

severe pain at the cardiac end of the stomach and lower end of œsophagus. The pulmonary condition had now cleared up—there was but little cough—and there is no marked dyspnœa and no chills nor febrile attacks nor sweating.

The physical signs on the 12th were as follows: Decubitus on back and left side. Cannot lie on right side: There was diminished movement on the left side and below the fourth rib, the interspaces were widened and pressed to a level with the surface of the ribs. No heart impulse is visible. The epigastrium is somewhat prominent. Palpation does not give evidence of any impulse of the heart; the interspaces from the 2nd to the 6th are tense. The upper margin of the first rib could be felt to its sternal attachment, a symptom of these cases pointed out by Ewart. No fremitus could be made out on the lower two-thirds of the front or side of the left chest, it was diminished behind, but increased at the apex on front and behind. Percussion shows extensive dullness radiating from the cardiac region. At the 4th rib it extends from $1\frac{3}{4}$ inches to the right of the sternum to 1 inch to the left of the left nipple. The line of dullness then slanting down to the fourth intercostal space in the axilla. It extends from the upper margin of the 2nd costal cartilage to the liver, which is depressed about 2 inches. Three days before the date of this examination a square patch of dullness existed to the left of the spines of the vertebræ from the 9th to the 12th, described by Ewart as the posterior patch of pericardial dullness, but it had now increased and extended into the axilla, and up as high as the angle of the scapula. There was probably some pleuritic effusion as well, as the dullness extended down to the 10th rib in the axilla. The sternum was absolutely dull as was also the fifth right intercartilaginous space, the line of dullness curving outwards to that of the liver, the cardio-hepatic triangular area of resonance being quite obliterated. By placing the rod of the phonendoscope over the heart and rubbing with the finger, vibrations were perceived which enabled the heart to be outlined in its normal position, and of normal size, thus differentiating it from the dullness of the surrounding effusion. The liver dullness could also in the