The size of the pharynx should be noted; also the colour of the mucous membrane, eruptions, "membranes", deposits of sticky mucous, muco-pus, or blood, the calibre of the pharyngeal vessels; the presence of enlarged lymphoid glands of the mucous membrane; ulceration; and new growths. Is there forward bulging or tension of the posterior pharyngeal wall (retro-pharyngeal abscess, new growth, etc.)?

How many teeth are there? Especially note whether sufficient grinding surface exists. Are the grinding teeth healthy? Which are carious? Is there evidence of an alveolar abscess? Are there stumps? Have crowns and bridges been correctly placed? Have artificial dentures been properly moulded, so as to reach the alveolar margins without painful pressure?

5. Investigate carefully the size, consistence, relation to surrounding tissues (peri-adenitis), fluctuations and tenderness of the superficial lymphatic glands, *e.g.*, pre-auricular, sub-occipital, cervical, inguinal, and saphenous. Examine especially the lymphatic glands which drain any area of disease?

6. Oedema of the skin and subcutaneous tissues may be general (anasarca), or local. The latter may occur unilaterally (as a rule, angioneurotic œdema), or bilaterally (circum-palpebral in nephritis; in the feet in failure of cardiac compensation, and in nephritis). The penis and scrotum, or the labia, may also be markedly œdematous in nephritis or cardiac failure.

7. The umbilical, inguinal, and femoral sites should be examined for possible herniæ.

8. The anus may show prolapse, hæmorrhoids, condylomata, fissures, and various eruptions. Examine the penis for eruptions, such as herpes, scabies, etc.; by exposing the glands and under surface of the prepuce a urethral discharge, a chancre, a chancroid, or venereal warts may be seen. In the female a superficial examination of the genitals may reveal swelling of the labia, a urethral caruncle, a chancre, venereal warts, a discharge, a cystocele, a rectocele, a prolapsed uterus, etc.

9. Appetite may be absent (anorexia), or less or greater than normal, or capricious, or stimulated by unusual articles of food. Mastication may be too hurried; it may be incomplete, due to haste, insufficient grinding surface of the teeth, faulty dentures, pain, lack of salivary secretion, excess of fluid with food, etc.

10. The bowels may be natural, or constipated, or too free. (Note: as long as the bowels move freely each day or on alternate days, according to individual habit, constipation may be absent). Is the patient satisfied that evacuation is complete? Is the movement painless?

11. 12. 13. The rate and rhythm of the pulse, the rate and character of the respiration, and the body temperature should be noted.