is more distinctly observed by standing behind the patient and looking over the shoulder, or by fixing attention to the movements of the second rib. Palpation reveals increased vocal fremitus. However, great care must be exercised in comparing the two sides, remembering that it is normally more pronounced over right apex; hence, when it is equal on both sides, the left apex is probably involved. Percussion may elicit a duller note, above, over, or below the clavicle. Slight differences in the amount of resonance may be made more appreciable by having the patient retain his breath for some time after a deep inspiration.

Auscultation.—In the healthy chest the inspiratory murmur is somewhat higher pitched, and the expiratory more prolonged on the right side than on the left. Overlooking this condition may lead to serious error. Making due allowance then for the difference, in the two sides, the harshness or feebleness of the sounds are to be estimated. Usually the harsh sound with prolonged expiration is heard first. As the disease advances the breath sounds become feebler and interrupted, and after coughing râles may be heard. The harsher and the feebler sounds indicate stages in the progress of the disease, the latter the more advanced, the former the initial process. Neurotic subjects, with healthy lungs, may present bilaterally interrupted wavy sounds. Where considerable infiltration has taken place, the voice and heart sounds are con-