

bed we are still more convinced that it is due to tubercular infection. An increased pulse rate we expect with the rise in temperature, which increase persists frequently when the temperature is normal.

*Pain.*—Sometimes the first symptom complained of is a pain in the upper part or less frequently in the side of the chest, probably pleuritic in character. The absence of pain, in so many of these cases, is one of nature's delinquencies and like many another failure in duty results in dire consequences. Gastric disturbances taken with other symptoms are important.

*Physicial signs.*—Our attention having been directed by the symptoms to the threatened condition of our patient we proceed to examine his chest. He, or she must be stripped to the waist, placed in a good light (I prefer to have him standing before me when he can be moved about at will), I think it important that a regular order should always be adhered to in making this examination. Repetition tends to perfection. If there is one thing more than another which I would like to emphasize it is this, the importance of taking plenty of time with the examination. The order generally observed, is I think the best, namely, examination by inspection, palpation, percussion and auscultation.

*Inspection.*—Examination by this method does not give us much information at a very early stage. When, however, the disease has progressed somewhat the information gained in this way is most valuable. Yet inspection tells us something of interest to us even now. The long narrow chest, oblique ribs, prominent clavicles, acute epigastric angle, winged scapulae, will indicate a pre-disposition to tuberculosis. Should the patient have suffered much from pain there may be noticed over the affected part diminished expansion.

*Palpation.*—By this method we may perhaps distinguish the nature of the pain, if there has existed any. Should there be any considerable infiltration, and that near the surface of the lung we may be able to notice an increased tactile fremitus.

*Percussion.*—With great care and light percussion a tuberculous nodule or even a small infiltrated mass may cause a slightly dull and high pitched percussion note over the affected part, but what I have found more useful at this stage is a more resonant and prolonged note in the neighborhood of the dulness.

*Auscultation.*—It is I think to this means of examination that we will have to trust for our most reliable early diagnostic signs. And the first sign I would notice is that of impaired breathing, a most markedly enfeebled inspiratory sound over the affected part, at the same time there may be, if not there will be later an increased expiratory sound, and later still the regular harsh bronchial breathing. Here also the increased voice sound