

found. At times a small amount of elastic fibre has been found in the sputa, but only occasionally, and not in the quantity that we would expect to see if the man had phthisis. The skin of his fingers is glossy, the nails are incurved, but the ends of the fingers are not markedly clubbed as we see them in phthisis. We frequently see this type of finger in chronic bronchitis, pleurisy and emphysema, quite as commonly as we do in phthisis, but in the latter disease there is more wasting of the finger, which makes the clubbed end that much more prominent by comparison. The man says that on the whole he feels easier than he did. Now when we inspect the chest, we find that the upper muscles of respiration are strongly marked, the shoulders are high, the spine rounded, but the chest is not quite so rounded or barrel-shaped as we are accustomed to have it described in emphysema. When we turn to the heart, we find that the impulse is scarcely perceptible, and it is best felt towards the epigastrium. The sounds are weak, but there is no murmur. The heart seems to be overlaid by the anterior edge of the left lung, which somewhat interferes with a thorough examination. When he breathes, there is very little expansion of the chest. The clavicles and sternum rise, but from the third or fourth rib downwards there is scarcely any true expansion, it is just merely an up and down movement. On percussion, there is marked resonance all over the back posteriorly, indeed it is not only marked, but I could truly say that the resonance is exaggerated, it is almost tympanitic, which justifies the expression of vesiculotympanitic. On auscultation, the vesicular murmur is found to be exceedingly feeble: over the whole of the lower lobe it can be hardly heard at all. On the left I can hear a few crackling râles. The weakness of the vesicular murmur I know is not due to the lung being pressed away from the chest wall, because if this were the case we would have dullness on percussion, whereas the exaggerated resonance proves to us conclusively that the lung is in direct apposition to the chest wall. But the feebleness of the vesicular murmur is due to the inability of expanding the lung which exists. This is a valuable sign, for, taken in connection with the exaggerated resonance, it is characteristic of emphysema. It is a fact that the presence of bronchitis