9. At this point one may conveniently proceed with one's

observations, working downwards from the head.

Note any prominence of the eyes (exophthalmos), and undue sinking (enophthalmos). Observe the circumorbital areolar tissue, (e.g., dark rings, œdema, etc.), the angular artery, the palpebral margins and glands, ptosis of the upper lids, the canthi, the orbital conjunctiva (ædema, subconjunctival hæmorrhage), the seleroties, cornea, iris, and pupils (equality, size, and shape). The expression about the eyes may guide us, as to character, pain, anxiety, worry, sleeplessness, etc.

About the cheeks may be noted the malar flushing and cyanosis of mitral disease, fulness due to antrum diseases and

alveolar abscess, and swelling of the parotid glands.

The bridge of the nose may be sunken in congenital syphilis, and the nose red from exposure to the weather, indigestion, alcoholism, or mitral regurgitation. Note also the movements of the alæ nasi. Is there nasal discharge, and what is its character?

The lips may be large, or pale in anæmia, cyanosed in conditions of deficient æration of the blood. Is there any eruption

about the lips?

Concerning the ears, note the size, shape, colour, abnormal swellings, or deposits. Is there aural discharge?

Is the auricle-temporal artery visible?

If there is swelling of the neck, is it general or local? Is there visible pulsation? Does the neck seem to be unduly short, and the muscles unusually prominent?

10. Chest symptoms or signs may often be heard or seen, e.g., cough, expectoration, dyspnæa, whooping, respiratory

grunts, aphonia, and stridor.

Note the character of the voice.

11. The hands should always be carefully examined. What is their size and configuration? Are there any obvious deformities? What is their colour—usually pale red, blue, or bronzed? Does the skin possess its normal elasticity? Is there evidence of wasting of skin, subcutaneous tissue, or muscle? Are callosities present, and where? Is there undue moisture? Are the hands warm or cold? Are there localized swellings in connection with tendon sheaths (ganglia), bones (chronic hypertrophic infective arthritis), joints (chronic atrophic infective arthritis), subcutaneous tissue or skin (gouty deposits)? Examine the tips of the fingers. Is there evidence of clubbing or whitlows? What is the condition of the nails? Are there abnormal movements, e.g., tremors and athetosis?

12. Odours about the body may be due to habits, race, or certain diseases. Bronchiectasis, diabetes, typhoid fever, and

many other affections have distinctive odours.