or no abatement of the dyspnea, cough, expectoration and general distress. If a paralysis of the recurrent laryngeal is observed on the side of the pleuritic effusion, it may be taken as a sure sign of malignancy. In some few cases the aspirating needle has brought away small particles of tumor directly from the lung which could be sectioned, and from which thus the absolute microscopic diagnosis could be made. Kroenig devised a method based upon this, by which in every doubtful case the attempt was to be made to remove particles of tumor by aspiration. As this method is not without its dangers, and at best not very reliable, it has not found much favor. It would appear much more rational to make a broad incision, as has been done in a number of cases, not only for the sake of diagnosis, but also for the sake of establishing drainage, and thus, if not curing, at least relieving some of the most distressing symptoms.

(*d*) Form pleuritique sans epanchement. The pleuritic type without effusion. This is also a very late stage. There are all the signs of pleuritic effusion—pain, absolutely flat percussion note, complete absence of voice and breathing, respiratory immobility, not infrequently increased circumference of the chest and displacement of the heart, but the exploring needle fails to find fluid. The needle seems to penetrate into a more or less solid mass extending to such a depth as to preclude any possibility of its being merely an abnormally thickened pleura. In these cases, too, the needle frequently brings away particles of tumor. It is characteristic of this type that while there is complete absence of respiratory murmur or vocal fremitus, there is very loud propagation of the heart sounds, so that if the tumor occupies, for instance, the right chest, the heart sounds can be heard very distinctly over the whole of the right chest, both in front and in back. This sign alone is sufficient to assure the diagnosis of a solid tumor. These cases are probably always sarcoma, and their recognition should not present any very great difficulty.

In no other department of clinical medicine does the old precept, "Opportet omnia signa contemplari"—"it is necessary that everything should be taken into consideration"—apply with more compelling force than in the diagnosis of lung tumors. There is no single, constantly present pathognomonic symptom. Undoubtedly there are cases where the diagnosis cannot be made at all, where the initial symptoms are so slight that the patient does not have recourse to medical aid, where the physician is consulted at a time when cerebral or abdominal metastases cause symptoms which predominate to such an extent as to exclude all possibility of locating the primary tumor, and any attempt at accurate diagnosis is not only vain but useless. In a great many