

the patient's chest no abnormal physical signs are discovered. In referring to hæmoptysis I wish to draw your attention to a hitherto, so far as I am aware, undescribed sound, which is frequently present within a few minutes after cessation of bleeding. Placing the ear near the apex beat of the heart, within an inch or so of the chest wall, a sound is distinctly audible, not sharp, but dull and booming in character, a sound very similar to that heard when a submerged bottle is filling. This sound is not synchronous with either the heart's beat or with that of the respiratory murmur. It begins about five minutes after the hæmorrhage, disappearing again after a short time; occurring from ten to fifty times within the minute, and is limited to the præcordial space. Probably the reason of this sign having been heretofore overlooked is, no doubt, owing to the reluctance with which a physician makes an examination of a patient's chest during a hæmorrhagic attack.

Among other anomalies of abnormal physical signs may be mentioned the change in locality and intensity of sounds, influenced by various causes, such as change of bodily posture, etc., and again the ease with which an impaired resonance can be detected when the patient is lying down, whereas, while standing, no difference of sound is apparent, both apices seemingly giving the same note. At rare intervals is found a tympanitic note over an area of consolidation. The right explanation of this is that there is an island of healthy lung tissue embedded in a zone of consolidation.

Cavities must of necessity precede their physical signs. No more valuable assistance is afforded in clearing up a difficult diagnosis in a case of suspected phthisis than the height of the suspected lung. Given an instance, a pale, anæmic, poorly nourished girl presents herself with a history for some time past of having had a slight cough, anæmia and a feeling of general weakness. Upon examination, exaggerated breathing is heard, in right handed people, over the right apex, and in left handed people over the left apex. The breathing is jerky in both, and the absence of sputum removes another factor in the diagnosis. Now, are these conditions owing to organic changes in the lung,