5. Hæmoptysis was present in ten cases. The amount of blood varied in these cases from marked streaks to copious expectoration, lasting two or three days. No case was recorded as presenting this symptom, except on tolerably clear proof that it depended on bronchial gland enlargement, and on no other cause.

6. Congestion and puffiness of the face were noticed as present in three cases.

7. The expectoration of mucus, such as results from bronchial catarrh, was frequently present. Expectoration of pus was present in three cases. In each it resembled the contents of an ordinary glandular abscess mixed with air. In one of these, the discharge was intermittent. The frequent occurrence of cough, without any expectoration, was remarked in many cases. Calcareous particles are mentioned also as having been expectorated.

8. Loss of voice (four cases) and hoarseness (two cases) are recorded as striking symptoms.

9. Vomiting is mentioned as having been present twice.

10. Lastly, the position assumed with least discomfort by the patient when lying down was noticed in forty-one cases. Of these, twenty-three rested on that side on which the glands were mentioned as being chiefly if not wholly affected. In fifteen cases an opposite condition was noticed. In two cases, lying on the back was the most comfortable position. One patient unable to lie down, sat when in bed, and stooped forward. One patient, a little boy, could only rest on his face, elbows, and knees. This case was further remarkable in reference to the clearness with which the disease was recognised and the successful result of subsequent treatment.

It might be mentioned here incidentally that the glands of the right side were noticed as being chiefly affected in twenty-eight cases, and those of the left in twenty-two cases; in four, both sides seemed equally affected, and in four no record was made.

The general or constitutional symptoms connected with the malady under notice are in nowise peculiar. The symptoms described above have special reference to these glands. The cough and its peculiar characteristics are, no doubt, in a great measure dependent on pressure or on irritation communicated to the pneumogastric nerves and their branches. So likewise pain and difficulty of breathing, in a great degree, through direct pressure on the air-passages, may also cause or aggravate this symptom. Aphonia especially appears to have relation to the condition of the recurrent nerves. In one of the cases which the writer saw with Mr. Lennox Browne, paralysis of the left chorda vocalis existed. The diagnosis of glandular disease was clear, a conclusion confirmed by the results of treatment. Vomiting is mentioned in two cases. M. Guéneau de Mussy says this result is more frequent when the left pneumogastric nerve is pressed upon. He sees a connection between the troublesome vomiting which occurs in some cases of tubercular disease of the lungs with like pressure on nerves. The puffiness of the face and eyes noticed in these cases is due to the pressure on the venous trunks, a condition which also accounts, not only for hæmoptysis, but for bleeding from the nose, occasionally present. Copious and sometimes persistent hæmoptysis has been traced to the perforation of a vessel (ulceration in connection with disease of the glands).

Physical examination is of great importance in confirming the diagnosis that may be suggested by the presence of the symptoms just described. The following were the physical signs elicited in the fifty-nine cases referred to.

1. Dulness was present in forty-seven cases. It was found between the margin of the scapula and the spinal column at one or both sides, on a level with the fourth and fifth dorsal vertebra. It varied in degree, was more readily manifested when the muscles of the back were made tense by folding the arms across the chest, and was often strikingly distinct when one side was contrasted with the other. Dulness was present in front in eight cases (whether coincidentally with dulness at the back or not is not clearly stated), beneath the top of the sternum and at each side below the sterno-clavicular junction. The dulness here was best elicited by the patient holding the head backwards whilst percussion was being made.

2. Flattening of the affected side in front was mentioned in three cases. Diminished mo-