below right axilla; dulness well marked in two spots of the size of a penny each, in the left, middle lateral, and inferior dorsal regions. Anteriorly, upon the right side there is coarseness of respiration, with muco-crepitating rales over the infra-clavicular and superior mammary regions — below, supplemental respiration. Left side anteriorly.— Sibilant and dry crepitating rales over a good deal of the upper third of the lung. Below, where the respiratory murmur is not weakened, there is loud supplemental breathing. Posteriorly.— Muco-crepitating rales over the whole upper third of the thorax; below, respiration is supplementary, except in the two dull spots alluded to where the respiratory murmur is wanting.

Emphysematous signs.—These were confined to the left side almost entirely. There was a bulging of the 2nd, 3rd, and 4th ribs at their sternal extremity and their cartilages; drum-like on percussion, with very feeble respiratory murmur—in fact wanting in parts; excessive clearness, on percussion over most of the anterior and lateral inferior two-thirds. The ribs of left side were flattened at side, obliquity diminished, and moved scarcely at all in respiration. The heart was displaced by the enlarged lung, and the apex beat under the sternum. Change of position did not alter the percussion signs.

A few days before death. — The emphysematous signs were unchanged; the asthmatic attack now came on at 4 P.M.; cavernous respiration, and pectorioloquy, were distinguishable in the upper part of the left lung; loud mucous and moist crepitating rales, in upper part of both lungs; dulness, on percussion, was more decided.

Died at 4 P.M., 25th March.

Autopsy 21 hours after death.—According to the rule of the hospital, an hour after death the body was removed to the dead-house, where the thermometer had not risen above 32° during the time it lay there. On lifting up the sternum, the lungs did not collapse; the left one protruded; the apex of the heart was lying under the sternum; there were adhesions of the pleuræ, generally, round the upper part of both lungs; the upper third of the left lung, and the lateral portion shelving down to the point of the scapula, presented, almost all over, tuberculous deposit in every stage; there was a large cavity near the apex. In the middle lateral, and in the inferior dorsal region respectively, was a mass of tubercle in the first stage,—a good deal of the remainder of the lung crepitated. There were numerous emphysematous vesicles scattered under the pleura, some the size of a half nutmeg—these were principally along the anterior, inferior, and inferior lateral surfaces. There was a great deal of black pulmonary matter in the lung; and near the roots of the lung, that permeable congestion which simulates hepatization. The right lung was much freer from disease than the left, the upper part being the seat of tubercular deposit in which not much softening had occurred. The amount of emphysema was trifling.

An opinion prevails among a good many members of the profession, particularly the younger portion, that emphysema and phthisis never occur together in the same subject. The origin of this idea rests with Dr. Ramadge and Baron Louis. The former, grounding his assertion on some twenty years' experience in an hospital for lung diseases in London, asserted dogmatically, that the two diseases were incompatible. M. Louis spoke more diffidently; he said, that he had never seen the two diseases in the same sub-