

râles. The voice sounds are heard with much greater intensity—pectoriloquy.

These are the chief features on a physical examination of this patient. You find flattening of the left side of the chest, deficient expansion, dullness, increased vocal resonance, and numerous cavernous signs over the greater portion of the dull region. At the apex behind and in the left inter-scapular region, the breath sounds are somewhat diminished, being weaker than in the other regions. Over the right lung the breath sounds are clear except at the extreme apex of the lung. At this part you hear coarse breathing, a prolonged expiratory murmur and râles. These are heard in the right infra-clavicular region and at the apex behind. In the rest of the lung the breathing is loud, distinct and unaccompanied by râles.

Now the affections which could produce such a condition as this are very limited. There are only three or four which cause contraction and immobility of one side of the chest, with a dull percussion note. These are fibroid phthisis, or cirrhosis of the lung; chronic pleurisy with retraction, and malignant disease of the lung, and you have to distinguish between them. The immobility of the side of the chest and the dull note might be produced by a general collapse of the lung, or by a chronic pneumonia, but you would scarcely have the flattening and retraction.

Now, between fibroid phthisis and a cancer of the lung there can rarely be any difficulty in the diagnosis. In the case of this patient the phthisis has lasted for five years, cancer of the lung seldom lasts over a year. Cancer of the lung almost invariably invades it from the mediastinum, and you have other symptoms of intra-thoracic pressure which we have not in this patient. Moreover the cachectic appearance of a patient with cancer is marked. There can be no doubt in such a case as this.

The diagnosis between chronic pleurisy with retraction and this condition of fibroid phthisis, presents greater difficulty. In both you have dullness, deficient expansion and retraction of one side of the chest. The shoulder is usually depressed much more on the affected side in chronic pleurisy with retraction than in fibroid phthisis. The chief differences to be met with on