

of years ago, but never had syphilis. Used to weigh 215 pounds, but had lost seven or eight pounds before the operation, and some more since. At present still weighs about 190 pounds. Hasn't been able for hard work, and is employed herding and milking cows.

*Physical Examination*—Presents a T shaped scar behind the left sterno-mastoid. Numerous, enlarged, hard, separate glands can be felt over the anterior and posterior triangles of the neck on both sides, and behind the angle of the jaw, none much larger than a hazel nut, except some above the sternal end of the right clavicle, which appear to be fused in one mass. Some are enlarged under the sterno-mastoids and continue to be felt until palpation is lost behind the clavicle and sternum. The left infra-clavicular region is tumefied. There is complete dullness with loss of elasticity from the left edge of the sternum extending outwards to the anterior border of the thorax, and downwards to where it merges into the cardiac dullness. Over this area the breath sounds are very weak, and there is neither vocal fremitus nor resonance. Over the analogous area on the right the percussion note is good and the breath sounds strengthened through compensation. At the left base a sonorous râle is sometimes to be heard, but the percussion note is clear on both sides, though the breathing is harsh with expiration sound prolonged on the left side. There is an irritating cough at times with mucoid expectoration, but in which there are no tubercle bacilli. Respirations, 23; pulse, 108. Heart sounds faint, especially the first. Apex beat imperceptible; spleen not perceptibly enlarged, certainly not increased more than half an inch in breadth. Liver dullness, five inches from sixth rib downwards, therefore not markedly increased. No ascites, edema nor enlarged veins, unless possibly the external jugulars. No hemorrhages. Inguinal glands very distinct, and the lymphatics hard, rather more marked than ordinarily; but patient says he never remembered noticing them any smaller. Abdomen appears natural. Remains of a papular eruption over his body, and copper-colored spots on his chest, which used to be very itchy. Says it began a year and a half ago after taking iodine or iodides. Urine, natural; specific gravity rather low. Blood looks normal under the microscope; red globules not counted, but evidently deficient in quantity from the paleness of his lips and eyelids, and from the difficulty of getting it to come from a prick in a constricted finger. The nature and distribution of the glandular enlargements, the absence of ulceration suppuration or caseous degeneration in them, their gradual development, the evidence of adenoid growth in the mediastinum, and the general history of the patient's illness, point it out as being a well-marked case of