3. Expression is the outward manifestation of the feelings of the individual towards his environment, and is dependent upon the set and movement of muscles under conscious or unconscious control of the nervous system. The face will help us most, but we should also carefully observe the form and movements of the body as a whole.

The following are some of the more important: the degree of intelligence (intelligent, dull, stupid, apathetic, etc.); worry, and anxiety; looking "sick" or "well"; pain or physical discomfort. Certain diseases have peculiar appearances, such as exophthalmic goitre, acromegaly, cretinism, acute nephritis, paralysis agitans, pernicious anæmia, etc.

5. The attitude or position in which the patient lies in bed is called the decubitus, and we should note whether the patient lies by preference on his back or on the right or left side. Is he compelled to sit up in bed, or how many pillows does he require? Are the legs drawn up or extended? Is the head held backwards, forwards, or sideways?

If the patient can walk, observe the gait and posture.

6. What is the colour of the skin? Is there any pigmentation? Are there eruptions? Is there evidence of ulcers, scars, or gangrene? Is œdema present?

What are the situations of any abnormalities observed?

Examine the hair and the nails; prominence of the superficial lymphatic glands, the thyroid, and salivary glands should be noted.

7. Wasting may involve any or all tissues, but in most diseases it is first seen in the loss of subcutaneous tissue. Thus prominences and depressions become more marked.

8. Increase of substance, likewise may involve any or all tissues, but is most commonly confined to the subcutaneous tissue. This is usually nothing more than an increased deposit of fat, and shows itself in a manner opposite to loss of subcutaneous tissue, viz., prominences and depressions are less marked.