

veyed more distinctly. The patient should be asked to fold the arms, and bow the head forward in order that the upper parts of interspace between the scapulæ can be thoroughly examined for involvement of the apex of the lower lobe. Special attention should be given to the fact, that when only one lung is impaired, the functional activity of the healthy one is increased. There will be puerile breathing and increased expansion. Overlooking this fact has led to many ridiculous blunders, one physician locating the trouble in the healthy lung, another in the diseased one, the patient being much embarrassed to know how both lungs can be sound and diseased at the same time.

*Râles.*—These sounds vary in character with the progress of the disease. At first a few fine crackling sounds are heard on deep inspiration, but later as liquids accumulated in cells and tubes, they become numerous, and of a louder, moister tone. Careful search should be made in supra-spinous region, as the disease is usually more advanced over posterior portion of the apex. The change in the number, size and quality of the râles indicates the progress of caseation or softening going on in the tubercular lesions.

*Cavities.*—When these become numerous or extensive about apex, the shoulder is depressed, clavicle and scapulæ elevated, supra-spinous and clavicular fossæ sunken, intercostal spaces widened and chest flattened. Percussion note may be high pitched, tubular or tympanitic. Vocal fremitus increased. On auscultation the breath sound varies with the extent of the openings, condition of cavity walls and contents of cavity. The following are some of the terms used to describe the sounds associated with cavities: hollow, cavernous, metallic or amphoric, gurgling, echoing, etc. "Post-tussic suction is another highly significant sign; it consists of a high-pitched, sucking, inspiratory sound immediately following the forced expiration of cough, and is due to the elastic recoil of the cavity walls."

*Sequelæ.*—The ordinary course of this disease may be very much modified. The presence of pneumonia, pleurisy, emphysema, bronchitis or laryngitis adds its own specific features.

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DR. CHAS. ROBINSON, of Brampton, was seized with heart failure on October 17th just at the completion of a surgical operation that he had performed, assisted by Dr. Bowles, of Woodhill, near Bolton, and expired almost instantly. Dr. Robinson was born at Claude sixty-three years ago, and lived there for thirteen years, when he bought Dr. Pattullo's practice and property in Brampton. He contested the riding of Cardwell twice in the Liberal interests, and was returned once, but defeated subsequently. He leaves a widow and three daughters. The funeral took place on Wednesday the 19th.