

The importance of *inspection* cannot be overestimated, but its value is often not appreciated. Ask a medical student at the end of his first course in physical diagnosis which of the four methods—inspection, palpation, percussion, and auscultation—seems to him the most important, and the most common answer is auscultation, unless his instructor has been a disciple of Zadig. This is natural, for while he has been accustomed to using his eyes—carefully or carelessly—all his life, the use of the stethoscope comes as a new experience and appeals to his sense of working with some kind of apparatus. The value of inspection is twofold, both in the information it gives of itself and the fact that it starts one right in the further methods of examination. No average man can be a good diagnostician if he begins his examination by percussion or auscultation. The word average is used because there are some men who are superior to method although they would be better with it. It is not so very rare for a complete error to be made in the side of the chest in which a tuberculous lesion is situated. To begin percussion on the diseased side may give a false standard, and it is in avoiding this that inspection so often comes to our aid. As regards our knowledge of cardiac disease the writer feels that we would be much more efficient in diagnosis (as regards the essential state of function), prognosis, and treatment if we did not listen to a heart say for five years after graduation but obtained our knowledge from inspection, palpation, and percussion. Like all sweeping statements there are exceptions to this, but it is surprising, if the effort be made, how much can be determined without the use of the stethoscope. Certainly as regards treatment the indications are based better on the means of examination other than auscultation. The old direction, "Eyes first, hands next, ears last and least" is an excellent one to keep in mind.

In the recognition of one class of diseases inspection is particularly important. The reference is to the disturbances due to disorders of the glands of internal secretion. We are learning of the frequent occurrence of these cases and for many of them the first suggestion of the diagnosis must come through our eyes. There is no better example than the condition of status lymphaticus in adults to which special attention has been drawn recently by Haven Emerson.* Here is a clinical picture which, once appreciated, seems to be frequently coming before our observation. I fancy that this is much like the common experience with a new phrase or word to which our attention is directed. We

* Archives of Internal Medicine, 1914, XIII., 169.