

By the specifics only we shall be the artisans of cure, but by the modification impressed to nutrition we shall help the organism to cure itself.

Therefore, let us look upon the future with confidence. We shall die some day, since the progress and discoveries of science, in spite of their greatness, have not yet succeeded in granting us immortality, but what we shall not see, our children, I have no doubt, will.

THE VALUE OF THE HIGHER PITCHED NOTE OF THE RIGHT APEX IN INCIPIENT PHTHISIS.

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It is a true maxim that no single sign or symptom should be depended on in physical diagnosis; still, at the same time, in cases of suspected trouble, where only slight signs and symptoms can be found; where a positive decision is often demanded by the patient, and anxiously sought by the physician, every little straw adds great weight to the general conception of the case. In no class of cases is this more true than in suspected instances of incipient consumption. This disease is so widespread, and its results so well-known and apparent to the laity, that it is presented in its incipency oftener to the physician than probably any other chronic disease. Hence, in studying the picture which this dread disease presents at its onset, it is well to consider the due force of all its physical signs. One symptom common to these cases is undoubtedly involved in some uncertainty; this is the higher pitched note often found at the right apex.

Phthisis ordinarily expresses itself first at the apex of one or the other lung; the tissue alterations include change of resonance shown in the pitch and quality. In the region which is involved, the pitch of the percussion note is elevated, as compared with other regions, especially the corresponding side of the chest. The quality of the note becomes more vesiculo-tympanitic. This change is dependent on the diminished elasticity and increased tension in the pulmonary tissue in the involved area.

But, as stated above, in physiological lungs, the

right apex often has a higher pitched note, and the authorities on the subject all caution the physical diagnostician to remember this fact in actual practice; for here, in normal lungs, we often find one sign of approaching phthisis. Of course, it takes other signs to complete the diagnosis; the change in rhythm, the harsh character of the respiratory murmur, the change in vocal fremitus and resonance and inspection, besides the loss of weight, the night sweats, and the little increase in temperature, all tell of approaching consolidation. But the physician, groping in the dark, starting with the suspicion that something is wrong, getting this note at the outset, is often misled. At the Medical Dispensary of the University Hospital, there has been considerable study of this note and its variation in health; with the result that it has been determined that, in every normal case examined, there existed some increase in the pitch on the right side. This deviation, in some cases, was most marked, being greater, in many instances, than the notes in a case of genuine, well-advanced phthisis. So suspicious were some lungs examined, that only after long observation could it be decided that no actual trouble existed. Nearly all authorities on this subject state that only a proportion of healthy lungs show this higher pitched note on the right apex, and make no mention at all that this note may be widely divergent from its fellow note at the left apex. Undoubtedly, it requires long practice to detect the higher note in some cases, and the experience at the Medical Dispensary here may be exceptional, yet it is a fact worth emphasizing.

Take the history of the following case, which will illustrate the difficulty of deciding in such cases:

Mrs. B, aged 30, colored, has borne eight children; run down with overwork. History of cough for several months, loss of weight, debilitated, occasional night sweats. Physical examination revealed that there *seemed* to be a slight decrease in movement of the right apex; on percussion, the note was *considerably* higher; on auscultation, the breathing was possibly a little prolonged and slightly harsh. Vocal fremitus and resonance, negative. Other signs, negative; no bacilli in sputum. She was placed on a supportive treatment. Her surroundings were not first-class; her food was not of the best. She was depressed b