

is a most valuable sign. Bronchophony I have often found very early. Whispering pectoriloquy likewise. It is well to examine at first the patient breathing naturally, afterwards by more forced breathing. There is one other sign which I would like to mention, though rare, it is when present very striking, and often early, that is a markedly interrupted breathing, cog-wheeled respiration. Every part of the thoracic wall where the lung can be reached should be carefully gone over, and here I would like to emphasize the importance of examining particularly the inter and supra scapular regions as well as the clavicular regions for evidences of the disease. While it is not possible to have a standard of normality for chest sounds owing to the different relationship in different persons, yet taking into consideration the thickness of the wall in each case we should have some idea of what would be normal in that particular case. Then we can use to great advantage the rapid comparison of one part with a corresponding one on the opposite side of the thorax. If the phonendoscope is being used for the purpose of testing the voice sounds, on account of the sensitiveness of this instrument we will be led into error should we forget that on account of the greater number and greater size of the bronchi on the right the voice sounds are normally increased.

*The Roentgen Ray.*—This as a means of diagnosis is certainly valuable, and as a confirmatory sign specially so, and in many cases it will in skilled hands discover the enemy. Dr. Francis H. Williams, of Boston, has done most useful work in this connection. In the *Medical Record*, May 13th, 1899, he states that in five cases he discovered by the X Ray changes in the lung before they could be detected by physical signs. The *Philadelphia Medical Journal* reports six cases examined by Dr. Williams in which he claims that the diagnosis was made more certain by the use of the X Ray. It is a method quite free from risk and should be used where practicable. My own experience has been limited in this method of examination, but where I have used it it has not disappointed me. This month by the kind assistance of Dr. John McMaster at the Toronto General Hospital I examined five patients by the X Ray. In two of these where there was but little doubt; the haziness over the parts affected and the limited excursion of the diaphragm were marked.

In one case where there was some doubt, the diagnosis was not made plainer. In the other two it was most helpful as an aid to diagnosis. The last three cases were in the pre-tubercular stage.

*The Tuberculin Test.*—This test for diagnostic purposes alone is when used in suitable cases the most certain of all tests, with the exception of the discovery of the germ by the microscope. Advanced