

be denied. However, an inquiry may reveal a condition of debility or a cough of long standing which will in most cases justify one in characterizing the process as tubercle.

Of the early manifestations, a vague, ill-defined onset, with loss of energy, inability to sustain physical or mental effort, slight impairment of nutrition and digestive disturbance is all too easily misinterpreted and the patient informed that he is run down or suffers from debility or neurasthenia. The development of pulmonary symptoms in those in apparently good health we are too ready to look on as an obstinate cold or an attack of grip which tends to hang on. The patient who suffers from a series of colds, more especially if they persist during the summer, or the subject of anæmia or chlorosis, should be subjected to a rigid general and physical examination.

A large percentage of patients who later develop tuberculosis are habitually light in weight, a condition which is probably predisposing. Slight loss of weight noted by weekly appeals to the scale occurs in many cases, but the average weight may be maintained, or a considerable gain occur, in the presence even of a moderately active lesion. Pronounced loss of weight is a feature rather of the later phase, as is also any notable loss of strength.

In the incipient stage a regular noting of the temperature is of great importance, and I cannot emphasize this too strongly. The observation should be continued over a period of some few days, and preferably at two-hour intervals. It is necessary to see that the thermometer is properly placed, and is maintained so for three minutes, as the registration of slight degrees of fever requires a longer time than the more pronounced elevations. The morning temperature, and, not infrequently, the afternoon as well, may be subnormal—97° to 98° F.—in those with impaired metabolism, and this may, in conjunction with other findings, be of much diagnostic value. Generally speaking, a daily general range of temperature, slightly above the normal, should direct suspicion towards tuberculosis. These rises, slight though they may be, may be noted only following physical exercise, or at the time of the menstrual period in women.

Of scarcely less importance is the observation of the pulse. At times it is of normal frequency or shows some lowering of tension. In the majority of cases there is more or less tachycardia or what is of equal importance, a condition of irritability, the frequency rising to 80 to 100 with but slight physical exertion or emotion.

Sweats are significant of secondary infections connected with the late stages; but quite early one frequently observes a clammy moisture of the palms of the hands.