

by vomiting. Has never brought up very large quantities at a time; never noticed the phlegm to be stinking. Has not had palpitation of the heart; feet have never swollen. The fingers are clubbed and the nails incurvated.

This man has suffered for the past five or six years from these symptoms, the cough coming chiefly in the winter, during which time he has had to lay up for a longer or shorter period.

(The patient disrobes to the hips and is examined.)

Notice in the first place that the left shoulder is a little lower than the right. There is decided flattening of the left half of the chest, and when he draws a full breath there is deficient expansion. The heart is drawn a little to the left and is beating a little outside the nipple line, but it is not displaced nearly to the extent we sometimes find it. Sometimes you may find it beating high up in the mammary region, owing to the drawing up of the heart by the contraction of the lung. On measurement of the chest the left side is smaller than the right; the left measures $15\frac{1}{2}$ inches and the right side $16\frac{1}{2}$ inches, not so great a difference as one might have expected. On percussion you will notice that there is uniform dulness, a hard, flat note, over the whole posterior region of the chest, and a similar note in front. The note is nowhere tubular, as is sometimes found. There is a little resonance high up in the axillary region. The tactile fremitus is not markedly increased, but the vocal resonance is greatly exaggerated, approaching to bronchophonic over the greater portion of the dull regions.

On auscultation you hear very peculiar and characteristic sounds. The breathing in front is hollow, and of the character known as cavernous. It is accompanied by râles, some of which are whistling and piping, and others, just below the clavicle are more gurgling in character and suggest bubbles passing through a liquid. These cavernous sounds are heard all over the front and in the lateral regions. The breathing at the upper part of the lung behind and in the left inter-scapular region is weak, as those of you who have examined this man will remember. At the outer angle of the scapula the breathing is intensely hollow, approaching to amphoric, and is also accompanied by