toms of genuine chlorosis mey be present, and the distinction between a real chlorosis and a tuberculous pseudo-chlorosis can be made only with difficulty. Emaciation can occur in both cases, though an increase in fat is more frequent in real chlorosis. The difference in the color of the skin possesses a doubtful value. Fever is frequently present in chlorosis, whilst the incipient stage of pulmonary tuberculosis is often free from fever. Even the blood, in the incipient stage of tuberculosis may give similar results to the chlorotic blood. An acurate history can occasionally give us an important point of distinction: namely, by establishing the opportunity for infection. Previous scrofulous glands point to tuberculosis. The tuberculin test, however, is our most important means of distinction. A failure to react permits one to exclude tuberculosis with a fair amount of certainty. The value of the test in these cases is emphasized by the figures of Marcus Beck who found that 50.3 percent of chlorotics reacted to tuberculin.

The onset with dyspepsia is very common, and the early symptoms may be great irritability of the stomach or a type of acid dyspepsia. Occasionally it is difficult to distinguish this from pure nervous dyspepsia, but in the latter the loss of appetite is usually less complete. When slight evening rise of temperature and loss of bodily weight accompany the dyspepsia, one should suspect tuberculosis. In nervous dyspepsia the weight may remain normal as assimilation goes on normally.

In some instances huskiness and laryngeal symptoms are the first prominent features of the disease. When they persist unusually long and do not yield to treatment, pulmonary tuberculosis should be considered as a possible underlying cause.

Neurasthenia is a common symptom of many cases of phthisis. It may be the first symptom and be so great as to entirely mask the real trouble.

Pain in the chest may precede other symptoms by months or even years. I am more and more struck with its great frequency as a very early sign. Cough and pain are probably the most frequent early symptom. When first felt the physician usually regards it as rheumatism, pleurodynia, or intercostal neuralgia.

At this time there is frequently no rub to be heard at the seat of the pain, and for this reason pleurisy is excluded.

It is often described by the patient as a stitch, and occurs particularly after such acts as sneezing, blowing the nose, fast walking, or laughing. It is more apt to be felt in damp weather, or when the patient is suffering from a cold in the head. Later on, should the disease develop, that side of the chest in which the pain is felt will have evidence of disease. It is most commonly felt under the shoulder blade,