

recent syphilis; emphysema; chronic bronchitis. Tuberculous—enlargement and tenderness of cervical lymph glands; intestinal tuberculosis; rectal abscess and fistula; genito-urinary tuberculosis; peritoneal, bone or joint tuberculosis; markedly thickened pleura; pleurisy with effusion; empyema; pneumothorax; pyopneumo-thorax; laryngeal tuberculosis: (a) Doubtful: superficial ulceration of the cords and ventricular bands, limited infiltration of inter-arytenoid space without ulceration, ulceration of inter-arytenoid space with or without slight infiltration. (b) Unfavorable: ulceration with swelling of arytenoids and ary-epiglottic folds, general ulceration with perichondritis, ulceration of epiglottis.

A few cases from the hospital records may serve to illustrate various points brought out in this paper.

(a) Two cases accepted as very good on the evidence of the examination form as filled out by physicians. In both cases the condition was verified by examination of the patient on arrival, and the cases were classified as incipient.

1. "M.B.—age 19; tailorress; family history slightly consumptive; onset: anemia; 6 lbs. loss in weight; cough for five weeks; expectoration for four weeks, slightly streaked, bacilli present, amount now oz. 4; slight dyspepsia; slight fever (100°); pulse 88. Local condition: right apex very slight dullness, slightly prolonged expiration and increased vocal fremitus."

The lesion here, confined to one apex, belongs to class 1. The modifying conditions are such as to bring the case into the favorable class described above.

2. "H. H. J.—age 22; coachman; onset: cough five months ago, expectoration six weeks ago, amount now oz. ½, slight hemoptysis two weeks; has had night sweats; fever for a few days, no rise in temperature now; 10 lbs. loss in weight; condition otherwise good. Local condition: rise in pitch percussion note right apex posteriorly; expiration prolonged below right clavicle, crepitations right submammary region. Reacted to .006 gm. tuberculin."

The lesion is again class 1, and conditions favorable.

(b) Two cases illustrating deliberate misrepresentation or careless examination by the practitioner.

1. A. J. Z.—age 34; nurse. Application form shows onset after typhoid four years ago with cough and hemorrhage; has had fever and night sweats; cough now troublesome; sputum oz. 8, with bacilli; temperature normal, pulse 84, digestion good. Local condition: right lung, negative; left lung: percussion note a little dull at apex, respiratory sounds impaired; apex beat normal. Physician considers patient incipient, and adds, "she is a hopeful case, and I am anxious to get her where the conditions will be favorable for her during the coming winter."

The patient was accepted as doubtful on the evidence of this