

Bear in mind also the frequency of inflammatory affections at the epiphyses ; note the presence or absence of "rheumatic nodules." These are little fibrous bodies, the size of a large pin-head to a pea, sometimes larger, and are not met with in the periosteum, but in the deep fascia, where it covers superficial bones, and in the sheaths of tendons. They are especially common over the olecranon and patella. Generally they are movable, but are not tender. If found, they are pathognomonic of rheumatism. The vertebral column should always be examined for curvature or tubercular disease. Now proceed to take the child's temperature. It is recommended in very young children to take it in the rectum. Personally I have not found this method advisable, and for years have not used it except in very young infants. I generally use a half-minute thermometer, and though it may occasionally be difficult, I generally have not found much difficulty in taking the temperature either in the groin or axilla. In older children it can be taken in the mouth. Remember that temperature in children is much more variable than in adults ; very slight provocation sends it up.

Now make examination of the anterior thorax and abdomen. Adopt the following order:—1st. Inspection and palpation ; 2nd. Auscultation ; 3rd. Percussion. This is left to the last as it frequently frightens the child, and makes him cry, even although up to this point you have had him quiet.

In palpation be sure that the hand is quite warm. In auscultation use either the immediate method, i.e., the ear being applied directly to the skin with a towel or handkerchief between. This method I have often explained to you and have taught you to use it. Occasionally you will be able to use a bin-aural stethoscope. It will enable you to follow the movements of the child. As regards percussion, there is one point to note and it is important. The stroke must be light. This is not simply to avoid frightening the child, but also to escape the confusion which is apt to