etiquette as to scratch one's head when it itches. At Falkenstein where there are a hundred patients, it is rarely that one hears a cough.

To my mind no chest examination is complete without the use of the Roentgen rays ; I employ them as a routine measure, as I do the low objective on my microscope, reserving the high power for detail work. I do not complete, but initiate an examination with the Roentgen rays, and having located a suspicious lung area, the usual methods of examination are employed to interpret its significance.

It not infrequently happens in our chest examinations, where auscultation is alone of value in diagnosis, that no anomalies of the respiratory sound are heard unless special manœuvres are invoked. Natural breathing is of no value in such instances. The patient must be taught "diagnostic breathing." The muscles of expiration must be brought into forcible action, so that expiration is intensified and prolonged. Auscultation of the lungs in different positions will, by increasing respiratory activity in definite areas, bring out certain sounds. One must not forget that in some persons, forced expiration causes a bronchospasm and develops sounds not unlike those of asthma. In such a contingency amyl nitrite inhalations are valuable. If the subject inhales the drug, we need not fear mistaking the sounds provoked by voluntary spasm of the bronchial tree. In some forms of bronchitis spasm may be an element in the dyspnea, and conversely a catharral factor may complicate an attack of asthma. *Nitrite of amyl* by inhalation removes the dyspnea, if occasioned by spasm, but does not influence it if dependent on bronchitis. To differentiate the rales caused by bronchitis from those of asthma, auscultate the chest after nitrite of amyl inhalation ; the rales of the former persist, while the latter are dissipated. This drug, when inhaled, will bring out certain sounds which would otherwise remain unnoticed.

Extra Pulmonary Coughs.—Such a cough must only be suspected when a systematic examination of the lungs proves negative, although we must not forget that the conventional methods in the examination of the lungs are not always crucial in negativing the presence of some anomaly. Since the advent of the Roentgen rays in clinical medicine, this fact has been most cogently demonstrated by skiascopy.

Spasm of the bronchial muscle is an undoubted element in many coughs notably in bronchial catarrh. In the latter