

to ascertain his condition. The means at our disposal for this purpose are :

1st. Ascertaining the presence of certain symptoms indicating the tuberculous condition.

2nd. The patient and careful study of the thorax for the symptoms pointing to the same.

3rd. The examination by the Rontgen Ray.

4th. The use of the tuberculin test.

5th. The microscopic examination of the sputum.

I will first consider the value of a careful study of the existing symptoms, not because I consider them so important as the physical signs in aiding us to make our diagnosis, but because on account of their presence the patient is, for the most part, first led to seek our advice.

In discussing this question I do not purpose to take into consideration those symptoms or signs so evident during the latter stages of the disease, but only those which I have found to be of use in making a diagnosis before, if possible, the tubercle bacillus can be found in the sputum. Our patient is before us. The question of inherited tendencies, or the more important question of exposure to infection, should be considered.

The presence of cough is, in my experience, the most common danger signal. Generally a short, hacking cough, noticed especially if the patient is about to speak, or after full inspiration. It may be the common "clearing of the throat"—it may be bronchial—yet a cough persistent with morning expectoration, bronchial in character, I have found frequently to be tubercular in origin, and I believe frequently is. The cough may simply be due to a bad cold, it may follow an attack of pneumonia or grippe. In these cases we must satisfy ourselves that the condition is not tubercular. There are, of course, other causes for cough, but a persistent cough should make us suspicious.

*Hæmoptysis.*—As we all know the spitting of bright blood, while not a very common symptom in incipient tuberculosis is a very certain one and often a very early one. Given a case of blood spitting whether in mouthfuls of bright blood or as tinged sputum in which we can exclude laryngeal disease and chronic heart disease by examination of the larynx and heart, and pneumonia and carcinoma by the nature of the expectoration, and one hundred to one the case is tubercular.

*Temperature.*—A slight elevation of temperature, an elevation of 1 degree or  $1\frac{1}{2}$  degrees occurring between three o'clock and four o'clock in the afternoon, and this continuing for some time is a symptom that should claim our attention. Should the temperature go up a little higher after slight exercise and perhaps disappear with a two weeks' rest in