

typhoid fever. As we so frequently find patients with pulmonary tuberculosis who previously had suffered from an attack of what was diagnosed as typhoid fever and from which he had never made a good recovery, we naturally ask ourselves was not a mistake made in the diagnosis of the primary disease, was it not in reality tuberculosis from the first. Of course, one can readily understand that a disease such as typhoid fever which has such a devitalizing effect upon the organism may act as a predisposing cause of tuberculosis. In such a condition the bacilli will the more readily obtain a foot-hold and the tissues be less able to resist their encroachment. A careful watch being kept for the characteristic symptoms of typhoid, should, however, in these cases prevent an error in diagnosis.

Again, pulmonary tuberculosis may come on insidiously. The patient will have no history of any previous illness. The symptoms of which he will probably complain are as follows:

1. Pain in the chest.
2. Cough.
3. Expectoration.
4. Fever.
5. Emaciation.
6. Neuralgic pains.
7. Dyspnoea.

1. Pain over the seat of the diseased portion of the lung, probably due to an accompanying pleurisy, is often but not always present. A sharp shooting pain in the back between the scapulae is often present and by some regarded as of diagnostic significance.

2. Cough is usually found from the beginning. At first it is dry, hacking and irritable. Afterwards it is accompanied by expectoration; by itself it has not much diagnostic import.

3. The expectoration is at first muco-purulent. Blood in the expectoration is always significant. It may appear only as streaks or in large amount. It is bright red in colour, and is always the result of cough.

Elastic fibres found in the sputum are very suggestive of tuberculosis. These, it is true, are found in gangrene and abscess of the lung, but in these conditions we find other evidences upon which to base our diagnosis. The absence of elastic fibres does not exclude tuberculosis, but their presence, except as above stated, makes that diagnosis fairly certain.

Bacillus tuberculosis, if found, makes the diagnosis positive; if not found in the incipient stage the diagnosis is only in doubt for