

respiratory sounds are relatively very weak. Voice has a peculiar muffled resonance, which is slightly greater at root of left lung, and much greater at inferior angle of left scapula than at corresponding points of right side.

Loud, rough, blowing, systolic, and diastolic murmur over heart generally; loudest at 3rd right cartilage, and an inch above and below that, next at 3rd left cartilage, and next at 2nd right cartilage,—but here both murmurs are decidedly less audible than at 3rd cartilage. The cardiac 1st sound audible, but accompanied by murmur, and the 2nd audible without murmur at ensiform and right 5th cartilages. In left 5th intercostal space, 2 inches from sternal edge, and 2½ inches below nipple,—i.e., about situation of displaced apex,—the 1st sound is audible, but accompanied by a faint murmur, and the 2nd sound unattended by murmur is faintly audible. At left nipple, both sounds audible without murmur. Both murmurs audible below centre of clavicles, and louder on right side; systolic murmur faintly audible in both inter-scap. regions, rarer so about situation of root of lung than lower down. Cardiac rhythm natural.

*Diagnosis.*—Hypertrophy with dilatation, chiefly affecting left Ventricle; displacement of heart downwards and to the left; tumor, most likely aneurismal, involving transverse portion of aortic arch, to left of arteria anonyma; doubtful whether combined with constrictive and regurgitant disease of aortic orifice.

Why did we conclude that hypertrophy with dilatation of the heart existed? Because of the direction and increased extent of the cardiac dullness, vertical, and transverse, and of the cardiac pulsation; the force of that pulsation; the existence of a condition likely to induce hypertrophy, viz., obstruction to the onward flow of the blood, caused by the (supposed aneurismal) tumor at the arch, and the probable coexistent disease of the aortic orifice; the strength of the pulse in the arteries of the right side of the neck and the right arm; and the distinctness with which the cardiac sounds were audible over the dull region.

Were the extensive dullness present due to fluid in the pericardium, the dullness would have extended upwards above the 4th rib, rather than downwards considerably below the nipple, and would have had a pyramidal outline; and such an amount of effusion as must have obtained to have caused the extent of dullness existing would have rendered the heart's sounds almost inaudible, or very much muffled them, in the cardiac region, and have caused the heart's impulse to be almost imperceptible, and given it an undulating character. The absence of prominence of the cardiac region does not affect the question materially, as it is a rare condition met with, both in copious pericardial effusion