risy is meant a primary disease of the pleura, the cause of which cannot be explained. It is sometimes called the pleurisy of Landouzy. The term idiopathic is only a makeshift for our defective knowledge of the etiology.

When we meet with such pleurisies, whether they are dry or exudative, the question at once arises: how are we to consider them? Are we to agree with Landouzy, who stated that 98 per cent. of the sero-fibrinous pleurisies are tuberculous, and that every pleurisy, the cause of which cannot be explained, is tuberculous? Or does the pleurisy merely smooth the way for phthisis; this being brought about by the adhesions of the pleura, by the long compression of the lung, by the continued repose of the fallen thoracic walls, so that places of less resistance are produced which allow the tubercle bacilli to develop? Penzold's view is probably the one most applicable to this question. He considers as suspicious of tuberculosis every man with pleurisy.

The views of Landouzy and Penzold may seem extreme, but the following facts corroborate them to a considerable extent: Of 90 cases of pleurisy with effusion, the histories of which were followed by H. I. Bowditch, one-third developed pulmonary tuberculosis. Of the cases of pleurisy tested with tuberculin by Marcus Beck, 73.2 per cent. reacted positively.

Fever as an early symptom is one with which all physicians are acquainted, and an exact knowledge of it is one of the most important points for the diagnosis. The normal maximum varies in different individuals. In many it hardly reaches 98.4, whilst, in others it almost goes to 99.5. As the earlier temperature of our patients is unknown, probably 98.4 to 98.8 F. can be considered as an average maximum. An increase over 99.5 should be considered as a febricula. A two hour record is necessary to determine if fever be present, as otherwise a rise may be missed. The temperature may be taken by the patient, or better, by some member of the family. A slight afternoon rise to 99.9 or 100, which persists, and is assignable to no cause, should make us suspect tuberculosis, especially if it is accompanied by loss of appetite, loss of weight, and weakness. Sometimes the disease sets in with high fever and simulates typhoid, or with chills and fever and is then regarded as malaria. These cases should be especially watched during convalescence from the supposed disease, and the lungs frequently examined, for signs often do not develop until then.

In persons with chlorosis and especially in young girls latent tuberculosis should always be considered as a possible cause. All the symp-