on lower part of the face; is anæmic, and complains of muscular weakness. Appetite is good; bowels regular; tongue moist, indented with the teeth. Pulse 128; respirations 55.

On inspection, left cervical glands greatly enlarged, forming a continuous tumour from behind the car to the elaviele, occupying both anterior and posterior triangles. The individual glands in the collection can be felt, are moveable beneath the skin, of elastic feel, and not painful. On the right side there is no evident enlargement, but the glands can be felt with unusual distinctness, and just above the claviele they are decidedly enlarged. In right axilla, just within the axillary fold, there is a tumour the size of a couple of billiard balls, and in the left axilla a smaller one; both are freely moveable, of moderate consistence, and not painful. The inguinal glands are not enlarged.

In front of the chest there is marked bulging of the upper two-thirds of the sternum and corresponding costal cartilages, forming a somewhat flattened tumour, extending from root of neck to level with the nipples, and about six inches in breadth. Its point of greatest prominence is opposite the 2nd rib. The skin over it is natural looking; there are a few dilated venules. There is no pulsation ; it is painful on pressure, and pits slightly. The glands are enlarged in the epi-sternal pit, and just over the right sterno-clavicular joint are two glands, to which the skin is firmly adherent. In respiration the left side of chest moves more freely than the right, and the intercostal spaces are obliterated in the latter. On mensuration, right, 18 inches; left, 171 inches. Apex beat visible 13 inches below and 1 inch to the outer side of the left nipple. On percussion, absolute dulness over swelling in front of the chest, extending on the left side as far as the nipple line. Outer part of left infra-clavicular and mammary regions presents a clear note; same on posterior regions of this side. Right side is uniformly dull, except a finger'sbreadth beneath the clavicle and in the supra-spinous and upper part of outer scapular regions behind. Tactile fremitus absent over dull areas. On auscultation, breath sounds exaggerated and harsh on left side; tubular at upper part of right lung in front and behind, abolished at base on this side.