

were probably correct. Nasal discharge doubtless indicated trouble in the nose, earache trouble in the ear, sore throat an inflamed pharynx, and hoarseness and laryngospasm a disturbed larynx. The significance of dry cough as pathognomonic of tracheal irritation was more open to question. The criteria for pneumonia and influenza were not difficult to apply but were much more difficult to describe succinctly. Some useful but imponderable clues play an important role in the diagnosis of lower tract illnesses.

Discussion

Questions were asked and discussed in relation to symptomatology. It was queried whether patient's answers to questions read from a record card were truly similar to those spontaneously volunteered and this criticism was agreed. The degree to which the symptoms and signs actually produced a valid separation of the various

Despite the difficulty described the classification was reasonably successful in the field and the clinical findings showed concordance with those of the microbiologists and with the more detailed investigations of children in hospital. A simpler classification would not have shown the anatomical preferences of the parasites, whereas more complicated instructions would probably have broken down under the exigencies of general practice.

diagnostic categories was regarded as surprising and it was emphasized that the purpose of the exercise was to seek to pin-point that part of the respiratory tract which was involved in order to seek correlation with the findings of the virologist.