examinatior. is made and by noting the normal position of heart and its freedom from valvular disease.

The Lungs.—Respiratory diseases form so large a percentage of mortality that they warn us to make a careful physical examination of the chest, not only to detect grave mischief, but to ascertain if there is any catarrhal affection of the mucous passages, huskiness of voice, chronic affection of the throat, for people with such a condition often speak lightly of such symptoms and have a ready explanation for them. Any departure from the normal shape and movements of the chest should be noted. All cases should be carefully examined to see if any physical signs of disease of the lungs exists, but especially so in cases of asthma, chronic bronchitis, emphysema, or if the family history shows a tuber[illegible]r tendency. Associated with this examination is the important one of hæmoptysis. It is only by careful examination and study that we learn in many cases to distinguish between those that are so severe as to be a decided impairment to the risk, and those that may be safely disregarded as coming from the nose or throat. In all cases the cause, the number of attacks, and if possible, the amount of the hemorrhage should be given. It is often said the bleeding is from the gums or throat, but this is not generally the most probable explanation.

Examination of the Abdomen.

In examining the Abdomen, the same methods as in the Thorax should be used, viz., inspection, palpation, and percussion. It may not be necessary to do this in every case in a complete manner, but when it is undertaken the shirt should be drawn up. Any irregularities denoting tumor or enlargement connected with the viscera or mesenteric glands should be observed. The region of the appendix, and, in the case of a female the ovarian region, should also be examined.

Digestive Organs.—Dyspepsia is sometimes an early stage of tuberculosis, or organic disease of stomach and kidneys.