

ised bronchial catarrh, polyuria with or without albuminuria, and undue rapidity of the pulse, particularly in the recumbent posture (cardiac erethism). Are we dealing here merely with various conditions of debility which prepare the ground for the seed of tuberculosis, or are these conditions really induced by the actual presence and multiplication of the bacillus tuberculosis in the tissues? The most recent opinion is that in very many instances the above abnormal conditions are due to the presence in the circulation of toxins elaborated by the bacillus tuberculosis, or, in the case of urinary disturbance, to their elimination by the kidneys. Proof of this will be adduced when we come to discuss the tuberculin test.

It will be impossible for me in the limited time at my disposal to discuss seriatim the direct evidence of tuberculous infection of the various organs. As we are chiefly concerned with pulmonary tuberculosis, which includes the bulk of tuberculous infections, I shall confine myself to the diagnosis of this localisation, referring only incidentally to other localisations as they bear on the question of pulmonary disease.

The means at the disposal of the physician for the early detection of tuberculous lesions in the lungs are:—

- (1) Thorough and methodical physical examination of the lungs.
- (2) Examination of the sputum.
- (3) The tuberculin test.<sup>1</sup>

In any given case there may be present one or more of the factors referred to above as constituting presumptive evidence of tuberculous infection, to which due weight must be attached in connection with the direct evidence obtained. Part of the presumptive evidence is to be obtained from the history of the patient, and part from the general examination which should in all cases precede topical physical examination.

#### (1) *Physical examination of the lungs.*

It might seem a platitude to insist on thorough physical examination, were it not a fact that too often the failure to detect incipient tuberculous disease of the lungs is due to hasty or defective methods of examination. Errors of omission are, I believe, more frequent than errors of commission, and for the former there can hardly be any justification. The thorax should be completely exposed, the patient sitting or standing in a good light, and care should be taken that the position is quite symmetrical, the arms being dropped to the side or lying loosely on the thighs. Inattention to these details is apt to vitiate the results obtained from inspection, mensuration, palpation, percussion, and, to a less de-

<sup>1</sup> Skiagraphy deserves mention, though as yet the results achieved in the detection of tuberculous or other consolidations of the lung are not to be compared with those derived from physical examination.