

guised under the mask of anæmia, chlorosis, dyspepsia and neurasthenia.

On the other hand, so pronounced are the evidences of the disease that people, standing on the platform of railway stations at any of the Southern health resorts, keep facetiously remarking, "Hello! more lungers," as patients step off the cars.

There is a great contrast between the condition of those with latent lesions and those in which the lung tissue is extensively involved. The following description will include the symptoms most frequently found between the initial invasion of the bacilli and the fatal termination. The patient's attention is often first drawn to his condition by remarks made by his friends. They notice that he has changed somewhat. His features are more pinched; skin dry, sallow or pale; lips parched; one or both cheeks flushed; eyes bright; emaciated; short, dry, hacking cough. He admits that he is not quite himself, and attributes his condition to a "cold." He says he cannot get altogether rid of his cough.

*Cough.*—This is one of the earliest and most persistent symptoms. It is influenced in frequency and character by impure air, anything that causes irritation anywhere in the respiratory tract, and by the conditions and contents of the tubes and air cells. It may be attended with expectoration of a small quantity of frothy serum or mucus, or by a very large amount of muco-purulent matter. Change of position is very apt to excite an attack of coughing.

*Sputum.*—This is modified in quantity, consistency and character by the amount of secretion and exudation, dilatation of bronchi, and presence of cavities with patulous openings. The quantity may be very limited or so excessive that pints may be expectorated during the twenty-four hours. The consistency varies from a watery serum to thick agglutinated masses, and in character it may be simply serum or mucus, blood, pus, or any admixture of these.

*Temperature.*—Unless in hospital cases it is very difficult to get a reliable temperature record during the early stage of the disease. However, if the temperature be taken—especially in the rectum—say, every fourth hour throughout a period of two or three weeks, a series of pretty uniform elevations and remissions will be recorded—the former beginning about 1 or 2 p.m., reaching a maximum between 4 and 7, and subsiding to normal by 10 p.m. Between midnight and noon the temperature may remain about normal, but often in the early morning hours it may be subnormal from  $\frac{1}{2}$  to  $1\frac{1}{2}$  degrees. As the disease advances, septic conditions arise with characteristic temperature fluctuations. The range may extend from 95 to 108°. In some cases there is a reversion of the usual type—the elevation occurring in the morning and the remission in the afternoon

*Pain.*—This is pre-eminently cosmopolitan. Any organ in the body may be the initial "storm centre." Slight or intense pain,