

tint of nose, ears, and cheeks; complexion generally pale; breathing quiet and regular.

Special examination: Right side hemiplegia marked, though not absolute, impairment of movement being more marked in the upper extremity than in the lower, and in the distal joints of both, than in the proximate. Thus, in the arm, movements at the wrist are abolished, and almost so in the fingers. He can, however, with difficulty flex the forearm, while the shoulder movements are fairly well preserved. In the leg flexion is readily though weakly performed, while movements of the ankle and toes are almost absent. Right side of face smoother than the left, but little asymmetry of forehead. Tongue protruded to the right, apparently no anesthesia. Speech is slow and labored, pronunciation being difficult and objects occasionally misnamed. Understands promptly spoken and printed language, and can read aloud much better than he can converse.

Respiratory system: Inspection shows the left half of the chest to be uniformly distended, immobile, and absence of apex beat. The right half shows marked thoracic breathing and cardiac impulse in the fifth and sixth interspaces near the nipple line. Percussion: There is flatness on the left side up to the clavicle in front. At the side, and behind the left of the scapular spine, above the clavicle and above the scapular spine, dullness is nearly complete. On the right side cardiac dullness extends almost to the anterior axillary line. The liver on palpation, is found to be displaced downwards to one inch below the ribs in the nipple line, and two inches below in the parasternal line. Auscultation: Neither breath sounds nor cardiac sounds over the left front. Very faint breath sounds in the left supra-spinous fossa. On right side breath sounds are harsh, but clear. Heart sounds heard best in right parasternal line. Has occasional cough, with scanty expectoration; no abdominal distension or edema of the legs.

Orders were given for immediate aspiration, which was done, by the house physician, Dr. Wainwright. About thirty ounces of opaque white fluid pus, of a faintly greenish tint, were drawn off. Examination the following day revealed the presence of pneumothorax on the left side. The space occupied by the air extending almost to the clavicle above, and to the right edge of the sternum internally; and below, to the sixth rib in the nipple line, the outer boundary being about the anterior axillary line.

(This area, as well as the area occupied by the heart will be most readily seen by a reference to the following chart, with its accompanying legend.)