

nothing more nor less than the evidence of an already existing Tuberculosis undetected, frequently because not suspected and not looked for.

Besides these conditions to which I have referred specially as features in the personal history that are to be regarded as warnings of a possible existing tuberculosis, we may say generally, that any condition which tends to lower the vitality increases a patient's danger from tuberculosis and ought therefore to put the physician on his guard and induce him to make a careful examination of the lungs.

3. *The Present Condition*: (a) Cough.—There is usually, though not always, a slight, hacking dry cough. This may not always be present, but when it is, it is always suspicious. Instead of this dry cough, even in the very earliest stages, we may find a cough with expectoration. Such is very frequently the case when the tubercular trouble has been preceded by a bronchial irritation, which, while not acting as a direct exciting cause, prepares the mucous membrane of the respiratory passages for the reception and retention of the tubercle bacilli. Either a short dry hacking cough or a persistent bronchial cough are to be regarded as precursors of a pulmonary tuberculosis, especially when found in conjunction with other symptoms and signs presently to be noted.

(b) Rise in Temperature.—This is usually found towards evening, but may occasionally be found in the mornings with a drop in the temperature towards night. The rise is never great. Anywhere between 99° and 101° F. This persisting and being associated with the other evidences of pulmonary tuberculosis tends to confirm our diagnosis.

(c) Loss of weight. Even at the earliest periods in the history of this disease we find that patients loose in weight, or at least that a young adult does not increase in weight as he should.

(d) Night sweats:—These are not always present in the early stages of the disease, but when present add one more proof of the tubercular nature of the trouble.

(e) Anorexia:—Frequently we find that tuberculous patients, even in the early stages, have an aversion to food and especially to foods which are generally regarded as beneficial in this connection as for example foods containing fat.

None of these conditions are to be regarded as being dis-